

34 BERRY STREET

BROOKLYN, NEW YORK

Interim Remedial Measure Work Plan

AKRF Project Number: 11259

NYSDEC BCP Number: C224268

Prepared for:

34 Berry Street, LLC (LCOR)
34 Berry Street
Brooklyn, NY 11249

Prepared by:



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MARCH 2019

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FIGURES

Figure 1 - Site Plan

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Appendix A - LNAPL System Specifications

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CERTIFICATION

I, Michelle Lapin, P.E., certify that I am currently a NYS registered Professional Engineer as defined in 6 NYCRR Part 375 and that this Interim Remedial Measure Work Plan was prepared in accordance with all applicable statutes and regulations and in substantial conformance with the DER Technical Guidance for Site Investigation and Remediation (DER-10)

Michelle Lapin, P.E.

Name



Date

3/14/19

1.0 INTRODUCTION

This Interim Remedial Measure (IRM) Work Plan has been prepared by AKRF, Inc. (AKRF) on behalf of 34 Berry Street, LLC (the Volunteer) for the property located at 34 Berry Street in the Williamsburg neighborhood of Brooklyn, New York (Site). The legal definition of the Site is Brooklyn Borough Tax Block 2289, Lot 14. The site is located on the western side of Berry Street, between North 11th and North 12th Streets, and is comprised of a seven-story residential building and courtyard area, with a basement-level parking garage.

In March 2018, a Brownfield Cleanup Agreement (BCA) was executed by both the Volunteer and the New York State Department of Environmental Conservation (NYSDEC) to complete remediation and investigation activities at the Site under purview of the NYSDEC Brownfield Cleanup Program (BCP). In November 2018, the NYSDEC-approved Remedial Investigation Work Plan (RIWP) was implemented, and the investigation data was compiled into the draft Remedial Investigation Report (RIR) dated February 2019.

Prior to entering the BCP, remediation was being completed at the site to address NYSDEC Spill No. 07-12424. To address the Spill, and under NYSDEC oversight, a light non aqueous phase liquid (LNAPL) recovery system consisting of three recovery wells was installed at the end of building construction in early 2009. Two more recovery well were added by April 2012. In September 2012, the Volunteer entered into a Stipulation Agreement with NYSDEC to identify the specific investigation, remediation, and monitoring measures to be implemented with respect to the petroleum contamination at the Site. Oversight of the investigation, remediation, and monitoring requirements were transferred from the Spill Program to the BCP upon execution of the Brownfield Cleanup Agreement (BCA) in March 2018.

Operation, monitoring, and maintenance (OM&M) of the NAPL system and submission of monitoring reports were conducted based upon an agreed upon schedule with NYSDEC. From September 2009 through December 2014, monthly OM&M visits and quarterly groundwater sampling were completed to monitor site conditions and the effectiveness of the NAPL removal system. From January 2014 to January 2018, quarterly OM&M visits with semi-annual groundwater sampling were completed. The results of each visit were compiled and reported to NYSDEC for review and approval.

The OM&M program documented that the system has been effective in reducing the amount of LNAPL beneath the building, but aging equipment, part failures, and biofouling of the LNAPL system equipment has limited recent system performance. This IRM Work Plan has been prepared to identify the procedures to rehabilitate and repair the existing system to optimize LNAPL recovery and complete the LNAPL removal beneath the Site.

2.0 SITE DESCRIPTION AND HISTORY

A complete review of the Site description, surrounding land use, and local geology is included in the BCP Application, RIWP, and draft RIR. For the purpose of this IRM Work Plan, this section includes a summary of the Site history information associated with the LNAPL system.

2.1 Site History

A Phase I Environmental Site Assessment (ESA) of the Site conducted in June 2006 documented that the Site was occupied by the New York Quinine and Chemical Works from circa 1887 to 1951. Review of historic Sanborn maps from this period indicate that this facility contained various buildings associated with the manufacturer and packaging of quinine, and included structures with the use description of “coal oil refining” and “storage of oil in tanks”. Sanborn maps from 1965 to 2006 (after decommissioning of the quinine factory) depict a large two-story

freight loading facility and warehouse in the western portion of the Site, a two-story truck repair facility/warehouse and a four-story unspecified manufacturing facility in the southwestern portion of the Site, and a parking lot in the eastern portion of the site containing two gasoline tanks of unspecified capacity.

All on-site buildings were demolished starting in April 2008, and construction of the existing residential structure started in June 2008. Building construction was completed in early 2009, and the initial temporary certificate of occupancy (TCO) was issued by the NYC Department of Buildings on April 30, 2010, and included approval for occupancy of the cellar level through the 4th floor. A TCO for the cellar level, floors 1 to 7, and the building roof was issued on June 3, 2010 and renewed on September 8, 2010. A final Certificate of Occupancy (CO) was issued in December 2012.

During development, the Site was subject to “E-designation” requirements for hazardous materials as part of the Greenpoint-Williamsburg Rezoning, which included preparation and implementation of a Remedial Action Plan (RAP) to address Soil Management at the Site. A June 2006 Subsurface (Phase II) Investigation Report prepared by Langan Engineering and Environmental Services (Langan) concluded that contaminated soil and groundwater are present at the Site. Chlorinated solvent- and petroleum-related volatile organic compounds, polycyclic aromatic hydrocarbons (PAHs), and metals were detected in soil and/or groundwater. Site contamination appeared to be related to historic operations at the Site, placement of urban fill material of unknown origin by prior owners, and the presence of on-site fuel oil storage tanks. The detections revealed evidence of a “spill” requiring reporting to the NYSDEC [Spill No. 07-12424 (the “Spill”)].

On March 3, 2010, a Closure Report was prepared and submitted to New York City Mayor’s Office of Environmental Remediation (OER) as part of the E-designation requirements for the Site. Redevelopment of the Site was completed in December 2009, and included the demolition of the existing buildings and the construction of a seven-story residential building, an open courtyard, and basement level garage. Excavation extended between approximately 10 to 17 feet below grade throughout the building footprint. The report documented the disposal of 18,676 tons of soil excavated during site redevelopment activities, removal of underground storage tanks, and installation of engineering controls including a vapor barrier, passive sub-slab depressurization system (SSDS), and a Site cap. OER issued a Notice of No Objection (NNO) for the Site on April 20, 2010, which indicated that the E-designation requirements had been satisfied. On September 13, 2012, and in accordance with the NNO, a Notice of Satisfaction (NOS) was issued to the Requestor after it entered into a Stipulation Agreement with the NYSDEC regarding appropriate remediation of the open Spill. The Stipulation Agreement specified the required investigations, remediation, and monitoring measures to be implemented with respect to LNAPL that remained in the saturated zone beneath the building slab at the Site to achieve case closure with respect to the Spill.

To address the Spill, and under review of NYSDEC, an LNAPL recovery system consisting of three recovery wells was installed at the end of building construction in early 2009. Three additional recovery wells were added by April 2012. OM&M of the NAPL system and submission of monitoring reports were conducted, based upon an agreed upon schedule with NYSDEC. From September 2009 through December 2014, monthly OM&M visits and quarterly groundwater sampling were completed to monitor Site conditions and the effectiveness of the NAPL removal system. From January 2014 to the present day, quarterly OM&M visits with semi-annual groundwater sampling were completed. The results of each visit were compiled and

reported to NYSDEC for review and approval. The OM&M program documented that the system has been effective in reducing the amount of LNAPL beneath the building.

In November 2010, AKRF performed an off-site investigation in accordance with an NYSDEC-approved work plan to determine whether potential off-site sources were contributing to petroleum contamination observed at the property. Field evidence of contamination, including slight petroleum-like odors and a visible sheen, was noted below the water table in three soil borings immediately north of the Site and one boring located across North 12th Street from the Site; with no contamination noted in the other two borings across North 12th Street or in the two borings across Berry Street. Laboratory analytical results for soil were consistent with these field observations, indicating generally higher levels of petroleum-related VOCs in soil samples from borings immediately north of the Site, with each detection below NYSDEC Soil Cleanup Objectives (SCOs) that were consistent with the Restricted Residential Site use. LNAPL was not observed in any of the off-site monitoring wells during groundwater sampling activities. Fingerprint analysis of LNAPL samples collected from on-site monitoring wells indicated a product profile consistent with weathered diesel fuel/No. 2 fuel oil, and not an MGP residual, which would be associated with the MGP gas holders formerly located on the north side of North 12th Street. These combined field observations and laboratory analytical results indicated that the petroleum-related contamination at the 34 Berry Street site was most likely not originating from an off-site source.

In April 2013 and July 2016, the Volunteer voluntarily performed additional subsurface investigations to identify the 1,2-dichloroethane (DCA) source area, provide additional groundwater data associated with the existing chlorinated solvent plume, and to address investigation data gaps for the Site. Each phase of additional investigation was completed in accordance with a NYSDEC-approved work plan. The additional investigations did not identify a solvent contamination source area in soil. The groundwater sampling results confirmed that the concentrations of petroleum compounds were consistent with previous sampling events, and exceeded the ambient water quality values (AWQVs) in the northeastern portion of the property where the NAPL recovery wells are located. The groundwater results for solvent-related compounds confirmed that the location of off-site monitoring wells MW-18 and MW-22 have had concentrations of DCA one to two orders of magnitude higher than the remaining concentrations across the Site. These results, combined with the established groundwater flow direction, suggested that the DCA source area may be located along the property boundary between 34 Berry and 44 Berry Street, or may originate from the upgradient adjacent 44 Berry Street property.

Between October and November 2018, the Volunteer completed the Remedial Investigation (RI) in accordance with the NYSDEC-approved RIWP. Soil results collected during the BCP RI confirmed that the petroleum contamination areas are focused on the LNAPL plumes near MW-1, and the area represented by MW-2, MW-3R, MW-6, MW-16 and MW-24. The BCP soil samples documented that 1,2-DCA source material was present at a depth of 14 to 15 feet below the basement floor at MW-22D, which is more than 20 feet below street grade. The groundwater results for solvent compounds confirmed that the highest concentrations of 1,2-DCA have been consistently in the area of MW-18, MW-22, and MW-22D, where concentrations of 1,2-DCA are one to two orders of magnitude higher than the remaining concentrations across the Site. These results, combined with the established groundwater flow direction, the isoconcentration contour for 1,2-DCA, and the BCP soil results, suggests that the 1,2-DCA source area may originate on the upgradient 44 Berry property and extend onto 34 Berry Street at the southwestern property boundary. The soil gas sampling did not indicate any additional sources of contamination beyond what has already been documented at the site, and indicated that vapor intrusion was not a

concern at the 34 Berry building. Furthermore, the existing vapor barrier and passive SSDS would further reduce the potential for any future vapor intrusion concerns.

2.2 Previous Investigations

The following reports representing previous investigations have been completed at the Site.

