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Region 4 Human Health Risk Assessment Supplemental Guidance



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Contents

	<u>Page No.</u>
Acronyms and Abbreviations	AA-1
1.0 Introduction.....	1-1
2.0 Data Collection and Evaluation	2-1
2.1 Data Collection	2-1
2.2 Developing a Soil Sampling Strategy.....	2-1
2.2.1 Evaluation of Soil Pathways.....	2-2
2.2.2 Surface vs. Subsurface Soil Sampling.....	2-2
2.3 Detection Limits	2-2
2.4 Turbidity in Groundwater	2-3
2.5 Data Evaluation	2-3
2.6 COPC Selection Process.....	2-3
2.6.1 Basis for Retaining or Eliminating a Chemical as a COPC.....	2-4
3.0 Toxicity Assessment	3-1
3.1 Presentation of Toxicity Values.....	3-1
3.1.1 Inhalation Toxicity Values	3-2
3.1.2 Dermal Toxicity Values.....	3-2
3.2 Toxicity of Dioxin	3-2
3.2.1 Dioxins and Furans	3-2
3.2.2 Approach to Sampling, Analysis, and Evaluation of Polychlorinated Biphenyls (PCBs)	3-3
3.2.3 Approach to Sampling, Analysis, and Evaluation of Toxaphene	3-3
3.3 Bioavailability Factors.....	3-3
3.4 Assessment of Lead	3-4
3.4.1 Use of IEUBK Model to Assess Risks to Children	3-4
3.4.2 Use of the Adult Lead Model	3-4
3.5 Approach for Potential Mutagenic Effects	3-4
4.0 Exposure Assessment 4-1	
4.1 Characterization of Exposure Setting	4-1
4.2 Identification of Exposure Pathways	4-1
4.2.1 Residential Scenario	4-1
4.2.2 Trespasser Scenario	4-2
4.2.3 Excavation or Construction Worker Scenario	4-2
4.2.4 Commercial/Industrial Scenario	4-2

Contents (continued)

	<u>Page No.</u>
4.3	Quantification of Exposure..... 4-2
4.4	Concentration Term 4-3
4.4.1	Concentration Term in Groundwater 4-4
4.5	Ingestion 4-4
4.6	Dermal Contact..... 4-5
4.7	Inhalation 4-5
4.8	Vapor Intrusion (VI)..... 4-5
4.8.1	Risk Assessment for Vapor Intrusion 4-5
4.8.2	Technical Support Documents for Vapor Intrusion..... 4-6
4.9	Exposure to Volatile Organic Chemicals (VOCs) During Showering 4-6
4.10	Exposure Frequency 4-6
4.11	Exposure Duration 4-7
4.12	Use of the Fraction Ingested (FI) Term 4-7
5.0	Risk Characterization..... 5-1
6.0	Chemicals of Concern and Remedial Goal Options 6-1
6.1	Preliminary Remediation Goals (PRGs)..... 6-1
6.2	Chemicals of Concern..... 6-1
6.3	Remedial Goal Options..... 6-2
6.4	Remediation Levels 6-3
7.0	Bibliography 7-1

Acronyms and Abbreviations

ALM	Adult Lead Methodology
ARAR	applicable or relevant and appropriate requirement
BRA	Baseline Risk Assessment
CERCLA	Comprehensive Environmental Response Compensation and Liability Act
COC	chemical of concern
COPCs	chemicals of potential concern
CSM	Conceptual Site Model
EPA	U.S. Environmental Protection Agency
EPC	exposure point concentration
FI	fraction ingested
FS	Feasibility Study
GW EPC	groundwater exposure point concentration
HHRA	Human Health Risk Assessment
HI	hazard index
HQ	hazard quotient
IC	institutional control
IEUBK	Integrated Exposure Uptake Biokinetic Model
IR	ingestion rate
IRIS	Integrated Risk Information System
ISM	Incremental Sampling Methodology
ITRC	Interstate Technology & Regulatory Council
IUR	Inhalation Unit Risk
kg	kilogram
L/day	liters per day
MARSSIM	Multi-Agency Radiation Survey & Site Investigation Manual
MCL	Maximum Contaminant Level
µg/L	micrograms per liter
mg/day	milligrams per day
mg/kg	milligrams per kilogram
mg/kg/day	milligrams per kilogram per day
mg/m ³	milligrams per cubic meter
ml/hour	milliliters per hour
OSC	On-Scene Coordinator
OSWER	Office of Solid Waste and Emergency Response

Acronyms and Abbreviations (continued)

PAH	polycyclic aromatic hydrocarbon
PCB	polychlorinated biphenyls
PCDD	polychlorinated dibenzodioxin
PCDF	polychlorinated dibenzofurans
PRG	Preliminary Remediation Goal
RAGS	Risk Assessment Guidance for Superfund
RCRA	Resource Conservation and Recovery Act
RfC	reference concentration
RfD	reference dose
RGO	Remedial Goal Option
RI	Remedial Investigation
RL	remediation level
ROD	Record of Decision
RPM	Remedial Project Manager
RSL	Regional Screening Levels
SAP	Sampling and Analysis Plan
SESD	Science and Ecosystem Support Division
SFI	slope factors for inhalation
SOP	Standard Operating Procedures
TCDD	2,3,7,8-tetrachlorodibenzodioxin
TEF	Toxicity Equivalence Factor
TEQ	toxic equivalents
TRW	Technical Review Workgroup
TSS	Technical Services Section
UCL	upper confidence limit
VI	vapor intrusion
VOC	volatile organic compounds
WQC	Water Quality Criteria

