

**Southwest Indianapolis Air Toxics Study**  
**Technical Advisory Group**  
**Meeting Notes**  
**Oct. 21, 2008**

\*Monitoring Seasoning ended end of Sept. 2008, currently compiling data

**I. Modeling Update**

- a. Where data is not available use permit's potential to emit -When will results be available?
- b. Data needs to be QA'd
- c. Will take a while to run (WI took 100 hrs) -Modeling sources
- d. Background: how estimate?
- e. Open ended request for chemicals-did you get other information

**II. Public Advisory Group Update**

- a. 2 meetings
- b. Concerns noted - not interested in what EPA is interested in
- c. Try to meet 1/month
- d. Repts: school 46, SW Wayne Twp., resident, nurse, West Indy Dev. Corp.
- e. What has group done for direction? how compare to others, how handle news media

**III. Toxics Information**

- a. Hierarchy - 1st Tier: IRIS, CAL-EPA; 2nd Tier: HEAST, Health Canada, OLQ -Got 50% tox information -Need Tier 2 info: route extrapolation or ACGIH
- b. Recommendation: see how much mass emissions gap -How much of 50% are for chemicals not detected -Looked at recent NADA?
- c. Find out what chemicals we need tox info for how feasible for structure comparison - New EPA program "Compu-Tox"
- d. Can EPA run chemicals through a Quasar
- e. Screening vs. "drilling down"
- f. 30% info on carcinogens-of those you know?
- g. Are there specific routes that the compounds are carcinogenic for?
- h. Can't do all those carcinogens - what about those that are most toxic?
- i. Additivity might make it more complex
- j. Keep track of uncertainties
- k. Table suggests a single number - IRIS says not to use it - Go back and look at supporting studies - Bring along the range -IDEM defaults to IRIS -Put the range in as the numbers are used for a wide variety of purposes -Slope factors & IUR given as single numbers in IRIS but some compounds have ranges -IUR are intended to be high end estimates -Used for community risk -Suggestion - give public more than a single number m. Provide assumptions -Rfdi only -Will come out as risk 0 to 10<sup>-x</sup> -  
\*Do this for those compounds with the most toxicity & concentrations\* -Why did HEAST stop in 1997? Replaced with NCEA & provisionals -Methyline chloride dropped off? Name change?

- l. No acute tox data? Only OAQPS has limited info on this -Acute assessment w/modifying yearly data
- m. Acetone: peak to mean ratio?
- n. Acute values available from OSHA?
- o. Hourly concentration in the model?
- p. Modeling looks area-wide
- q. Odor problems
- r. Not doing asthma? MCHD?
- s. PM2.5 not part of this study
- t. Suggestion for public - mention PM as monitoring data available -from other sources

#### IV. Critical Effects & Target Organs

- a. 100% additivity=total hazard index
- b. 1st cut by Rfc
- c. Dependent on concentrations in air - independent of mass?
- d. Add together, then break it down
- e. Abbreviation explanation in the table (footnotes) -Critical effects from different sources - good -Additivity complicated when trying to define critical effects -Tox information may provide info especially if compound is highly toxic -Do not have to go to Mode of Action -Modeling data expressed as hourly average not close to exposure limits -What about continuous data?
- f. Continuous data more for other types of compounds (O3) -Acute info will be hard - Addressed cumulative risk? No only inhalation effects - smoking is a confounding factor
- g. Compare data from the 2 monitors - hesitated to do acute assessment from model

#### V. Methods to Fill Gaps - ACGIH

- a. Convert ACGIH TLVs to RfCs
- b. Back calculation from TLV is difficult and conservative -Good for basic screening - Tell public about conservatism/uncertainties -Proposed ACGIH conversion take into account children?
- c. Do what School 21 study did for children (age adjusted mutagen) -This is different: This is conservative enough for children -Increased sensitivity for children -IRIS takes children into account -Include caveats on using TLV values -Are there other human health studies that could resolve TLV substitution issue?
- d. In TLV process, equivalents MCL-G
- e. Don't know yet how this method will play w/modeling data -Caution in mixing health-based standards w/numbers derived for some other purpose -Communicate the limitations
- g. Any have pesticide characteristics? (FIFRA) -Units? ug/m3

#### VI. Mode of Action

- a. How to add carcinogens?
- b. EPA's approach is add carcinogens no matter the route -Consider tissue response -Dr. Klaunig agrees it is worth looking at this approach -Concern about focusing on inhalation causing cancer -Cheaper than exposure reduction -Keep uncertainties in forefront -WOE for carcinogenic? Class A, B, C...?

- c. Wait for "heavy-hitter" list
- d. Ds are unclassified - potency information -Save for screening -Tell public what is the risk -What is a "heavy-hitter"? Based on concentration and/or toxicity
- e. Ex: sulfuric acid - not carcinogenic
- f. Recommendation: concern about A, B, C only to determine IUR

#### VII. Background Ambient Air Concentrations

- a. use all Washington Park data - do not limit it to study time -Washington Park is not considered upgradient monitor to the study area -Add another area to the model -Add background to model -Washington Park model compared with School 21 model - Comparison vs. absolute risk

#### VIII. Miscellaneous

- a. Next meeting - Jan. 2009
- b. post 2-year data
- c. need met data for every sample