- Phase I ESA, Langan, June 15, 2006
- Phase II Environmental Site Investigation (ESI), Langan, June 27, 2006
- Environmental Subsurface Investigation Report, Landmark Consultants, Inc. (Landmark), April 2007
- Remedial Action Plan and Construction Health and Safety Plan, Landmark, February 2008
- Supplemental Remedial Investigation Report, Landmark, March 2008
- Soil Corrective Action and Remedial Subsurface Investigation, Impact Environmental Restoration, Inc. (Impact), September 2008
- Soil Remedial Action Plan Addendum, Landmark, April 2009
- Remedial Closure Report, AKRF, Inc. (AKRF), March 2010
- Closure Report Addendum, AKRF, April 9, 2010
- Off-Site Investigation Report, AKRF, November 24, 2010
- Remedial Investigation Work Plan, AKRF, July 2018
- Draft Remedial Investigation Report, AKRF, February 2019

A summary of the methods and findings for each investigation listed above, including a CD containing a copy of each report, is included in the BCP Application and the RIWP. The OM&M status reports prepared to document the LNAPL system performance were completed on quarterly or semi-annual bases during the following periods:

- Monthly OM&M Status Reports, AKRF, October 2009 through December 2014
- Quarterly (gauging)/Semi-Annual (gauging and groundwater monitoring) OM&M Status Reports, AKRF, January 2015 through March 2018

3.0 NAPL SYSTEM DESCRIPTION AND PERFORMANCE DATA

NAPL system installation and each phase of system modification/upgrades were completed under oversight of the NYSDEC petroleum spill manager.

3.1 System Background

At the time of system start up in March 2009, the NAPL system included three recovery wells (MW-1, MW-2, and MW-7). In January 2011, two additional recovery wells (MW-3 and MW-6) were added to the existing network. In April 2012, recovery well MW-16 was added to the existing network of five recovery wells. The NAPL recovery system was expanded, based on OM&M and investigation data to include a recovery network that would effectively capture the areas where NAPL was detected in the subsurface. Five recovery wells (MW-1, MW-2, MW-3, MW-7, and MW-16) were equipped with total fluids pneumatic pumps to remove product and water at an approximate flow rate of 2 gallons per minute from each well. One recovery well

(MW-6) was equipped with a total fluids diaphragm pump with a maximum pumping rate of approximately 5 gallons per minute. A site plan showing the well locations is included as Figure 1. Water pumped from the recovery system is treated using an oil/water separator, particulate filter, and a carbon unit prior to being discharged to the New York City Department of Environmental Protection (NYCDEP) sewer system via a NYCDEP discharge permit.

3.2 System Operation and OM&M

Prior to system start up, NAPL was measured in the recovery wells at a thickness ranging from approximately 0.2 to 0.6 foot. After the system was turned on in March 2009, NAPL was measured at thicknesses ranging from 0.5 foot in MW-2 to 4.79 feet in MW-1. This increased NAPL thickness was believed to be due to the capture zone created by depressing the water table into a cone of depression surrounding each recovery well, allowing the NAPL to essentially migrate “downhill” and build-up within the water table depression. NAPL recovery was very effective after system start up, as over 1,000 gallons of NAPL were recovered by September 2010. Approximately 850 additional gallons of NAPL were recovered from October 2010 to October 2012, and approximately 150 additional gallons of NAPL were recovered from November 2012 to February 2018. Approximately 2,000 gallons of NAPL have been removed to date during the NAPL system operation. In November 2012, NYSDEC approved the permanent shutdown of MW-7, as NAPL was no longer detected at that location. During the February 2018 OM&M event, NAPL was detected in MW-1, MW-6 and MW-16 at thicknesses ranging from 0.10 and 0.35 foot. NAPL, or a petroleum sheen, was not detected in MW-2 or MW-3 during the February 2018 gauging events.

The OM&M program has documented that the presence and thickness of measured NAPL has been reduced for the duration of system operation. Each recovery well included periods of time during full system operation where NAPL was not detected. The system has been effective in reducing the amount of NAPL beneath the Site building. Part of the reduction in NAPL removal has been attributed to the deterioration of system equipment as it approaches 10 years of operation. Repairing worn out equipment and cleaning bio-fouled pumps and discharge lines have become a constant maintenance requirement. In addition, replacement well MW-3R was installed to take the place of MW-3, where shifting PVC casing prevented the pump in MW-3 from operating properly or being removed. It has become apparent that a full system rehabilitation with new pump and discharge lines is necessary to bring the system back to full operational capacity to address the remaining pockets of NAPL beneath the Site.

4.0 INTERIM REMEDIAL MEASURES

Since the LNAPL removal system has operated under a Stipulation Agreement with NYSDEC, the purpose of the IRM is to allow for the needed upgrade work and future system operation to be completed under oversight of the BCP. The rehabilitation scope of work includes installation of new pumps in each active recovery well (MW-1, MW-2, MW-6, MW-16, and new well MW-3R), replacement of the entire length of piping or installation of new piping from the well to the remediation room, and updating the equipment within the treatment system room. Appendix A includes a schematic of the LNAPL system components within the treatment system room, and specifications for the oil water separator and the total fluids pumps.

4.1 Pump Replacement

The 3.6-inch outside diameter QED AP4+T Top Inlet Long AutoPump has been selected for each recovery well for LNAPL removal. Appendix A includes a copy of the QED specification sheet

for the selected pump. The AP4+T Top Inlet Long AutoPump is an air-driven total fluids pump specifically designed for automatic total fluids removal in low yielding aquifers, using an elevated inlet to maximize LNAPL recovery. The QED AP4+T was previously used in five of the six recovery wells and was documented to be a reliable, efficient pump for LNAPL removal.

4.2 Site Preparation

Each work area will be properly secured in accordance with the existing Health and Safety Plan (HASP) included as part of the NYSDEC-approved RIWP, and also provided in Appendix B of this IRM Work Plan.

4.3 Piping Replacement

Each pump contains connections for 1-inch nitrile rubber piping. The full extent of piping from the well head to the remediation system will be replaced. Structured upgrades for the piping runs from each pump to treatment system room include soft 90-degree inserts at corners and hardcover pipe chases to house and protect the rubber piping, prevent kinking, and minimize loss of flow capacity within the piping.

4.4 Remediation Room

The interior honeycomb structure of the oil/water separator will be replaced, along with the transfer pump and piping that route discharge water through the particulate filter and carbon treatment unit. A new particulate filter and a carbon change-out will be completed as needed based on sampling required by the NYCDEP discharge permit.

4.5 Waste Management

Equipment removal includes removing the existing pumps and associated piping, and removing the interior honeycomb structure within the oil/water separator. Fluids removal includes pumping recovered groundwater out of the oil/water separator and pumping out the LNAPL drum. All old equipment and removed fluids will be properly containerized and disposed off-site in accordance with all applicable federal, state, and local requirements.

4.6 Air Monitoring

Work zone monitoring will be conducted during all work identified in this IRM Work Plan. All of the piping replacement work, including the new piping at MW-3R, will be completed without breaching the existing concrete floor or vapor barrier. There will be no subsurface penetration to create direct exposure to subsurface materials. Consistent with the BCP Remedial Investigation, all work zone monitoring will be completed in accordance with the Site-specific HASP and CAMP, included as part of the NYSDEC-approved RIWP and also provided as Appendix B of this IRM Work Plan.

5.0 OPERATION, MAINTENANCE AND MONITORING (OM&M)

The NYSDEC-approved OM&M plan completed as part of the Stipulation Agreement will be updated following the completion of the upgrades outlined in this IRM Work Plan. The schedule includes:

- Weekly LNAPL system monitoring to document total fluids and LNAPL volume removal.
- Quarterly well gauging and reporting to document the amount of LNAPL present in the wells.
- Semi-Annual groundwater sampling and reporting to document water quality and LNAPL removal system performance.

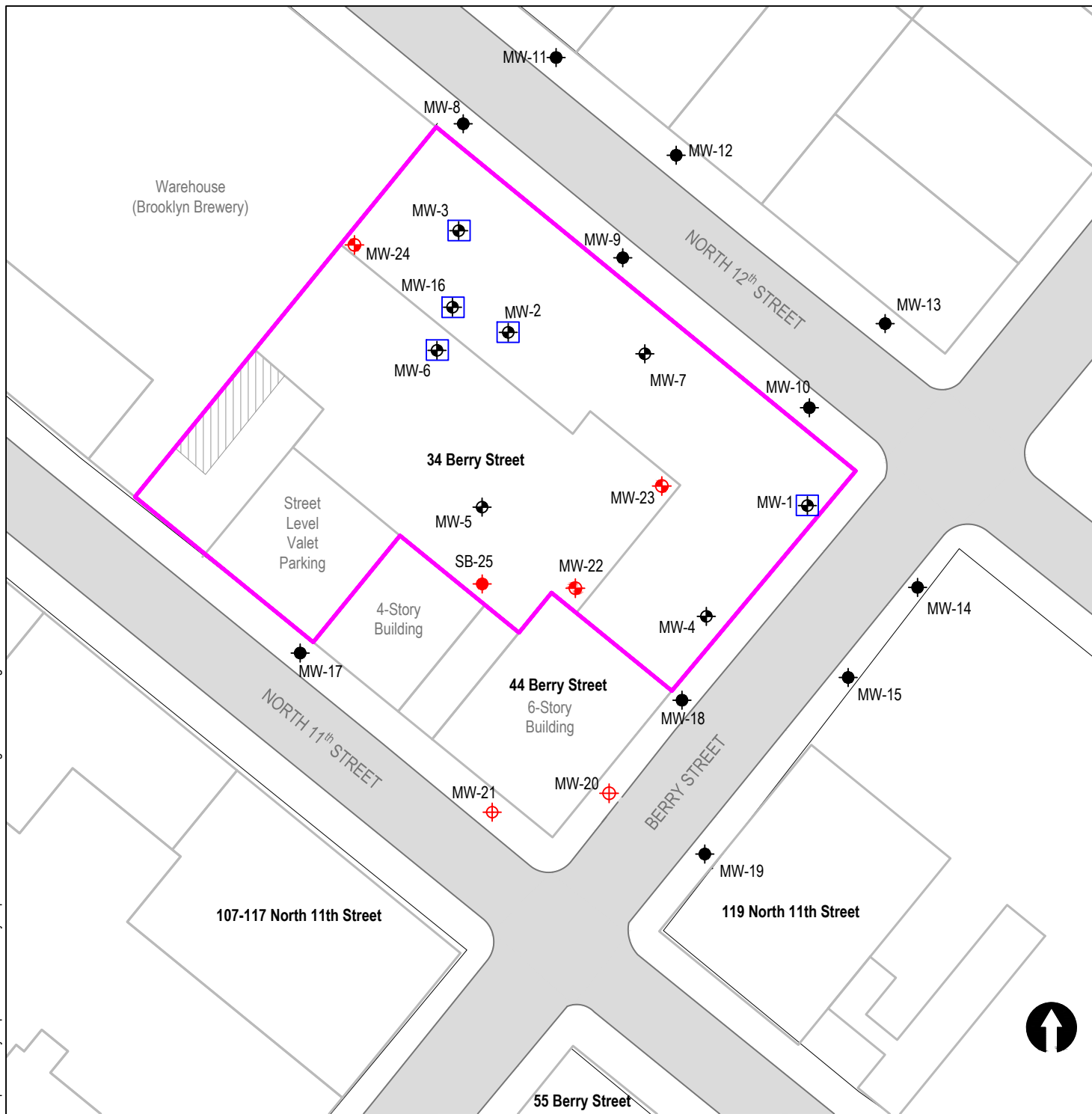
6.0 SCHEDULE OF WORK

The following tentative schedule has been developed for the project:

Remedial Investigation Schedule

Task	Date
Submission of IRM Work Plan to NYSDEC	February 14, 2019
NYSDEC Approval of updated IRM Work Plan	March 1, 2019
Initiate Site Work for LNAPL System Upgrades	March 4, 2019
LNAPL System Re-Start	March 18, 2019

FIGURES



LEGEND

- PROJECT SITE BOUNDARY
- SOIL BORING LOCATION
- RECOVERY WELL
- ON-SITE MONITORING WELL
- ⊕ NEWLY INSTALLED OFF-SITE SOIL BORING/ MONITORING WELL LOCATION
- ⊕ NEWLY INSTALLED ON-SITE SOIL BORING/ MONITORING WELL LOCATION



440 Park Avenue South, New York, NY 10016

34 Berry Street
Brooklyn, New York

SITE PLAN

DATE
3/8/2018

PROJECT NO.
11259

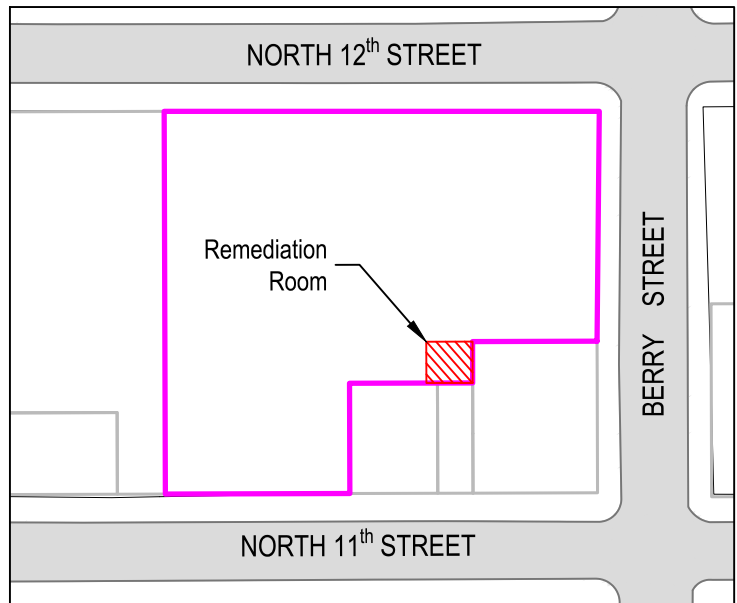
FIGURE
1

APPENDIX A
LNAPL SYSTEM SPECIFICATIONS



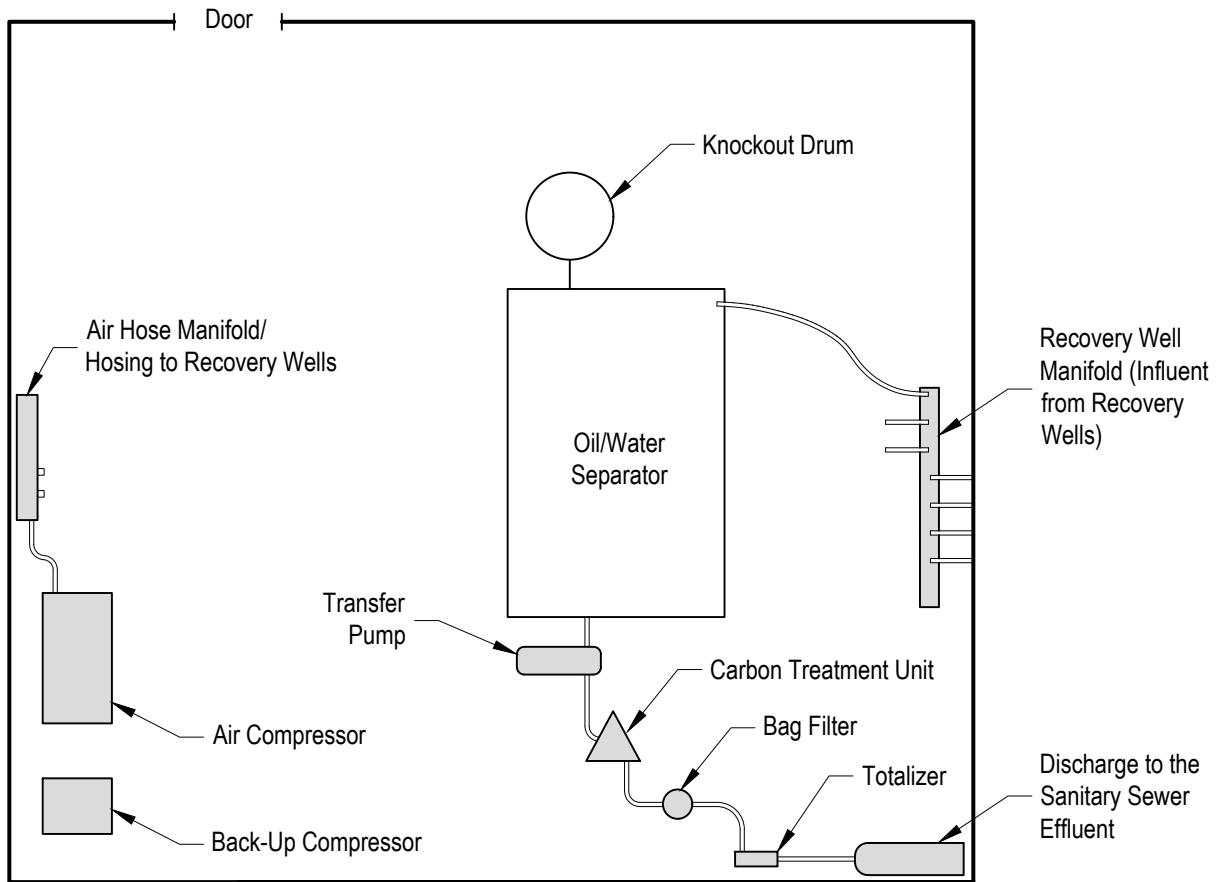
LEGEND

— PROJECT SITE BOUNDARY



Key Map

Scale: 1" = 100'



Remediation Room

Not to Scale



440 Park Avenue South, New York, NY 10016

34 Berry Street
Brooklyn, New York

LNAPL SYSTEM SKETCH

DATE
3/1/2019

PROJECT NO.
11259

APPENDIX
A

AP4+T

AutoPump®

Top Inlet, Long

Max. Flow 10 gpm (38 lpm)

O.D. 3.6 in. (9.1 cm)

Length 56.7 in. (144 cm)



Description

The AP4+ Top Inlet Long AutoPump provides maximum capabilities and flow in a top inlet pump for 4" diameter and larger wells needing an elevated inlet, such as pumping total fluids from wells contaminated with LNAPLs. It is offered in optional versions to handle even the most severe remediation and landfill pumping applications, and delivers flow rates up to 10 gpm*. The AP4+ Long Top Inlet AutoPump is complemented by the most comprehensive selection of accessories to provide a complete system to meet site-specific requirements. Call QED for prompt, no-obligation assistance on your pumping project needs.

The AutoPump Heritage

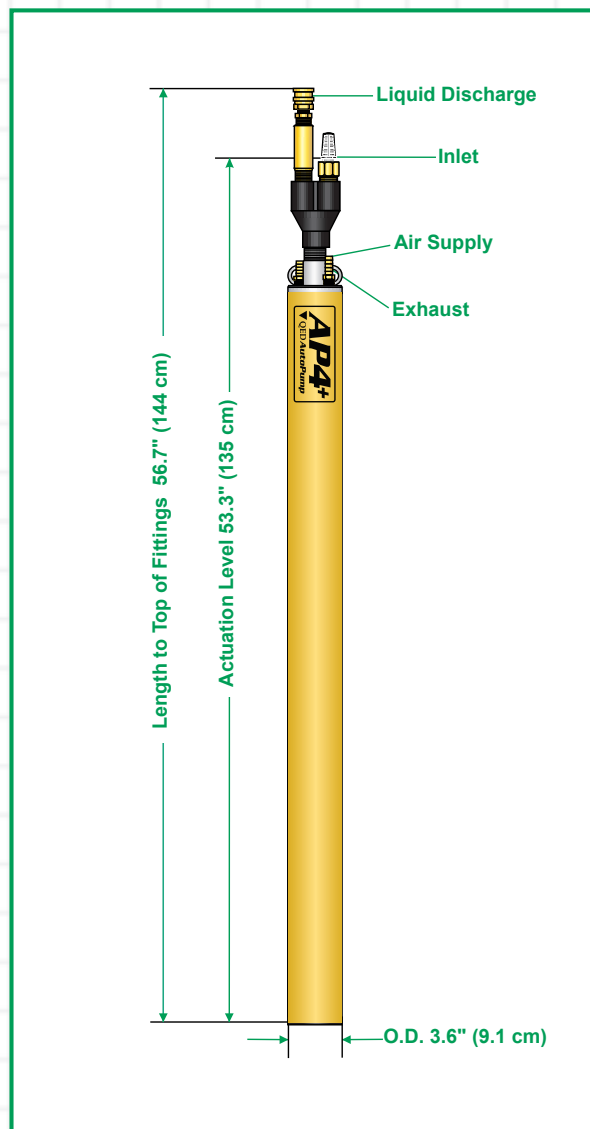
The AP4+ Top Inlet Long AutoPump is part of the famous AutoPump family of original automatic air-powered pumps, developed in the mid 1980s specifically to handle unique pumping needs at remediation and landfill sites. Over the years they've proven their durability at thousands of sites worldwide. AutoPumps are designed to handle difficult pumping challenges that other pumps can't, such as hydrocarbons, solvents, suspended solids, corrosives, temperature extremes, viscous fluids and frequent start/stop cycles. Beyond just the pump, AutoPump systems offer the most complete range of tubing, hose, connectors, wellhead caps and accessories to help your installation go smoothly. This superior pumping heritage, application experience and support back up every AutoPump you put to work on your project.