1.0 Introduction

This guidance has been developed by the U.S. Environmental Protection Agency (EPA) Region 4 Superfund Division's Technical Services Section (TSS) risk assessment staff to update and replace all previous Region 4 Human Health Risk Assessment bulletins and to supplement the Agency guidance documents on site-specific Human Health Risk Assessment (HHRA): the Risk Assessment Guidance for Superfund (RAGS), Volumes I, II and III (EPA, 1989a, 1989b, 2001a). RAGS was developed as broad guidance, and the purpose of this guidance is to clarify and extend RAGS as interpreted and applied in Region 4.

This supplemental guidance provides direction and does not constitute rulemaking by the Agency. The intent of this guidance is to aid in the development of high-quality risk assessments consistent with the expectations of the TSS in its oversight role.

2.0 Data Collection and Evaluation

One objective of the data collection and evaluation efforts at Comprehensive Environmental Response Compensation and Liability Act (CERCLA)/Resource Conservation and Recovery Act (RCRA) sites is to produce data of sufficient and known quality for use in a HHRA. Each site is unique; therefore, data collection strategies for one site may not be appropriate for another site.

2.1 Data Collection

To ensure that Baseline Risk Assessment (BRA) data needs are met, those needs must be evaluated early in the site planning stage. The data necessary for conducting a defensible BRA, in many cases, is a subset of the data required for adequate characterization of a hazardous waste site. The following documents provide useful tools for developing the Sampling and Analysis Plan (SAP):

- [*Risk Assessment Guidance for Superfund \(RAGS\), Human Health Evaluation Manual: Part A*](#) (EPA, 1989a; Chapters 4 & 5).
- Region 4 Human Health Risk Assessment Supplemental Guidance Section 4 – Exposure Assessment.
- [*Guidance for Data Usability in Risk Assessment*](#) (EPA, 1992).
- [*Data Quality Objectives Process for Hazardous Waste Site Investigations*](#) (EPA, 2000a).
- [*Risk Assessment Guidance for Superfund \(RAGS\), Human Health Evaluation Manual: Part D, Section 2.2*](#) (EPA, 2001b).
- [*Guidance for Choosing a Sampling Design for Environmental Data Collection*](#) (EPA, 2002a)
- [*Supplemental Soil Screening Guidance*](#) (EPA, 2002b)
- [*Metals Risk Assessment Guidance*](#) (EPA, 2007a)
- [*Field Branches Quality System and Technical Procedures*](#) (periodically updated)
- [*Incremental Sampling Methodology*](#) (ITRC, 2012)

2.2 Developing a Soil Sampling Strategy

The EPA Region 4 utilizes the Science and Ecosystem Support Division (SESD) Standard Operating Procedures (SOPs); [*Field Branches Quality System and Technical Procedures*](#) (and most recent procedural updates 2013) to guide soil sampling strategies during a field investigation. The Region also supports the use of the Incremental

Sampling Methodology (ISM) developed by the Interstate Technology & Regulatory Council (ITRC) as a tool to investigate contaminated soils ([Incremental Sampling Methodology](#) [IRTC 2012]).

For radionuclides, the [Multi-Agency Radiation Survey & Site Investigation Manual](#) (MARSSIM, 2000) is the guidance used for surface soil sampling for characterization, remedial support surveys, and final status surveys.

2.2.1 Evaluation of Soil Pathways

Exposure to contaminants in surface soils and subsurface soils are likely to occur via different mechanisms.

The depth to which samples need to be collected for adequate characterization of “surface soil” depends on the Conceptual Site Model (CSM) and the contaminants of interest.

Surface soil samples should be collected between the surface and a depth of 12 inches depending on the type of contaminant. For undisturbed soils, direct contact exposure will most likely be to contaminants in the top couple of inches of soil. Samples for contaminants like metals, polycyclic aromatic hydrocarbons (PAHs), dioxin, and pesticides should be typically collected in the top 3 or 4 inches, but most organics, especially volatile organics should be collected at a depth of 9-12 inches for surface soils. Even though there are activities in both residential (e.g., gardening) and non-residential land uses (e.g., agricultural practices, earth-moving, construction) that may disturb soils to a depth of up to two feet, in general, EPA Region 4 defines surface soil available for direct human contact as the top 12 inches.

2.2.2 Surface vs. Subsurface Soil Sampling

As discussed in the [Supplemental Soil Screening Guidance](#) (EPA, 2002b), exposure to contaminants in surface soils and subsurface soils is likely to occur via different mechanisms. Therefore, sampling plans for these two categories of soil should be designed to collect reliable data appropriate to the model used for quantifying exposure.

