DATA REQUEST #14
PUBLIC HEALTH

BACKGROUND

The estimated residential cancer and chronic non-cancer risks reported in section 6.8 of the SPPE application appear to be based on the point estimate calculation method. In order to reflect inhalation as the dominant exposure pathway for the residential receptor, both the cancer and chronic non-cancer risks need to be estimated using other appropriate methods.

DATA REQUEST

14. Please estimate the cancer risk using the Derived (Adjusted) method and the chronic non-cancer risk using the Derived (OEHHA) method. All revisions should be appropriately reflected in supplements to section 6.8 and Appendices B and I of the SPPE. The most recent version of the HARP computer model that is available on the California Air Resources Board website (Version 1.2 as of March 17, 2006) should be used for modeling purposes.

DATA RESPONSE

The HRA was re-modeled using HARP (Version 1.2) to estimate the cancer risk using the Derived (Adjusted) method and the chronic non-cancer risk using the Derived (OEHHA) method (see attachment PH-1, Health Risk Assessment). The maximum cancer risk was predicted to be 1.492 in 1 million and the maximum chronic non-cancer risk was predicted to be 0.0106. This assessment, using the Derived (Adjusted) method to calculate cancer risk, predicted the cancer risk to be lower at all receptors than the previous modeling presented in the SPPE Application. The chronic non-cancer risk at all receptors was predicted to be the same as in the previous modeling.

The maximum cancer risk was located at the same receptor as the previous analysis, on the northern boundary of the Property (at UTM NAD83 coordinates 639,909 m east, 3,679,360 m north). The sensitive receptor with the highest predicted cancer risk was located at the same receptor as the previous analysis, and is a residence located immediately east of the Property across Cuff Road (640,451 m east, 3,679,404 m north); the maximum incremental cancer risk at this location was estimated to be 0.245 in 1 million.

The revised Table 6.8-5 from the SPPE is presented below to reflect the new HRA results. Revised SPPE Figure 6.8-2 (Attachment PH-2, Incremental Lifetime Cancer Risk Predicted with HARP) is also attached. No Appendices will change due to this revision.

DATA REQUEST #14
PUBLIC HEALTH

REVISED TABLE 6.8-5
ESTIMATED CANCER RISK AND ACUTE AND CHRONIC TOTAL HAZARD INDICES

Cancer Risk at Point of Maximum Impact	Chronic Risk at Point of Maximum Impact	Acute Risk at Point of Maximum Impact
1.492 excess risk in 1 million	0.0106 total hazard index	0.818 total hazard index