Advantages

1. The original automatic air-powered well pump, proven worldwide over 25 years
2. The highest flow rates and deepest pumping capabilities in the industry
3. Patented, proven design for superior reliability and durability, even in severe applications
4. Handles solids, solvents, hydrocarbons corrosive conditions, viscous fluids and high temperatures beyond the limits of electric pumps
5. Five-year warranty

*Consult QED for higher flow requirements

Pump Dimensions



Specifications & Operating Requirements

Model	4" - Long AP4+ Top Inlet
Liquid Inlet Location	Top
OD	3.6 in. (9.1 cm)
Length Overall (pump & fittings)	56.7 in. (144 cm)
Weight	18 lbs. (8.7 kg)
Max. Flow Rate	10 gpm (38 lpm) - See Flow Rate Chart
Pump Volume / Cycle	0.58 - 0.78 gal (2.2 - 3.0L)
Min. Actuation Level	53.3 in. (135 cm)
Standard Pump	
Max. Depth	250 ft. (76 m)
Air Pressure Range	5 - 120 psi (0.4 - 8.4 kg/cm ²)
Air Usage	0.35-1.1 scf / gal. (3.0-8.4 liters of air / fluid liter)
High Pressure Pump	
Max. Depth	425 ft. (130 m)
Air Pressure Range	5 - 200 psi (0.4 - 14.1 kg/cm ²)
Min. Liquid Density	0.7 SpG (0.7 g/cm ³)
Standard Construction Materials¹	
Pump Body	Fiberglass or Stainless Steel
Pump Ends	Stainless Steel, Acetal
Internal Components	Stainless Steel, Viton, Acetal, PVDF ³
Tube & Hose Fittings	Brass or Stainless Steel
Fitting Type	Barbs or Quick Connects
Tube & Hose Options	
Tubing Material²	Nylon
Sizes - Liquid Discharge	1 in. (25 mm) or 1-1/4 in. (32 mm) OD
Pump Air Supply	1/2 in. (13 mm) OD
Air Exhaust	5/8 in. (16 mm) OD
Hose Material	Nitrile
Sizes - Liquid Discharge	3/4 in. (19 mm) or 1 in. (25 mm) ID
Pump Air Supply	3/8 in. (9.5 mm) ID
Air Exhaust	1/2 in. (13 mm) ID

¹ Material upgrades available² Applies to QED supplied tubing; other tubing sources may not conform to QED fittings.³ PVDF - Polyvinylidene FluorideStandard Application Limits
(standard model)

AP4+ AutoPumps are designed to handle the application ranges described below. For applications outside these ranges, consult QED.

Maximum Temperature: 150°F (65°C)

pH Range: 4-9

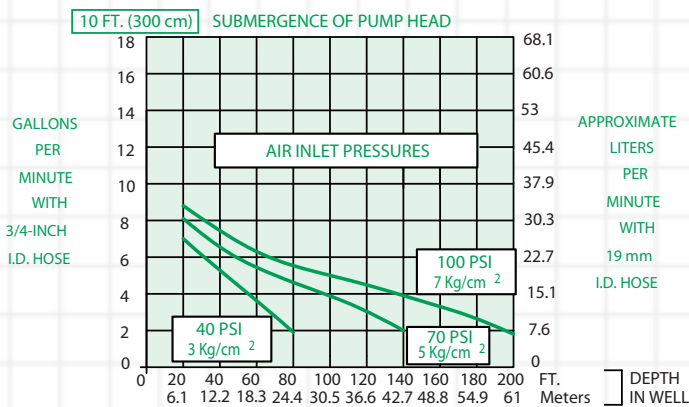
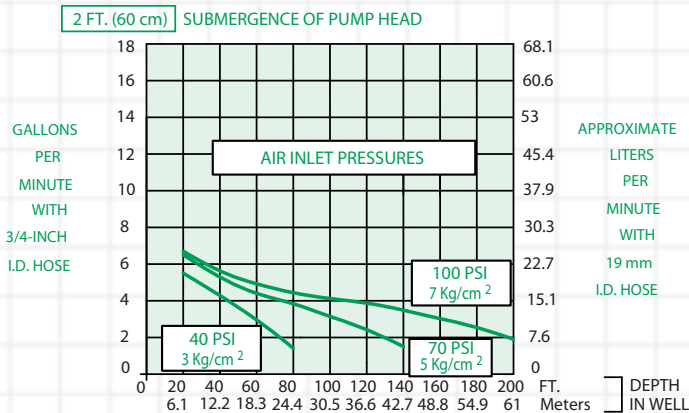
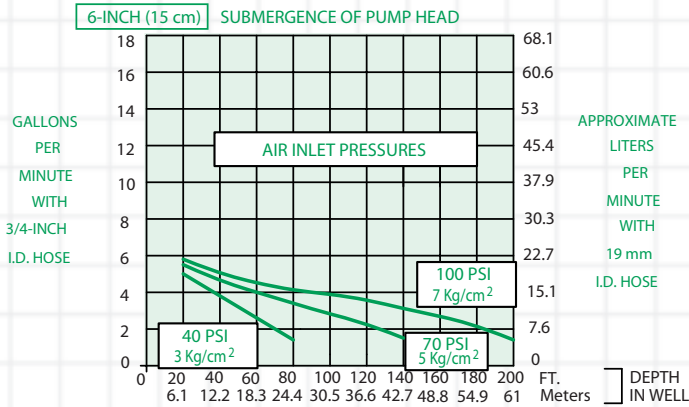
Solvents and Fuels: diesel, gasoline, JP1-JP6, #2 heating oils, BTEX, MTBE, landfill liquids

Long and Short AP4+ AutoPumps are warranted for five (5) years: 100% materials and workmanship.

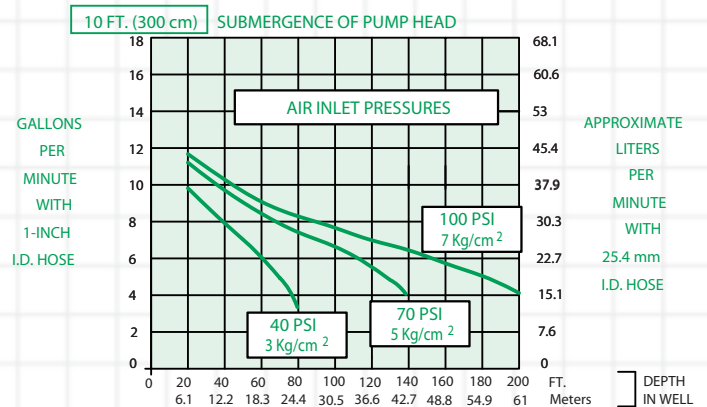
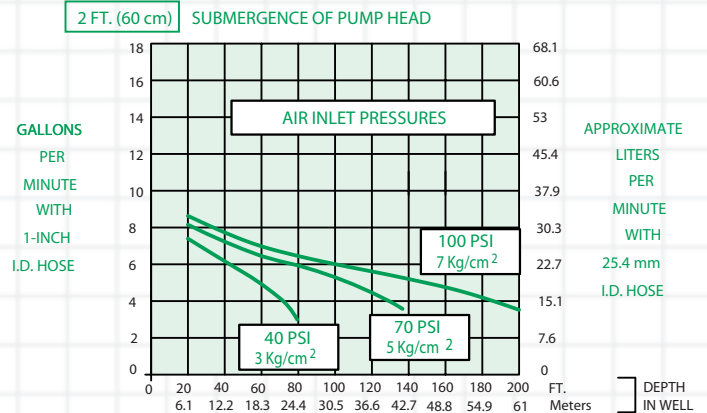
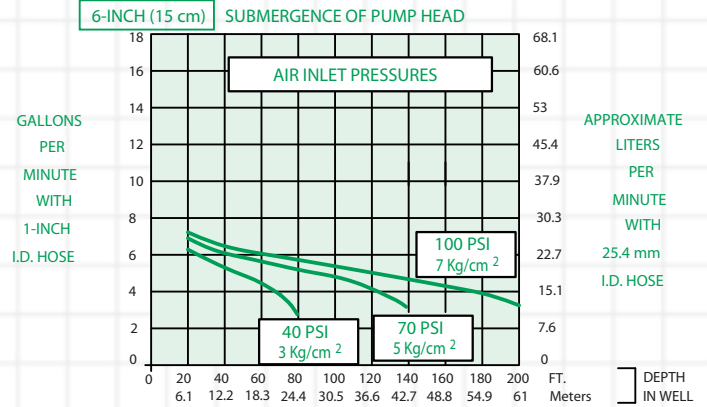
Low-Drawdown AutoPumps are warranted for one (1) year: 100% materials and workmanship.

Flow Rates¹

**3/4 inch (19 mm)
Inside Diameter Discharge Hose
(Equivalent to 1-Inch O.D. Tubing)**



**1 inch (25.4 mm)
Inside Diameter Discharge Hose
(Equivalent to 1.25-Inch O.D. Tubing)**

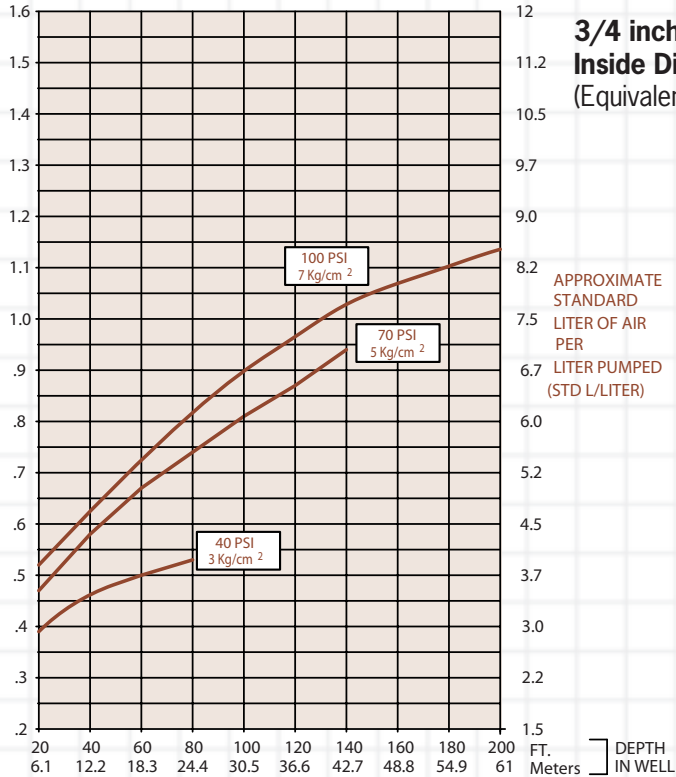


¹FLOW RATES MAY VARY WITH SITE CONDITIONS. CALL QED FOR TECHNICAL ASSISTANCE.