2.3 Detection Limits

Detection limits should be reviewed before the SAP is completed to ensure that they do not exceed levels of concern for human health. For chemicals, Region 4 TSS recommends using the most current version of EPA’s [Regional Screening Levels \(RSLs\)](#)

[for Chemical Contaminants at Superfund Sites](#) (EPA, 2013a [or most recent update]) to evaluate whether analytical methods proposed in the SAP will be adequate for risk assessment purposes. For radionuclides, use the [Soil Screening Guidance for Radionuclides](#) (EPA, 2000b) and its associated calculation tool.

2.4 Turbidity in Groundwater

Low-flow/low stress sampling protocols, developed by EPA and others, should be used to minimize turbidity and to collect representative groundwater samples for analysis. Samples with greater than 10 NTU (Nephelometric Turbidity Units) are not typically recommended for use in the BRA.

2.5 Data Evaluation

[Chapter 5 of RAGS Part A](#) (EPA, 1989a) includes a discussion on the data evaluation process and should be consulted during the development of the SAP as well as the BRA. The data evaluation process includes screening detected contaminants against risk-based screening levels to identify Chemicals of Potential Concern (COPCs), which are then carried through the risk assessment process.

2.6 COPC Selection Process

TSS recommends the following basic process to identify COPCs:

The maximum concentration of each chemical detected in a site sample/media should be compared to the appropriate screening level. For chemicals, TSS recommends using the most current version of EPA's [Regional Screening Levels \(RSLs\) for Chemical Contaminants at Superfund Sites](#) (EPA, 2013a [or most recent update]) for selecting COPCs. For radionuclides, use the [Radionuclide Toxicity and Preliminary Remediation Goals \(PRGs\) for Superfund](#) (EPA, 2007b).

For screening purposes, it is Region 4 policy to use screening values based on the lower of the 1×10^{-6} or a Hazard Quotient (HQ) of 0.1.

- The data for each chemical should be sorted by medium. For this purpose surface soil and subsurface soil should be considered as separate media.
- For any data which have qualifiers, decide if the qualified data should be retained. Do not eliminate data based on "J" qualifiers.
- Present a table with all detected chemicals. The format of the [RAGS Part D](#)

(EPA, 2001b) example tables 2.1 through 2.3 is suggested.

2.6.1 Basis for Retaining or Eliminating a Chemical as a COPC

- **The chemical is naturally occurring and detected in background samples.** For naturally occurring inorganics and radionuclides, Region 4 has traditionally recommended comparing the on-site maximum detected concentration to 2 times the average site-specific background concentration. The chemical can be eliminated as a COPC if it is less than 2 times the average background level. The number of appropriate background samples should be determined on a site-specific basis. This process is a policy-based screening that recognizes that statistically-based background data sets may not be available.

The [Guidance for Comparing Background and Chemical Concentrations in Soil for CERCLA Sites](#) recommends statistical methods for characterizing background concentrations of chemicals in soil (EPA, 2002c). This guidance can be applied on a site-specific basis where background samples have been collected using a statistically valid approach.

- **The chemical is also detected in blank samples.** Current Region 4 policy is that COPCs may be eliminated based on comparison to blanks as described in [RAGS Part A](#) (EPA, 1989a). Please note that there may be special circumstances that RAGS Part A does not address such as comparing a blank of one matrix to samples of another (e.g., a water equipment blank which relates to a group of soil samples). EPA should be consulted regarding such special circumstances.

- **The maximum detected concentration of the chemical is below the screening level.**

Soil. Compare maximum detected concentrations in surface soils to the residential screening values for soil contact determined at a risk level of 1×10^{-6} or HQ level of 0.1. Eliminate the chemical as a COPC for human exposures if the concentration is less than the screening level.

Groundwater. Compare maximum detected concentrations in groundwater to the tap water values determined at a risk level of 1×10^{-6} or HQ level of 0.1. Eliminate the chemical as a COPC for human exposures if the concentration is less than the screening level. Drinking Water Maximum Contaminant Levels (MCLs) are not

an appropriate basis for eliminating COPCs from the risk assessment, but a chemical should be kept as a COPC if its MCL is exceeded.

Surface Water. Compare maximum detected concentrations in surface water to the [Water Quality Criteria](#) (WQC) for human health (consumption of water & organisms; EPA, 2009a [or most recent update]). Eliminate the chemical as a COPC for human exposures if the concentration is less than the screening level. If a WQC is not available for a chemical, use the RSLs for tap water or an appropriate health-based state value as the screening value.

Sediment. Compare maximum detected concentrations in sediments to the residential screening values for soil ingestion determined at a risk level of 1×10^{-6} or HQ level of 0.1. Eliminate the chemical as a COPC for human exposures if the concentration is less than the screening level. Section 4 of this document should be consulted regarding the appropriateness of sediment exposure assessment relative to selection of COPCs for sediments.

Air. Compare maximum detected concentrations in air to the residential air screening level determined at a risk level of 1×10^{-6} or HQ of 0.1. The industrial air screening values should be used for comparison to the air levels for the worker scenarios.

Soil Gas. For more detailed information on EPA's vapor intrusion (VI) analysis, see Section 4.8 of this document.

Radionuclides. Radionuclides should be screened against the appropriate media-specific values contained in the [PRGs for Radionuclides](#).

