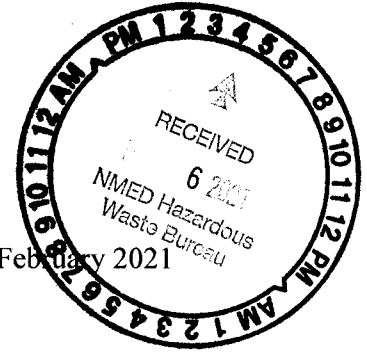


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DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 49TH WING (AETC)
HOLLOMAN AIR FORCE BASE NEW MEXICO



24 February 2021

ADAM M. KUSMAK, GS-13, USAF
Chief, Installation Management Flight (49 CES/CEI)
49th Civil Engineer Squadron (49 CES)
Holloman Air Force Base, NM

Mr. Kevin Pierard
Chief, Hazardous Waste Bureau
New Mexico Environment Department (NMED)
2905 Rodeo Park Drive East Bldg. 1
Santa Fe NM 87505-6063

SUBJECT: Transmittal of Responses to Notice of Deficiency Comments for the SS061 (AOC-1001) Supplemental RFI report

Dear Mr. Pierard,

Attached are responses to comments regarding the Supplemental RFI report for the subject site. The Air Force is in the process of finalizing an extension to the contract which will allow the incumbent contractor to update the risk assessment, perform an additional round of groundwater sampling at select wells, revise historical trends and submit a final supplemental RFI report.

Therefore, Holloman requests a 90-day extension for above referenced report. If you have any questions or concerns regarding this submittal, please contact me at (575) 572-6675.

Sincerely,

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ADAM M. KUSMAK, GS-13, USAF
Chief, Installation Management Flight

cc:

Ms. Naomi Davidson
Hazardous Waste Bureau
121 Tijeras Dr. NE, Ste.1000
Albuquerque NM 87102-3400

Mr. Cornelius Amindyas
Hazardous Waste Bureau
121 Tijeras Dr. NE, Ste. 1000
Albuquerque NM 87102-3400

Common Comment and Response Sheet

Date			Document Title (Version)	Contract/TO Number
1/5/2020			FINAL SUPPLEMENTAL RCRA FACILITY INVESTIGATION REPORT, SS061: BUILDING 1001 FUEL SPILL SITE (AREA OF CONCERN 1001), SEPTEMBER 2019 HOLLOMAN AIR FORCE BASE	FA8903-17-F-0303
Item	Source	Section	Comment	Response
1	NMED	7	<p>The second paragraph states that as the results of ethylene dibromide (EDB) were below the maximum contaminant level (MCL), the inclusion of EDB would have little effect on the results of the 2014 human health risk assessment (HHRA). However, the MCL is not applied in risk assessment, as the MCL is not based solely on toxicity. Rather the tap water screening levels would be applied in the risk assessment. It is noted that the 2019 tap water screening level for EDB is 7.47E-02 micrograms per liter, µg/L, which is above the MCL of 0.5 µg/L. As such, it is likely that overall contributions of risk due to EDB are minimal; however, even minimal risk can result in excess cancer risk, if the original risk estimate was close to exceeding the target risk level of 1E-05. Further, as the risk assessment was not updated to include the 2019 data, there is no definitive justification that EDB would not impact overall risk. The report also does not state whether inclusion of EDB would impact the inhalation risk if EDB were included. It is noted that inhalation risks as included in the 2015 ACM report is low. As noted on Table 13 (2015 Accelerated Corrective Measures HHRA), the noncancer risk to construction workers is 2E-01; inclusion of EDB would likely not result in the hazard index being above the target level of 1.0. Either revise the 2014/2015 HHRA to include the cancer and noncancer contributions to EDB or re calculate the risk assessment to include 2019 data.</p>	<p>The most current (November 2020) tap water screening level for EDB is 0.0075 ug/L which is LESS than the MCL of 0.05 ug/L and not greater than as noted in the comment. The comment would suggest the overall risk could be affected if the tap water screening levels for EDB were applied to the risk assessment. Because ingestion of groundwater was not considered a complete pathway in the 2015 HHRA (water underlying Holloman is not considered potable due to high total dissolved solids), the incorporation of the 2019 EDB data would have no change in outcome of the HHRA. As noted in the comment, it is likely the overall contributions of risk due to EDB are minimal but could result in excess cancer risk if the original risk estimate was close to exceeding the target risk level of 1E-05. However, review of the of the cumulative individual excess lifetime cancer risk (IELCR) for each receptor presented in Tables 7-11, 7-12 and 7-13 of the 2015 HHRA, reveal the IELCRs for all receptors are 1 to 6 orders of magnitude below the target risk level of 1E-05. Similarly, the cumulative hazard index (HI) presented in the HHRA are all well below the target level of 1.0 suggesting the inclusion of the very minor EDB contributions would not change the outcome of the HHRA. Therefore, revising the 2014/2015 HHRA to include cancer and noncancer contributions due to the very minor and sporadic concentrations (< 0.02 ug/L) of EDB is not well founded or necessary.</p>
2	NMED	7	<p>The risk assessment was not updated with the current groundwater data, as the 2019 data were determined to not be statistically different from the 2014 data. However, no statistical tests were provided to demonstrate this statement. Either revise the report to include the results of the statistical tests used to determine that the 2014 and 2019 data are statically the same or revise the HHRA to include the 2019 data.</p>	<p>Concur. Report will be revised to include statistical tests for the 2014 vs 2019 data, specifically benzene which is the risk driver for the site. Average benzene concentration for 2014 is 1,120 ug/L which drops to 464 ug/L in 2019.</p>