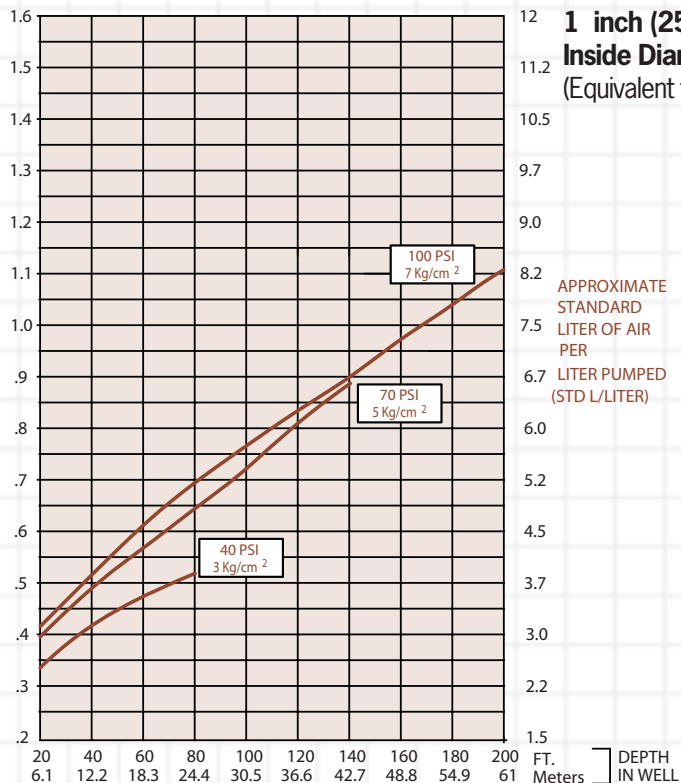
Air Consumption



STANDARD
CUBIC FEET OF AIR
PER
GALLON PUMPED
(SCF/GAL)



STANDARD
CUBIC FEET OF AIR
PER
GALLON PUMPED
(SCF/GAL)

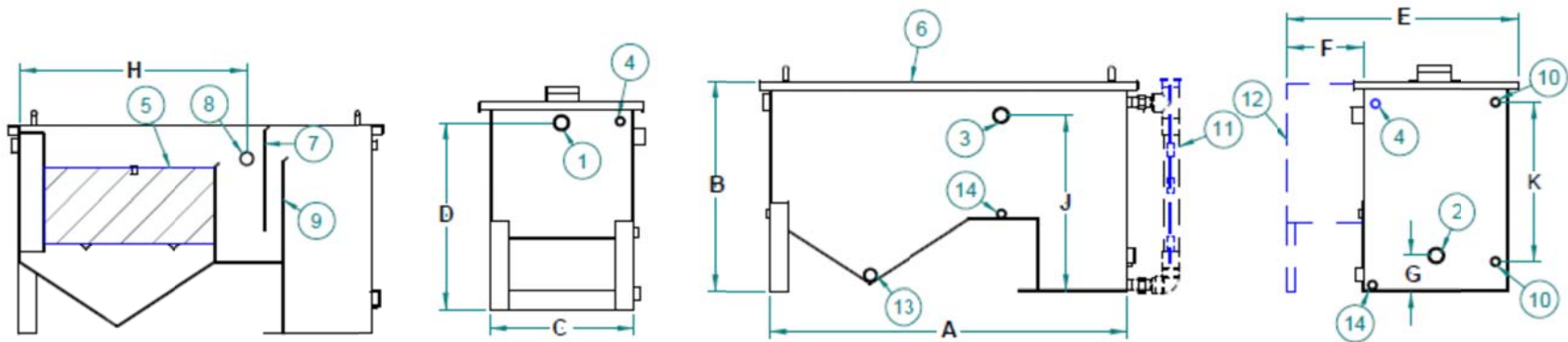




Enviro-Equipment Inc.
Remediation Division
10120 Industrial Drive
Pineville NC 28134
www.enviroequipment.com

EEI OIL WATER SEPARATORS

	Length (A)	Height (B)	Width (C)	Inlet Height (D)	Width Including Optional Product Tank (E)	Optional Product Tank Width (F)	Outlet Height (G)	Product Outlet (H)	Product Outlet Height (J)	Sight Tube Ports (K)	Shipping Weight	Operating Weight	Separator Volume	Effluent Volume	Sludge Volume	Coalescing Area	Optional Product Tank Volume
OWS-10	60.5"	35.5"	12"	32"	21.5"	12"	12"	39"	29.75"	27"	115 lbs	650 lbs	40 gal	19 gal	9 gal	2.5 cu ft.	35 gal
OWS-25	60.5"	35.5"	24.5"	32"	38"	12"	12"	39"	29.75"	27"	175 lbs	1300 lbs	80 gal	38 gal	18 gal	5 cu ft.	55 gal
OWS-50	83"	60"	36"	56"	56"	18"	12"	54"	53.5"	49"	450 lbs	4500 lbs	280 gal	135 gal	76 gal	16 cu ft.	160 gal
OWS-80	83"	60"	48"	56"	66"	18"	12"	54"	53.5"	49"	520 lbs	5300 lbs	305 gal	220 gal	101 gal	24 cu ft.	220 gal



Key	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	2" FNPT Inlet	2" FNPT Outlet	Oil Outlet	1" FNPT Vent	Coalescing Media	Access Lid	Oil Stop Weir	PVC Oil Skimmer	Overflow Baffle	1" FNPT Sight Glass Port	Opt. Sight Glass with Float Tree	Opt. Product Tank	1.5" FNPT Sludge Drain	1" FNPT Drain
Quantity	1	1	1	1	1	1	1	1	1	2	1	1	1	3

APPENDIX B
HEALTH AND SAFETY PLAN

34 Berry Street

BROOKLYN, NEW YORK

Health and Safety Plan (HASP) and Community Air Monitoring Plan (CAMP)

BCP Site #: C224268

AKRF Project Number: 11259

Prepared for:

34 Berry Street LLC (LCOR)
34 Berry Street
Brooklyn, NY 11249

Prepared by:



AKRF, Inc.
440 Park Avenue South, 7th Floor
New York, NY 10016
212-696-0670

JULY 2018

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Figure 1 – Hospital Route Map

APPENDICES

APPENDIX A – Potential Health Effects from On-site Contaminants

APPENDIX B – Report Forms

APPENDIX C – Emergency Hand Signals

1.0 INTRODUCTION

The project site (Site) is located at 34 Berry Street in Brooklyn, New York (also identified as Tax Block 2289, Lot 14). The project site consists of a 36,000 square foot, irregularly shaped lot. The lot is occupied by an L-shaped, seven-story residential building that fronts Berry and North 12th Streets, with an open courtyard area located behind the building, in the central portion of the site. A basement level parking garage is located under the building and courtyard, with an entrance ramp located on North 11th Street. A small, street-level valet parking lot is also located on North 11th Street, immediately east of the garage entrance ramp.

The subsurface investigation will include the drilling of soil borings, installation of monitoring wells and soil gas points, and the collection of soil, groundwater, and soil gas samples. This environmental Health and Safety Plan (HASP) has been developed for implementation during site investigation activities conducted by all personnel on-site, both AKRF employees and others. This HASP does not discuss routine health and safety issues common to general construction/excavation, including but not limited to slips, trips, falls, shoring, and other physical hazards.

Available records have documented that the property was historically developed with industrial and manufacturing uses. Based on investigations conducted to date, identified contamination at the Site includes light non-aqueous phase liquid (LNAPL), volatile organic compounds (VOCs), and semi-volatile organic compounds (SVOCs) associated with a petroleum spill, and chlorinated VOCs associated with a solvent plume in groundwater. Operation, monitoring, and maintenance (OM&M) activities completed to monitor remediation efforts to clean up the spill has identified a chlorinated solvent plume in groundwater. This HASP identifies the hazards of concern, the specific chemicals associated with the Site-specific hazards, and measures to provide protection from exposure to the hazards during the investigation work.

All AKRF employees are directed that all work must be performed in accordance with the Company's Generic HASP and all OSHA applicable regulations for the work activities required for the project. All project personnel are furthermore directed that they are not permitted to enter Permit Required Confined Spaces (as defined by OSHA). For issues unrelated to contaminated materials, all non-AKRF employees are to be bound by all applicable OSHA regulations as well as any more stringent requirements specified by their employer in their corporate HASP or otherwise. AKRF is not responsible for providing oversight for issues unrelated to contaminated materials for non-employees. This oversight shall be the responsibility of the employer of that worker or other official designated by that employer.

2.0 HEALTH AND SAFETY GUIDELINES AND PROCEDURES

2.1 Hazard Evaluation

2.1.1 Hazards of Concern

Check all that apply		
<input checked="" type="checkbox"/> Organic Chemicals	<input checked="" type="checkbox"/> Inorganic Chemicals	<input type="checkbox"/> Radiological
<input type="checkbox"/> Biological	<input type="checkbox"/> Explosive/Flammable	<input type="checkbox"/> Oxygen Deficient Atm
<input checked="" type="checkbox"/> Heat Stress	<input checked="" type="checkbox"/> Cold Stress	<input type="checkbox"/> Carbon Monoxide
Comments: No personnel are permitted to enter permit confined spaces.		

2.1.2 Physical Characteristics

Check all that apply		
<input checked="" type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Sludge
<input checked="" type="checkbox"/> Vapors	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Comments:		

2.1.3 Hazardous Materials

Check all that apply					
Chemicals	Solids	Sludges	Solvents	Oils	Other
<input type="checkbox"/> Acids	<input type="checkbox"/> Ash	<input type="checkbox"/> Paints	<input checked="" type="checkbox"/> Halogens	<input type="checkbox"/> Transformer	<input type="checkbox"/> Lab
<input type="checkbox"/> Caustics	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Metals	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Other DF	<input type="checkbox"/> Pharm
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Tailings	<input type="checkbox"/> POTW	<input type="checkbox"/> Other	<input type="checkbox"/> Motor or Hydraulic Oil	<input type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Petroleum	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Gasoline	<input type="checkbox"/> Rad
<input type="checkbox"/> Inks	Historic fill material			<input checked="" type="checkbox"/> Fuel Oil	<input type="checkbox"/> MGP
<input type="checkbox"/> PCBs					<input type="checkbox"/> Mold
<input type="checkbox"/> Metals					<input type="checkbox"/> Cyanide
<input checked="" type="checkbox"/> Other: VOCs & SVOCs					

2.1.4 Chemicals of Concern

Chemicals	REL/PEL/STEL	Health Hazards
1,2 Dichloroethane (DCA)	REL = 1 ppm PEL = 50 ppm	Headaches, lung irritation, dizziness, poor coordination, impaired heart function, unconsciousness, and nerve, kidney and liver damage.
Benzene	REL = 0.1 ppm PEL = 1 ppm STEL = 5 ppm	Irritation eyes, skin, nose, respiratory system; dizziness; headache, nausea, staggered gait; anorexia, lassitude, dermatitis; bone marrow depression, potential occupational carcinogen.
Toluene	REL = 100 ppm PEL = 200 ppm STEL = 300 ppm	Irritation eyes, nose; lassitude, confusion, euphoria, dizziness, headache; dilated pupils, lacrimation (discharge of tears); anxiety, muscle fatigue, insomnia; paresthesia (skin tingling or numbness); dermatitis; liver, kidney damage.
Ethylbenzene	REL = 100 ppm PEL = 100 ppm	Irritation eyes, skin, mucous membrane; headache; dermatitis; narcosis, coma.
Xylenes	REL = 100 ppm PEL = 100 ppm	Irritation eyes, skin, nose, throat; dizziness, excitement, drowsiness, poor coordination, staggering gait; corneal vacuolization; anorexia, nausea, vomiting, abdominal pain; dermatitis.
Naphthalene	REL = 10 ppm PEL = 10 ppm	Irritation eyes; headache, confusion, excitement, malaise; nausea, vomiting, abdominal pain; irritation bladder; profuse sweating; jaundice; hematuria (blood in the urine), renal shutdown; dermatitis, optical neuritis, corneal damage.
Polycyclic Aromatic Hydrocarbons (PAHs)	PEL = 5 mg/m ³	Harmful effects to skin, bodily fluids, and ability to fight disease, reproductive problems; [potential occupational carcinogen]
Fuel Oil	REL = 350 mg/m ³ PEL = 400 ppm	Nausea, irritation – eyes, hypertension, headache, light-headedness, loss of appetite, poor coordination; long-term exposure – kidney damage, blood clotting problems; potential carcinogen.
Tetrachloroethylene (PCE)	REL = Lowest possible PEL = 100 ppm STEL = 100 ppm	Irritation eyes, skin, nose, throat, respiratory system; nausea; flush face, neck; dizziness, incoordination, headache, drowsiness, skin erythema (skin redness), and liver damage.
Trichloroethylene (TCE)	REL = 25 ppm PEL = 100 ppm	Headaches, lung irritation, dizziness, poor coordination, impaired heart function, unconsciousness, and nerve, kidney and liver damage.
1,2 Dichloroethene (DCE)	REL = 200 ppm PEL = 200 ppm	Nausea, drowsy, tiredness possible heart damage.
Comments: REL = NIOSH Recommended Exposure Limit PEL = OSHA Permissible Exposure Limit STEL = OSHA Short Term Exposure Limit ppm = parts per million mg/m ³ = milligrams per cubic meter		

2.2 Designated Personnel

AKRF will appoint one of its on-site personnel as the Site Safety Officer (SSO). This individual will be responsible for the implementation of the HASP. The SSO will have a 4-year college degree in occupational safety or a related science/engineering field, and experience in implementation of air monitoring and hazardous materials sampling programs. Health and safety training required for the SSO and all field personnel are outlined in Section 2.3 of this HASP.