NOTE: This selection process is not designed to eliminate any chemical as a COPC in the soils (surface and/or subsurface) relative to protection of groundwater. The potential for chemicals in soils to leach to the groundwater should be addressed in the Remedial Investigation (RI) and/or the Feasibility Study (FS). Typically, contaminants that exceed the generic Protection of Ground Water SSL (soil screening level) values from the RSL table are then evaluated on a site-specific basis.

- **The chemical is an essential nutrient.** Screening for non-site related essential nutrients in all mediums should be based on professional judgment. The only chemicals which may be eliminated based on essential nutrients are calcium, chloride, iodine, magnesium, phosphorus, potassium, and sodium. However, these chemicals may pose a risk if present at high concentrations. If this is the case, consultation with TSS is advised before elimination of these chemicals.
- **Review the list of eliminated chemicals.** Evaluate if any previously eliminated chemical or medium should be included due to other considerations (e.g., potential break-down products, chemicals previously eliminated based on blank comparisons, chemicals with detection limits above health-based levels).

For each medium, determine whether there are any COPCs remaining. If no COPCs remain, drop the medium from further consideration in the risk assessment. The chemicals selected by this process are retained for further risk evaluation in the BRA. A table should be provided for summarizing these COPCs.

Frequency of detection should not be used as a criterion for eliminating chemicals from the BRA without EPA Region 4 approval.

For radionuclides, potassium-40 (K_{40}) is a commonly naturally occurring radionuclide, and is never site-related. K_{40} can always be dropped from COPCs. Other naturally occurring radionuclides may be dropped on a site-by-site basis.

3.0 Toxicity Assessment

The toxicity assessment presents and discusses chemical-specific quantitative dose-response data for the COPCs. [Toxicity values for use in a HHRA](#) should be selected based upon the hierarchy provided in Office of Solid Waste and Emergency Response (OSWER) Directive 9285.7-53 (EPA, 2003a). Additional assistance with selecting Tier 3 toxicity values is provided in the [Tier 3 Toxicity Value White Paper](#) (EPA, 2013b).

There may be cases where a toxicity value is not available in any of the sources discussed above. When a chemical does not have a toxicity value, the value of a chemical that is related both chemically and toxicologically (i.e. structure-activity relationship), a surrogate may sometimes be appropriate. Any surrogates should be approved by EPA prior to BRA submission.

There are chemicals for which chronic toxicity values or surrogate values are not available. Such a chemical may come to be considered a potential risk driver at a site based on its relatively high acute toxicity. Although a quantitative risk estimate cannot be made for chemicals without toxicity values, the chemical should not be excluded as COPCs on this basis. Instead, the implications of the presence of chemicals without toxicity values should be discussed in the Uncertainty Section of the BRA.

3.1 Presentation of Toxicity Values

Toxicity values used in the risk assessment are best presented in a table. Example tables can be found in [RAGS Part D Tables 5.1-5.3 and Tables 6.1-6.4](#) (EPA, 2001b). Screening Levels Tables [e.g., RSLs, PRGs, etc.] should not be cited as a source of toxicity values. The original source of each toxicity value should be cited.

A short description of all known toxic effects of each COPC in non-technical language should be included in the toxicity assessment. For non-carcinogens, this description should identify the critical effect and the concentration below which adverse effects in humans are not expected. For carcinogens, the description should discuss the range of tumor types observed and whether the toxicity value was derived from human or animal data.

3.1.1 Inhalation Toxicity Values

Oral/Inhalation Route-to-Route Extrapolation

Previous versions of regional screening tables did contain some route-to-route extrapolation, because of the scarcity of inhalation toxicity factors. With the increasing availability of Tier 3 toxicity values, generic route-to-route extrapolation has been discontinued.

Reference Concentrations (RfCs) and Inhalation Unit Risks (IURs)

In the past, some regional tables converted RfCs to reference doses (RfDs) and IURs to slope factors for inhalation (SFIs). This was initially done because risk equations once relied upon RfDs and SFIs in units of milligrams per kilograms per day (mg/kg/day) and 1/mg/kg/day, respectively. However, as the inhalation guidance has evolved, RfCs and IURs, in units of milligrams per cubic meter (mg/m³) and cubic meter per microgram (m³/μg) respectively have become the recommended toxicity factors.

3.1.2 Dermal Toxicity Values

OSWER's approach to quantifying the risk posed by exposure to contaminants via the dermal route is presented in [RAGS Part E, Supplemental Guidance for Dermal Risk Assessment](#) (EPA, 2004).

3.2 Toxicity of Dioxin

3.2.1 Dioxins and Furans

Dioxin is the “shorthand” name for 2,3,7,8-tetrachlorodibenzodioxin (TCDD). This is the most potent of a series of related polychlorinated dibenzodioxin (PCDDs) and polychlorinated dibenzofurans (PCDFs). This compound and its related congeners are often of special concern to EPA because dioxin has a very high potency for causing cancer and other adverse effects in exposed individuals. In general, the toxicity of the different PCDD and PCDF congeners depends on the number and arrangement of the chlorine atoms on the dibenzodioxin or dibenzofuran ring structures. For more information, see [Use of Dioxin TEFs in calculating Dioxin TEQs at CERCLA and RCRA Sites](#) (EPA, 2013c).