2.3 Training

All personnel who enter the work area while intrusive activities are being performed will have completed a 40-hour training course that meets OSHA requirements of 29 CFR Part 1910, Occupational Safety and Health Standards. In addition, all personnel will have up-to-date 8-hour refresher training. The training will allow personnel to recognize and understand the potential hazards to health and safety. All field personnel must attend a training program, whose purpose is to:

- Make them aware of the potential hazards they may encounter;
- Provide the knowledge and skills necessary for them to perform the work with minimal risk to health and safety; Make them aware of the purpose and limitations of safety equipment; and
- Ensure that they can safely avoid or escape from emergencies.

Each member of the field crew will be instructed in these objectives before he/she goes onto the Site. A site safety meeting will be conducted at the start of the project. Additional meetings shall be conducted, as necessary, for new personnel working at the Site.

2.4 Medical Surveillance Program

All AKRF and subcontractor personnel performing field work involving subsurface disturbance at the Site are required to have passed a complete medical surveillance examination in accordance with 29 CFR 1910.120 (f). A physician's medical release for work will be confirmed by the SSO before an employee can begin site activities. The medical release shall consider the type of work to be performed and the required PPE. The medical examination will, at a minimum, be provided annually and upon termination of hazardous waste site work.

2.5 Site Work Zones

During any activities involving subsurface disturbance, the work area must be divided into various zones to prevent the spread of contamination, ensure that proper protective equipment is donned, and provide an area for decontamination.

The Exclusion Zone is defined as the area where exposure to impacted media could be encountered. The Contamination Reduction Zone (CRZ) is the area where decontamination procedures take place and is located next to the Exclusion Zone. The Support is the zone area where support facilities such as vehicles, fire extinguisher, and first aid supplies are located. The emergency staging area (part of the Support Zone) is the area where all workers on-site would assemble in the event of an emergency. A summary of these areas is provided below. These zones may be changed by SSO, depending on that day's activities. All field personnel will be informed of the location of these zones before work begins.

Task	Exclusion Zone	CRZ	Support Zone
Soil Borings/Soil Gas Points/ Monitoring Wells	10 ft from drilling equipment	25 ft from drilling equipment	As Needed
Comments: Control measures such as "caution tape" and/or traffic cones will be placed around the perimeter of the work area when work is being done in a public area.			

2.6 Air Monitoring

The purpose of the air monitoring program is to identify any exposure of the field personnel to potential environmental hazards associated with the documented soil and groundwater contamination. Results of the air monitoring will be used to determine the appropriate response action, if needed.

2.6.1 Volatile Organic Compounds

A photoionization detector (PID) will be used to perform air monitoring during soil disturbance activities to determine airborne levels of total VOCs. The PID will be calibrated at the start of the work day with a 100 ppm isobutylene standard.

2.6.2 Work Zone Air Monitoring

Real time air monitoring will be performed with the PID. Measurements will be taken prior to commencement of work and continuously during the work, as outlined in the following table. Measurements will be made as close to the workers as practicable and at the breathing height of the workers. The SSO shall set up the equipment and confirm that it is working properly. His/her designee may oversee the air measurements during the day. The initial measurement for the day will be performed before the start of work and will establish the background level for that day. The final measurement for the day will be performed after the end of work. The action levels and required responses are listed in the following table.

Instrument	Action Level	Response Action
PID	Less than 10 ppm in breathing zone	Level D or D-Modified
	Between 10 ppm and 20 ppm	Level C
	More than 20 ppm	Stop work. Resume work when readings are less than 20 ppm.
Notes: ppm = parts per million		

2.6.3 Community Air Monitoring Plan

Community air monitoring will be conducted during all intrusive site activities in compliance with the New York State Department of Health (NYSDOH) Generic Community Air Monitoring Plan (CAMP). Real-time air monitoring for volatile compounds at the perimeter of the exclusion zone will be performed as described below.

VOC Monitoring

Periodic monitoring for VOCs will be conducted during non-intrusive activities such as the collection of groundwater samples. Periodic monitoring may include obtaining measurements upon arrival at a location, while opening a monitoring well cap, when bailing/purging a well, and upon leaving the location. In some instances, depending on the proximity of exposed individuals, continuous monitoring may be conducted during these activities.

Continuous monitoring for VOCs will be conducted during all ground intrusive activities (i.e., soil boring and monitoring well/soil gas point installation). VOC concentrations will be measured in the work zone and at each selected monitoring station at the start of each workday, and periodically thereafter to establish background concentrations. Since all of

the work described in the RIWP is being completed indoors, monitoring locations will be selected based on access points (i.e., hallways) and any ventilation structures that would potentially be connected to air flow within the work area to provide for appropriate protection for building occupants.

Exclusion Zone Monitoring

VOCs will be monitored continuously within the exclusion zone. Monitoring will be conducted with a photoionization detector (PID) equipped with a 10.6 eV lamp capable of calculating 15-minute running average concentrations. The following actions will be taken based on organic vapor levels measured:

- If total organic vapor levels exceed 5 ppm above background for the 15-minute average at the exclusion zone perimeter, work activities will be temporarily halted and monitoring continued. If levels readily decrease (per instantaneous readings) below 5 ppm above background, work activities will resume with continued monitoring.
- If total organic vapor levels at the perimeter of the exclusion zone persist at levels in excess of 5 ppm above background but less than 25 ppm, work activities will be halted, the source of vapors identified, corrective actions taken to abate emissions, and monitoring continued. After these steps, work activities will resume provided that the total organic vapor level 200 feet downwind of the hot zone or half the distance to the nearest potential receptor or residential/commercial structure, whichever is less – but in no case less than 20 feet – is below 5 ppm above background for the 15-minute average.
- If the total organic vapor level is above 25 ppm at the perimeter of the exclusion zone, activities will be shut down, and the Major Vapor Emission Response Plan will be automatically implemented.

More frequent intervals of monitoring will be conducted if required as determined by the SSO. All 15-minute readings will be recorded and available for NYSDEC and NYSDOH personnel to review. Instantaneous readings, if any, will also be recorded.

Fixed Air Monitoring Stations

Fixed monitoring stations will be included outside of the exclusion zone at potential work zone exposure points for building occupants. These locations may include hallways and/or areas adjacent to ventilation features that connect with the work zone. The fixed monitoring stations will be fully enclosed and equipped with the following:

- A PID equipped with an 10.6 eV lamp capable of calculating 15-minute running average VOC concentrations;

All air monitoring data recorded at the fixed monitoring stations will be available for NYSDOH and/or NYSDEC review and will be included in the Remedial Investigation Report (RIR).

Major Vapor Emission Response Plan

If any organic levels greater than 1 ppm over background are identified at a fixed monitoring station, all work activities must be halted or vapor controls must be implemented.

If, following the cessation of the work activities, or as the result of an emergency, organic levels persist above 1 ppm above background at a monitoring station, then the following contingency measures will be implemented:

- If total organic vapor levels exceed 1 ppm above background for the 15-minute average at the monitoring station, work activities will be temporarily halted and monitoring continued. If levels readily decrease (per instantaneous readings) below 1 ppm above background, work activities will resume with continued monitoring.
- If total organic vapor levels at the perimeter of the exclusion zone persist at levels in excess of 1 ppm above background, work activities will be halted, the source of vapors identified, corrective actions taken to abate emissions, and monitoring continued. After these steps, work activities will resume provided that the total organic vapor level at the monitoring station is below 1 ppm above background for the 15-minute average.
- If the total organic vapor level remains above 1 ppm at the monitoring station, activities will be shut down, and the Major Vapor Emission Response Plan will be automatically implemented.

Major Vapor Emission Response Plan

Upon activation, the following activities shall be undertaken as part of the Major Vapor Emission Response Plan:

- The NYSDEC, NYSDOH, and local police authorities will immediately be contacted by the SSO and advised of the situation;
- Frequent air monitoring will be conducted at 30-minute intervals at the monitoring stations. If two successive readings below action levels are measured, air monitoring may be halted or modified by the Site Health and Safety Officer; and
- All Emergency contacts will go into effect as appropriate.

All readings will be recorded and be available for NYSDEC and NYSDOH personnel to review.

2.7 Personal Protection Equipment

The personal protection equipment required for various kinds of site investigation tasks are based on 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response, Appendix B, “General Description and Discussion of the Levels of Protection and Protective Gear.”

AKRF field personnel and other site personnel shall wear, at a minimum, Level D personal protective equipment. The protection will be based on the air monitoring described in Section 2.6.

LEVEL OF PROTECTION & PPE		Soil Boring/Water Sampling
Level D	(X) Safety Glasses	Yes
(X) Steel Toe Shoes	() Face Shield	
(X) Hard Hat	(X) Ear Plugs (within 25 ft of drill rig)	
(within 25 ft of drill rig)	(X) Nitrile Gloves	
(X) Work Gloves	(X) Tyvek for drill operator if	

2.8 General Work Practices

- Eating, drinking, chewing gum or tobacco, and smoking are prohibited, except in designated areas on the Site. These areas will be designated by the SSO.
- Workers must wash their hands thoroughly on leaving the work area and before eating, drinking, or any other such activity.
- The workers should shower as soon as possible after leaving the Site. Contact with contaminated or suspected surfaces should be avoided.
- The buddy system should always be used; each buddy should watch for signs of fatigue, exposure, and heat/cold stress.

3.0 EMERGENCY PROCEDURES AND EMERGENCY RESPONSE PLAN

The field crew will be equipped with emergency equipment, such as a first aid kit and disposable eye washes. In the case of a medical emergency, the SSO will determine the nature of the emergency and he/she will have someone call for an ambulance, if needed. If the nature of the injury is not serious, i.e., the person can be moved without expert emergency medical personnel, he/she should be taken to a hospital by on-site personnel. Directions to the hospital are provided below, and a hospital route map is attached.

3.1 Hospital Directions

Hospital Name:	Woodhull Medical Center
Phone Number:	(718) 963-8000
Address/Location:	760 Broadway Brooklyn, NY 11206 (The Emergency Department is located at the intersection of Flushing Avenue and Throop Avenue)
Directions:	1. Go NORTHEAST on <i>Berry Street</i> 2. Continue onto <i>Nassau Avenue</i> 3. Turn LEFT onto <i>Bedford Avenue</i> 4. Turn RIGHT onto <i>Lorimer Street</i> 5. Turn LEFT onto <i>Broadway</i> 6. Turn RIGHT on <i>Flushing Avenue</i> The Emergency Department entrance will be at the intersection of Flushing Avenue and Throop Avenue.

3.2 Emergency Contacts

Company	Individual Name	Title	Contact Number
AKRF	Marc Godick	Project Director	914-922-2356
	Bryan Zieroff	Project Manager	914-922-2382 (office) 203-246-1566 (cell)
	Mark Jepsen	Site Safety Officer (SSO)	646-388-9567 (office) 614-560-5425 (cell)
	Jacob Menken	Alternate SSO	914-922-2373 (office) 914-552-7694 (cell)
34 Berry Street, LLC (LCOR)	Joseph C. Venuto, Jr.	Asset Manager	610-408-4436
Ambulance, Fire Department & Police Department	-	-	911
NYSDEC Spill Hotline	-	-	800-457-7362

4.0 APPROVAL & ACKNOWLEDGMENTS OF HASP**APPROVAL**

Signed: _____ Date: _____

AKRF Project Manager

Signed: _____ Date: _____

AKRF Health and Safety Officer

Below is an affidavit that must be signed by all workers who enter the Site. A copy of the HASP must be on-site at all times and will be kept by the SSO.

AFFIDAVIT

I, _____ (name), of _____ (company name), have read the Health and Safety Plan (HASP) for the 34 Berry Street site. I agree to conduct all on-site work in accordance with the requirements set forth in this HASP and understand that failure to comply with this HASP could lead to my removal from the Site.

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

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Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

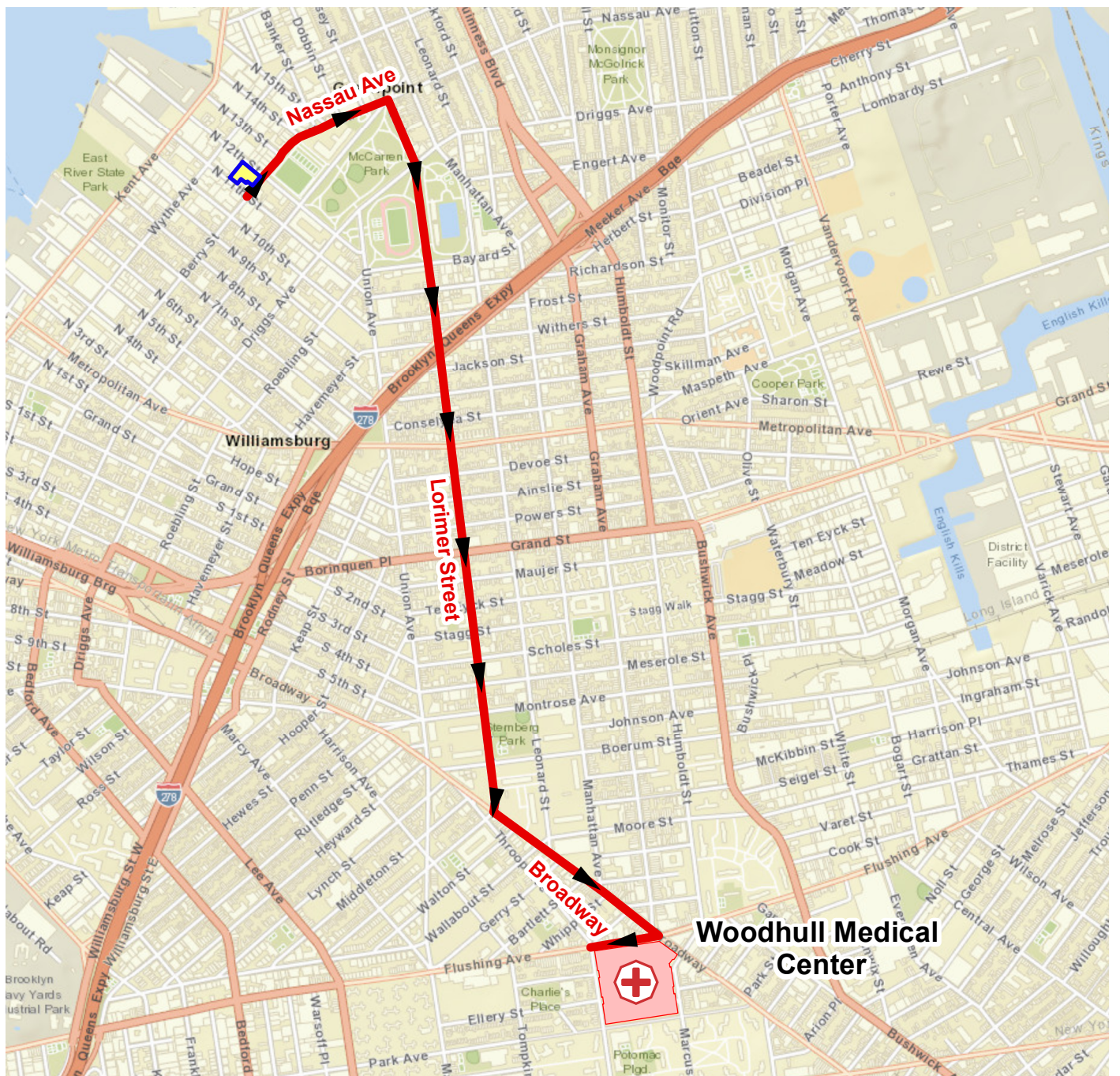
Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____

Signed: _____ Company: _____ Date: _____




Signed: _____ Company: _____ Date: _____

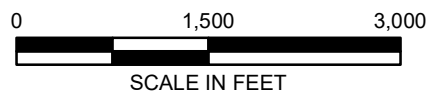
FIGURE 1
HOSPITAL ROUTE MAP



Service Layer Credits: ESRC World Street Map 2016

LEGEND

-  ROUTE TO HOSPITAL
-  PROJECT SITE BOUNDARY
-  HOSPITAL LOCATION



Woodhull Medical Center
760 Broadway
Brooklyn, NY 11206



440 Park Avenue South, New York, NY 10016

34 Berry Street
Brooklyn, New York

HOSPITAL ROUTE MAP

DATE	6/16/2017
PROJECT NO.	11259
FIGURE	1

APPENDIX A
POTENTIAL HEALTH EFFECTS FROM ON-SITE CONTAMINANTS

This fact sheet answers the most frequently asked health questions (FAQs) about 1,2-Dichloroethane. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It is important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to 1,2-dichloroethane usually occurs by breathing contaminated air in workplaces that use 1,2-dichloroethane. Breathing or ingesting high levels of 1,2-dichloroethane can cause damage to the nervous system, liver, kidneys, and lungs and may cause cancer. This substance has been found in at least 570 of the 1,585 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is 1,2-dichloroethane?

1,2-Dichloroethane, also called ethylene dichloride, is a manufactured chemical that is not found naturally in the environment. It is a clear liquid and has a pleasant smell and sweet taste.

The most common use of 1,2-dichloroethane is in the production of vinyl chloride which is used to make a variety of plastic and vinyl products including polyvinyl chloride (PVC) pipes, furniture and automobile upholstery, wall coverings, housewares, and automobile parts. It is also used to as a solvent and is added to leaded gasoline to remove lead.

What happens to 1,2-dichloroethane when it enters the environment?

- ☐ Most of the 1,2-dichloroethane released to the environment is released to the air. In the air, 1,2-dichloroethane breaks down by reacting with other compounds formed by sunlight. It can stay in the air for more than 5 months before it is broken down.
- ☐ 1,2-Dichloroethane can also be released into rivers and lakes. It breaks down very slowly in water and most of it will evaporate to the air.

- ☐ 1,2-Dichloroethane released in soil will either evaporate into the air or travel down through the soil and enter underground water.

How might I be exposed to 1,2-dichloroethane?

- ☐ The general population may be exposed to 1,2-dichloroethane by breathing air or drinking water that contains 1,2-dichloroethane.
- ☐ People who work or live near a factory where 1,2-dichloroethane is used, may be exposed to higher than usual levels.
- ☐ People living near uncontrolled hazardous waste sites may also be exposed to higher than usual levels of 1,2-dichloroethane.

How can 1,2-dichloroethane affect my health?

Nervous system disorders, liver and kidney diseases, and lung effects have been reported in humans ingesting or inhaling large amounts of 1,2-dichloroethane.

In laboratory animals, breathing or ingesting large amounts of 1,2-dichloroethane have also caused nervous system disorders and liver, kidney, and lung effects. Animal studies also suggest that 1,2-dichloroethane may damage the

ToxFAQs™ Internet address is <http://www.atsdr.cdc.gov/toxfaq.html>

immune system. Kidney disease has also been seen in animals ingesting low doses of 1,2-dichloroethane for a long time. Studies in animals indicate that 1,2-dichloroethane does not affect reproduction.

How likely is 1,2-dichloroethane to cause cancer?

Human studies examining whether 1,2-dichloroethane can cause cancer have been considered inadequate. In animals, increases in the occurrence of stomach, mammary gland, liver, lung, and endometrium cancers have been seen following inhalation, oral, and dermal exposure.

The Department of Health and Human Services (DHHS) has determined that 1,2-dichloroethane may reasonably be expected to cause cancer. The EPA has determined that 1,2-dichloroethane is a probable human carcinogen and the International Agency for Cancer Research (IARC) considers it to be a possible human carcinogen.

How can 1,2-dichloroethane affect children?

We do not know if exposure to 1,2-dichloroethane will result in birth defects or other developmental effects in people. Studies in animals suggest that 1,2-dichloroethane does not produce birth defects.

It is likely that health effects seen in children exposed to high levels of 1,2-dichloroethane will be similar to the effects seen in adults.

How can families reduce the risk of exposure to 1,2-dichloroethane?

The general population is not likely to be exposed to large amounts of 1,2-dichloroethane. In the past, it was used in small amounts in household products such as cleaning agents, pesticides, and wallpaper and carpet glue. Risk of

exposure from this source could be eliminated if these older products were immediately discarded.

Children should avoid playing in soils near uncontrolled hazardous waste sites where 1,2-dichloroethane may have been discarded.

Is there a medical test to show whether I've been exposed to 1,2-dichloroethane?

Tests are available to measure 1,2-dichloroethane in breath, blood, breast milk, and urine of exposed people. Because 1,2-dichloroethane leaves the body fairly quickly, these tests need to be done within a couple of days of exposure. These tests cannot be used to predict the nature or severity of toxic effects. These tests are not usually done in the doctor's office.

Has the federal government made recommendations to protect human health?

The EPA allows 0.005 milligrams of 1,2-dichloroethane per liter of drinking water (0.005 mg/L).

The Occupational Safety and Health Administration has set a limit of 50 parts of 1,2-dichloroethane per million parts of air (50 ppm) in workplace air for 8 hour shifts and 40 hour work weeks.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 2001. Toxicological Profile for 1,2-Dichloroethane. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about benzene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. This information is important because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Benzene is a widely used chemical formed from both natural processes and human activities. Breathing benzene can cause drowsiness, dizziness, and unconsciousness; long-term benzene exposure causes effects on the bone marrow and can cause anemia and leukemia. Benzene has been found in at least 813 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is benzene?