EPA has developed several tools to help risk assessors and risk managers evaluate whether it is necessary to perform a detailed investigation of dioxins in site media. For more information visit the [EPA dioxin toolbox](#) and the [Fact Sheet on the Management of Dioxin Contaminated Soils](#) (EPA, 2011a).

3.2.2 Approach to Sampling, Analysis, and Evaluation of Polychlorinated Biphenyls (PCBs)

An Issue Paper was developed by Region 4's TSS to provide Project Managers, On-Scene Coordinators (OSCs) and technical staff with a recommended approach for evaluating and characterizing polychlorinated biphenyls (PCBs) in groundwater, soil and sediment to inform remedy selection. To learn more, please visit our website: [EPA Region 4 Technical Services Section Issue Paper for Polychlorinated Biphenyl Characterization at Region 4 Superfund and RCRA Sites](#).

3.2.3 Approach to Sampling, Analysis, and Evaluation of Toxaphene

The pesticide toxaphene is similar to PCBs in that it is a commercial mixture of many similar chemicals. Region 4 is in process of drafting an Issue Paper to provide an approach to evaluating toxaphene contaminated sites. If toxaphene is a potential chemical of interest at your site, contact a Region 4 risk assessor to discuss the latest methods for sampling, analysis, and evaluation.

3.3 Bioavailability Factors

The actual bioavailability of environmental chemicals is usually not determined in the risk assessment process. Health-based toxicity values are typically developed using intake levels (i.e. administered doses in controlled animal studies). The portion that is actually absorbed by the receptor, therefore bioavailable, is not necessarily determined in these studies. Hence, the actual bioavailability is irrelevant as long as risk conclusions are based on comparisons between calculated human intakes and toxicity values developed from administered doses (i.e., equivalent and appropriate dose-response comparisons).

A default assumption of 100 percent bioavailability (relative to that of the toxicity study) is to be used unless a consultation with Region 4 TSS determines otherwise.

EPA has developed some medium-specific default values for the bioavailability of metals which are included in the [Guidance for Evaluating the Bioavailability of Metals in Soils for Use in HHRAs](#) (EPA, 2007c).

EPA now has an OSWER directive (9200.1-113) which provides [Recommendations for Default Value for Relative Bioavailability of Arsenic in Soil](#) (EPA, 2012a).

3.4 Assessment of Lead

In the case of lead, human exposure and risk are characterized using a different approach than other chemicals. This is because lead exposure is evaluated using a biokinetic model and risk is interpreted in terms of predicted blood lead concentration rather than a HQ. EPA's Technical Review Workgroup (TRW) for lead has developed extensive guidance on how to evaluate risks from lead, and all of this information is available at the [TRW website](#).

The health-based screening level for lead in residential soil is 400 milligrams per kilogram (mg/kg) and the health-based action level for lead in drinking water is 15 micrograms per liter ($\mu\text{g/L}$). If either of these levels is exceeded, the [Integrated Exposure Uptake Biokinetic \(IEUBK\) Model for Lead in Children](#) (EPA, 2009b) and the [Adult Lead Methodology](#) (ALM; EPA, 2003b) can be used as appropriate to assess the site-specific risks and to help set remedial levels. Additional EPA guidance is available at the following website: <http://epa.gov/superfund/lead/guidance.htm>

3.4.1 Use of IEUBK Model to Assess Risks to Children

In residential locations and other areas where children are exposed to lead, EPA recommends the use of the IEUBK Model for Lead in Children to evaluate exposures from lead-contaminated media and to derive predicted blood lead levels.

3.4.2 Use of the Adult Lead Model

When young children are not expected to be present at a site (e.g., a workplace), the population of concern is the adult (e.g., a worker). While both males and females are susceptible to adverse effects from excess lead exposure, the female of child-bearing age is the sub-population of chief concern, since exposure of the pregnant female can result in exposure of the fetus *in utero*. The EPA has developed the ALM for evaluating the potential risks from lead in pregnant females.

3.5 Approach for Potential Mutagenic Effects

For COPCs that act via a mutagenic mode of action (MMOA), cancer risks should be estimated using age-dependent adjustment factors (ADAFs), that are consistent with cancer guidelines and supplemental guidance (EPA, 2005a; 2005b). The default ADAFs used to adjust the CSFs are 10 for 0-2 year olds, 3 for 2 and <16 year olds, and 1 for 16-30 year olds.

4.0 Exposure Assessment

The objective of the exposure assessment is to estimate the type and magnitude of exposures to chemicals of potential concern present at or migrating from a site. The exposure assessment should include the following sections.

- Characterization of Exposure Setting
- Identification of Exposure Pathways
- Quantification of Exposure

4.1 Characterization of Exposure Setting

The general physical characteristics of the site and of the populations on and near the site should be presented in this section. Populations should be addressed relative to those characteristics that influence exposure, such as location and activity patterns. In addition, the presence of sensitive subpopulations should be discussed. Current receptors as well as potential future receptors should be considered.

4.2 Identification of Exposure Pathways

This section should identify the pathways by which the identified populations may be exposed. A CSM should be developed for each site. The CSM should include known and suspected sources of contamination, types of contaminants and affected media, known and potential routes of migration, and known or potential human and environmental receptors. In addition to the narrative discussion of pathways, a figure following the format of the example presented in Chapter 2 of the [Remedial Investigation \(RI\)/Feasibility Study \(FS\) Guidance](#) (EPA, 1988) should be presented. Institutional controls ([ICs] e.g., fences or guards) should not be used as the justification for elimination of a pathway in the BRA for current or future scenarios. However, institutional controls may be used in the determination of exposure frequency for current exposure. The following scenarios should be used as appropriate.

4.2.1 Residential Scenario

A residential scenario (current or future) should be included in the BRA. There are cases where future residential land use is unlikely (e.g., an industrial area expected to remain industrial or a wetland). In those cases, the risk calculated for a residential scenario is used to establish the need for land use controls at the site. Thus, if a future residential

scenario is not included in the risk assessment, a justification should be presented and prior approval from the Remedial Project Manager (RPM) should be obtained.

If the groundwater is considered to be potentially potable according to state regulations the future consumption of groundwater for residential purposes should be evaluated. Inhalation of chemicals volatilized from groundwater should also be considered.

4.2.2 Trespasser Scenario

The evaluation of current exposure scenarios at most sites should include the trespasser or visitor scenario. Region 4 considers the typical trespasser to be an adolescent aged 7-16 (10 year exposure duration) with a body weight of 45 kilograms (kg) as representative of this age range. Trespasser exposure frequency should consider site-specific factors such as distance from the site to residences and the attractiveness of the site to the trespasser.

4.2.3 Excavation or Construction Worker Scenario

It may be useful to include an excavation/construction worker as a future scenario in the BRA. Typically this worker represents a utility worker or other worker who may be exposed to subsurface soil through digging for a relatively short period of time.

4.2.4 Commercial/Industrial Scenario

The commercial or industrial worker is typically evaluated as a current scenario or in anticipation that at some point in the future the site will be redeveloped. The parameters used for the commercial/industrial worker can be considered site-specific factors, if available.

4.3 Quantification of Exposure

Chemical-specific exposure for most complete exposure pathways should be presented in terms of the mass of substance in contact with the body per unit/body weight per unit time - most often as mg chemical per kg body weight per day or mg/kg/day. These exposure estimates are termed "intakes." Standard intake equations are presented in Chapter 6 of [RAGS Part A](#) (EPA, 1989a).

The "exposure unit" concept should be considered in the development of the exposure assessment. An exposure unit denotes a real extent of a receptor's movements during the time period of interest - analogous to the idea of a home range used in an ecological risk

assessment. For example, a young child under the age of 6 will probably range over the area of a typical residential lot (less than an acre) where a maintenance worker at a large industrial facility may move about the entire facility. This concept is important in determining which samples should be included in the calculation of the exposure point concentration (EPC).

EPA has established default assumptions for many parameters in an effort to establish consistency (See [OSWER Directive 9285.6-03](#) EPA, 1991a). This directive is currently being considered for revision and if revised, the newer version should be used. Also, [Table 1 of the RSL website's User's Guide](#) (EPA, 2013a or most recent revision) can be consulted for default versus site specific values. Site-specific values are allowed to be used to evaluate current exposures or other site-specific considerations, but prior approval of the RPM and/or Region 4 risk assessor is recommended.

4.4 Concentration Term

The concentration term in the intake equation is an estimate of the arithmetic average concentration for a chemical contacted by a receptor within an exposure unit over a time scale appropriate for the toxic effect of the chemical. Ideally the EPC should be the true average concentration within the exposure unit. However, because of the uncertainty associated with estimating the true average concentration at a site, the 95 percent upper confidence limit (UCL) of the arithmetic mean should be used as the concentration term. The EPA has developed software (ProUCL) that computes the UCL for a given data set by a variety of alternative statistical approaches (including several approaches that do not require the assumption of normality or lognormality) and then recommends specific UCL values as being the most appropriate for that particular data set. The software and User's Guide for ProUCL may be obtained at the following link: [ProUCL Software and User Guide](#).

Note: There is a substitution method for replacing non-detect concentrations with a value of half the detection limit for non-detected concentrations samples in accordance with EPA guidance (EPA, 1992). For a variety of reasons, however, detection limits may be elevated for a given sample and/or may vary between samples. For these and other considerations, alternative methods of accounting for non-detects (such as Maximum Likelihood Estimation, Kaplan-Meier, and other statistical methods) in data sets should be considered.

4.4.1 Concentration Term in Groundwater

Region 4 recommends the following approach for calculating the groundwater EPCs (GW EPCs) at Superfund and RCRA sites for use in HHRAs. The recommended approach is to calculate a 95% UCL on the arithmetic mean based on data from the core of a contaminant plume and use that value (or the maximum value if the 95% UCL exceeds the maximum value) to represent the GW EPC for potentially exposed individuals. This approach is expected to be appropriate for a majority of sites. National guidance on calculation the GW EPC is currently being developed and it should be followed once it becomes final.

Chemical degradation or attenuation should not be considered in the BRA unless site and chemical-specific data are available and prior approval from the RPM and TSS is obtained.

4.5 Ingestion

Default soil ingestion rates should be as follows: Resident Child 200 milligrams per day (mg/day); Resident Adult 100 mg/day; Indoor Worker 50 mg/day; Outdoor Worker 100 mg/day; and, Construction Worker (or other contact intensive receptor) 330 mg/day (Refer to the [Supplemental Guidance for Developing Soil Screening Levels for Superfund Sites](#) [EPA, 2002b]).

Sediments in an intermittent stream should be considered as surface soil for the portion of the year the stream is without water. In most cases it is unnecessary to evaluate human exposures to sediments that are always covered by surface water.

For purposes of a risk assessment, potable water ingestion rates should be as follows: Resident Child 1 liter per day (L/day); Resident Adult 2 L/day; Worker 1 L/day. Worker exposure to potable water can be assessed based on a current or likely scenario. However, for the purposes of establishing risk-based remedial goals, potable water is considered drinking water and should be assessed using residential use assumptions.

Ingestion of 50 milliliter per hour (ml/hour) of surface water should be used for exposures to water during swimming. Intake rates for exposure to surface water during wading should be 50 ml/hour for children 1-6 and 10 ml/hour for adolescents and adults.

Fish ingestion is highly variable and site-specific intake assumptions are most desirable since data vary greatly. When site-specific data are not available, EPA's [Exposure Factor's Handbook: 2011 Version](#) (EPA, 2011b) provides default fish ingestion rates for: the general population, recreational marine and freshwater anglers and Native American subsistence fish populations. For specific guidance on inputs such as mean ingestion rates (IR), subsistence IR, meal size, etc., the *Exposure Factor's Handbook* should be consulted.

4.6 Dermal Contact

The areas of the body receiving exposure to the specific media should be considered and summed to obtain the skin surface area. The [RAGS Part E, Supplemental Guidance for Dermal Risk Assessment](#) provides data to determine the surface area of each portion of the body which is exposed (EPA, 2004).

The dermal pathway is not used for evaluation of radionuclides.

4.7 Inhalation

Inhalation rates are no longer needed for risk assessment calculations.

4.8 Vapor Intrusion (VI)

VI is the general term given to migration of hazardous vapors from any subsurface contaminant source, such as contaminated soil or groundwater, through the vadose zone and into indoor air. The route volatile organic compounds (VOCs) take from a subsurface source to the air inside a building is referred to as the VI pathway. When VOCs present in soil gas migrate to the interior of a building and reach concentrations that could pose a potentially unacceptable health risk, the pathway is considered "complete." For sites where soil or groundwater concentrations result in the potential for migration of vapors to indoor air, additional tools and methodologies may be considered on a site specific basis and implemented as appropriate. The Region 4 TSS should be contacted regarding approval of site specific approach and specific sampling strategies.

4.8.1 Risk Assessment for Vapor Intrusion

OSWER's [2002 Draft Guidance on VI](#) (EPA, 2002d) provides technical and policy recommendations on determining if the VI pathway poses an unacceptable risk to human health at cleanup sites. Please refer to [OSWER's Final VI Guidance \(external review draft\)](#) (EPA, 2013d, Section 7.4) and other EPA documents ([EPA 2009c](#), [2010](#)) for

additional information and guidance on conducting and interpreting the VI HHRA at Superfund sites.

4.8.2 Technical Support Documents for Vapor Intrusion

EPA's technical information pertaining to vapor intrusion approaches and policy recommendations include:

- [Vapor Intrusion Screening Level Calculator](#)
- [Frequently Asked Questions about Vapor Intrusion](#) (EPA, 2012b)
- [Background Indoor Air Concentrations of Volatile Organic Compounds in North American Residences \(1990-2005\)](#) (EPA, 2011c)
- [EPA's Vapor Intrusion Database: Evaluation and Characterization of Attenuation Factors for Chlorinated Volatile Organic Compounds and Residential Buildings](#) (EPA, 2012c)
- [Conceptual Model Scenarios for the Vapor Intrusion Pathway](#) (EPA, 2012d)

4.9 Exposure to Volatile Organic Chemicals (VOCs) During Showering

Region 4 accepts the default assumption that inhalation and dermal exposure from showering is equivalent to exposure from ingestion of two liters of contaminated water per day (EPA, 1991b; Jo *et al.* 1990). Other approaches for assessing the shower/bath pathway should be approved by EPA.

4.10 Exposure Frequency

Default exposure frequency should be considered at 350 days/year for residents and 250 days/year for workers. Current exposure assumptions should represent conservative actual occurrences as accurately as possible. As a default, Region 4 believes swimming frequency in the southeast should be 45 days/year. However, for backyard swimming pools, in the southern portion of the region, a substantial increase in exposure frequency over the 45 days/year should be considered based on site specific information. Region 4 recommends that a backyard swimming pool or coastal areas use an exposure frequency of 90 days/year.

4.11 Exposure Duration

A 30 year exposure duration (6 years as a child and 24 years as an adult) is the default assumption for residents. Default worker exposure duration should be 25 years.

4.12 Use of the Fraction Ingested (FI) Term

Region 4 TSS should be consulted regarding the use of a fraction ingested (FI) term less than 100 percent. A FI of 100 percent should be used except in hot spot exposure assessments (highly contaminated areas significantly smaller than the exposure unit) and in the evaluation of exposures to intermittent streams.

5.0 Risk Characterization

Risk Characterization is the final step of the risk assessment process. It should be developed with thought to communicating risk information to risk managers who may have minimal training in risk assessment and the biological sciences. [Chapter 8 of RAGS, Part A](#), should be followed in developing the human health risk conclusions (EPA, 1989a).

The risk characterization section brings the toxicity/potency data and the exposure data together in an expression of quantitative risk estimates for all receptors considered in the BRA. Appropriate tabulation of this information is extremely important for clear communication to the reader.

Cancer risk values and hazard index (HI) values are to be expressed as one significant figure only.

As important as these numbers are in the remedial decision, this section of the risk assessment is incomplete without adequate discussion of uncertainty and the qualitative aspects of the assessment. The text should flow as a logical discussion of science and policy assumptions that led to the risk conclusions for all COPCs whether or not quantitative values could be derived.

6.0 Chemicals of Concern and Remedial Goal Options

Throughout the process of remediating a hazardous waste site, a risk manager uses a progression of increasingly site-specific acceptable media levels, so called "cleanup levels," for the consideration of remedial alternatives. Region 4 TSS suggests that a range of Remedial Goal Options (RGOs) be presented for the risk manager's use as the last component of the risk assessment. From the RGOs, the risk manager chooses remediation levels for the COCs, and these numbers, derived from RGOs, are addressed in the FS and are included in the Proposed Plan and the Record of Decision (ROD).

This bulletin details the development of RGOs and discusses the development of acceptable media levels that will ultimately become the remediation level (RLs) for the Chemicals of Concern (COCs).

6.1 Preliminary Remediation Goals (PRGs)

PRGs are either risk-based levels of hazardous chemicals in various environmental media, or applicable or relevant and appropriate requirement (ARARs). PRGs may be established early in the RI process, usually at scoping, and serve as the basis for the RI SAP. Region 4 recommends the use of the RSLs (based on carcinogenic risk of 1×10^{-6} or HQ of 1) as PRGs. Use of PRGs will determine if (1) proposed analytical methods will have adequate quantitation limits to achieve these risk-based levels; (2) the site will be adequately characterized; and (3) the remedial alternatives being considered can achieve risk-based levels.

PRGs based on ARARs (e.g., drinking water MCLs) should be clearly identified. RSLs should be used as risk-based PRGs, but they are not intended to be default remediation levels.

6.2 Chemicals of Concern

COCs are the COPCs that significantly contribute to a pathway in a use scenario for a receptor (e.g. hypothetical future child resident, current youth trespasser, current adult construction worker, etc.) that either (a) exceeds a 1×10^{-4} cumulative site cancer risk; or (b) exceeds a non-carcinogenic HI of 1. Note: generally, a cumulative site risk level exceeding 1×10^{-4} and an HI exceeding 1 are used as the remediation "triggers." The carcinogen "trigger" represents the summed risks to a receptor considering all pathways, media, and routes per land use scenario. The HI represents the total of the HQs of all

COPCs in all pathways, media, and routes to which the receptor is exposed. If the total receptor HI exceeds 1, then more precise HIs should be developed for each target organ and/or toxic effect. These target organ based HIs should form the basis for the COC selection.

Chemicals are not considered as significant contributors to risk and therefore are not included as COCs if their individual carcinogenic risk contribution is less than 1×10^{-6} and their non-carcinogenic HQ is less than 0.1 (See Section 2.5 and 2.6 for more on COPCs).

If the level of a chemical in a given medium exceeds a state or federal chemical-specific ARAR, that chemical should also be included as a COC.

6.3 Remedial Goal Options

The BRA should include a section that outlines the RGOs for the chemicals and media of concern. This section should include both ARARs and human health-based cleanup goals for all media considered.

The RGO section should contain a table of media-specific cleanup levels for each COC in each land use scenario evaluated in the BRA. The table should include cleanup levels for 1×10^{-6} , 1×10^{-5} and 1×10^{-4} cancer risk levels for each carcinogenic COC. The table should also include cleanup levels for each non-carcinogenic COC at HQ levels of 0.1, 1 and 3.

Region 4 has adopted the HQ range of 0.1 to 3 to span the uncertainty, perhaps an order of magnitude or greater, inherent in the RfD (RAGS, p. 7-5). The range of cleanup levels is provided to address specific chemicals for which the use of an HQ greater or lesser than 1 may be justified.

These potential cleanup levels should be presented for each COC in each medium and use scenario. The table should also contain any chemical-specific, health-based ARARs (state and federal), appropriate groundwater protection levels, state guidance concentrations and any other cleanup numbers that may pertain.

This table permits the risk manager to view the potential cleanup goals in a relatively condensed way. The purpose is to provide the risk manager with a range of risk-related media levels as a basis for developing remediation aspects of the FS and Proposed Plan or the Corrective Measures Study.

RAGS, [Part B](#) (EPA, 1991c) PRG calculations are not appropriate for the development of RGOs because they do not consider site specific exposure information.

6.4 Remediation Levels

Remediation Levels (RLs) are chosen by the risk manager for COCs and are included in the Proposed Plan and the ROD. These values, derived from RGOs, are considered the levels the remedial action needs to achieve in order to be protective of human health risks.

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