(Pronounced bĕn'zĕn')

Benzene is a colorless liquid with a sweet odor. It evaporates into the air very quickly and dissolves slightly in water. It is highly flammable and is formed from both natural processes and human activities.

Benzene is widely used in the United States; it ranks in the top 20 chemicals for production volume. Some industries use benzene to make other chemicals which are used to make plastics, resins, and nylon and synthetic fibers. Benzene is also used to make some types of rubbers, lubricants, dyes, detergents, drugs, and pesticides. Natural sources of benzene include volcanoes and forest fires. Benzene is also a natural part of crude oil, gasoline, and cigarette smoke.

What happens to benzene when it enters the environment?

- ☐ Industrial processes are the main source of benzene in the environment.
- ☐ Benzene can pass into the air from water and soil.
- ☐ It reacts with other chemicals in the air and breaks down within a few days.
- ☐ Benzene in the air can attach to rain or snow and be carried back down to the ground.

- ☐ It breaks down more slowly in water and soil, and can pass through the soil into underground water.
- ☐ Benzene does not build up in plants or animals.

How might I be exposed to benzene?

- ☐ Outdoor air contains low levels of benzene from tobacco smoke, automobile service stations, exhaust from motor vehicles, and industrial emissions.
- ☐ Indoor air generally contains higher levels of benzene from products that contain it such as glues, paints, furniture wax, and detergents.
- ☐ Air around hazardous waste sites or gas stations will contain higher levels of benzene.
- ☐ Leakage from underground storage tanks or from hazardous waste sites containing benzene can result in benzene contamination of well water.
- ☐ People working in industries that make or use benzene may be exposed to the highest levels of it.
- ☐ A major source of benzene exposures is tobacco smoke.

How can benzene affect my health?

Breathing very high levels of benzene can result in death, while high levels can cause drowsiness, dizziness, rapid heart rate, headaches, tremors, confusion, and unconsciousness. Eating or drinking foods containing high levels of benzene can cause vomiting, irritation of the stomach, dizziness, sleepiness, convulsions, rapid heart rate, and death.

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The major effect of benzene from long-term (365 days or longer) exposure is on the blood. Benzene causes harmful effects on the bone marrow and can cause a decrease in red blood cells leading to anemia. It can also cause excessive bleeding and can affect the immune system, increasing the chance for infection.

Some women who breathed high levels of benzene for many months had irregular menstrual periods and a decrease in the size of their ovaries. It is not known whether benzene exposure affects the developing fetus in pregnant women or fertility in men.

Animal studies have shown low birth weights, delayed bone formation, and bone marrow damage when pregnant animals breathed benzene.

How likely is benzene to cause cancer?

The Department of Health and Human Services (DHHS) has determined that benzene is a known human carcinogen. Long-term exposure to high levels of benzene in the air can cause leukemia, cancer of the blood-forming organs.

Is there a medical test to show whether I've been exposed to benzene?

Several tests can show if you have been exposed to benzene. There is test for measuring benzene in the breath; this test must be done shortly after exposure. Benzene can also be measured in the blood, however, since benzene disappears rapidly from the blood, measurements are accurate only for recent exposures.

In the body, benzene is converted to products called metabolites. Certain metabolites can be measured in the urine. However, this test must be done shortly after exposure and is not a reliable indicator of how much benzene you have been exposed to, since the metabolites may be present in urine from other sources.

Has the federal government made recommendations to protect human health?

The EPA has set the maximum permissible level of benzene in drinking water at 0.005 milligrams per liter (0.005 mg/L). The EPA requires that spills or accidental releases into the environment of 10 pounds or more of benzene be reported to the EPA.

The Occupational Safety and Health Administration (OSHA) has set a permissible exposure limit of 1 part of benzene per million parts of air (1 ppm) in the workplace during an 8-hour workday, 40-hour workweek.

Glossary

Anemia: A decreased ability of the blood to transport oxygen.

Carcinogen: A substance with the ability to cause cancer.

CAS: Chemical Abstracts Service.

Chromosomes: Parts of the cells responsible for the development of hereditary characteristics.

Metabolites: Breakdown products of chemicals.

Milligram (mg): One thousandth of a gram.

Pesticide: A substance that kills pests.

References

This ToxFAQs information is taken from the 1997 Toxicological Profile for Benzene (update) produced by the Agency for Toxic Substances and Disease Registry, Public Health Service, U.S. Department of Health and Human Services, Public Health Service in Atlanta, GA.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop E-29, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 404-498-0093. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about ethylbenzene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Ethylbenzene is a colorless liquid found in a number of products including gasoline and paints. Breathing very high levels can cause dizziness and throat and eye irritation. Ethylbenzene has been found in at least 731 of the 1,467 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is ethylbenzene?

(Pronounced ĕth' əl bĕn' zĕn')

Ethylbenzene is a colorless, flammable liquid that smells like gasoline. It is found in natural products such as coal tar and petroleum and is also found in manufactured products such as inks, insecticides, and paints.

Ethylbenzene is used primarily to make another chemical, styrene. Other uses include as a solvent, in fuels, and to make other chemicals.

What happens to ethylbenzene when it enters the environment?

- ☐ Ethylbenzene moves easily into the air from water and soil.
- ☐ It takes about 3 days for ethylbenzene to be broken down in air into other chemicals.
- ☐ Ethylbenzene may be released to water from industrial discharges or leaking underground storage tanks.
- ☐ In surface water, ethylbenzene breaks down by reacting with other chemicals found naturally in water.
- ☐ In soil, it is broken down by soil bacteria.

How might I be exposed to ethylbenzene?

- ☐ Breathing air containing ethylbenzene, particularly in areas near factories or highways.
- ☐ Drinking contaminated tap water.
- ☐ Working in an industry where ethylbenzene is used or made.
- ☐ Using products containing it, such as gasoline, carpet glues, varnishes, and paints.

How can ethylbenzene affect my health?

Limited information is available on the effects of ethylbenzene on people's health. The available information shows dizziness, throat and eye irritation, tightening of the chest, and a burning sensation in the eyes of people exposed to high levels of ethylbenzene in air.

Animals studies have shown effects on the nervous system, liver, kidneys, and eyes from breathing ethylbenzene in air.

How likely is ethylbenzene to cause cancer?

The EPA has determined that ethylbenzene is not classifiable as to human carcinogenicity.

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No studies in people have shown that ethylbenzene exposure can result in cancer. Two available animal studies suggest that ethylbenzene may cause tumors.

How can ethylbenzene affect children?

Children may be exposed to ethylbenzene through inhalation of consumer products, including gasoline, paints, inks, pesticides, and carpet glue. We do not know whether children are more sensitive to the effects of ethylbenzene than adults.

It is not known whether ethylbenzene can affect the development of the human fetus. Animal studies have shown that when pregnant animals were exposed to ethylbenzene in air, their babies had an increased number of birth defects.

How can families reduce the risk of exposure to ethylbenzene?

Exposure to ethylbenzene vapors from household products and newly installed carpeting can be minimized by using adequate ventilation.

Household chemicals should be stored out of reach of children to prevent accidental poisoning. Always store household chemicals in their original containers; never store them in containers children would find attractive to eat or drink from, such as old soda bottles. Gasoline should be stored in a gasoline can with a locked cap.

Sometimes older children sniff household chemicals, including ethylbenzene, in an attempt to get high. Talk with your children about the dangers of sniffing chemicals.

Is there a medical test to show whether I've been exposed to ethylbenzene?

Ethylbenzene is found in the blood, urine, breath, and

some body tissues of exposed people. The most common way to test for ethylbenzene is in the urine. This test measures substances formed by the breakdown of ethylbenzene. This test needs to be done within a few hours after exposure occurs, because the substances leave the body very quickly.

These tests can show you were exposed to ethylbenzene, but cannot predict the kind of health effects that might occur.

Has the federal government made recommendations to protect human health?

The EPA has set a maximum contaminant level of 0.7 milligrams of ethylbenzene per liter of drinking water (0.7 mg/L).

The EPA requires that spills or accidental releases into the environment of 1,000 pounds or more of ethylbenzene be reported to the EPA.

The Occupational Safety and Health Administration (OSHA) has set an occupational exposure limit of 100 parts of ethylbenzene per million parts of air (100 ppm) for an 8-hour workday, 40-hour workweek.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1999. Toxicological profile for ethylbenzene. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about toluene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to toluene occurs from breathing contaminated workplace air, in automobile exhaust, some consumer products paints, paint thinners, fingernail polish, lacquers, and adhesives. Toluene affects the nervous system. Toluene has been found at 959 of the 1,591 National Priority List sites identified by the Environmental Protection Agency

What is toluene?

Toluene is a clear, colorless liquid with a distinctive smell. Toluene occurs naturally in crude oil and in the tolu tree. It is also produced in the process of making gasoline and other fuels from crude oil and making coke from coal.

Toluene is used in making paints, paint thinners, fingernail polish, lacquers, adhesives, and rubber and in some printing and leather tanning processes.

What happens to toluene when it enters the environment?

☐ Toluene enters the environment when you use materials that contain it. It can also enter surface water and groundwater from spills of solvents and petroleum products as well as from leaking underground storage tanks at gasoline stations and other facilities.

☐ When toluene-containing products are placed in landfills or waste disposal sites, the toluene can enter the soil or water near the waste site.

☐ Toluene does not usually stay in the environment long.

☐ Toluene does not concentrate or buildup to high levels in animals.

How might I be exposed to toluene?

☐ Breathing contaminated workplace air or automobile exhaust.

☐ Working with gasoline, kerosene, heating oil, paints, and lacquers.

☐ Drinking contaminated well-water.

☐ Living near uncontrolled hazardous waste sites containing toluene products.

How can toluene affect my health?

Toluene may affect the nervous system. Low to moderate levles can cause tiredness, confusion, weakness, drunken-type actions, memory loss, nausea, loss of appetite, and

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hearing and color vision loss. These symptoms usually disappear when exposure is stopped.

Inhaling High levels of toluene in a short time can make you feel light-headed, dizzy, or sleepy. It can also cause unconsciousness, and even death.

High levels of toluene may affect your kidneys.

How likely is toluene to cause cancer?

Studies in humans and animals generally indicate that toluene does not cause cancer.

The EPA has determined that the carcinogenicity of toluene can not be classified.

How can toluene affect children?

It is likely that health effects seen in children exposed to toluene will be similar to the effects seen in adults. Some studies in animals suggest that babies may be more sensitive than adults.

Breathing very high levels of toluene during pregnancy can result in children with birth defects and retard mental abilities, and growth. We do not know if toluene harms the unborn child if the mother is exposed to low levels of toluene during pregnancy.

How can families reduce the risk of exposure to toluene?

☐ Use toluene-containing products in well-ventilated areas.

☐ When not in use, toluene-containing products should be tightly covered to prevent evaporation into the air.

Is there a medical test to show whether I've been exposed to toluene?

There are tests to measure the level of toluene or its breakdown products in exhaled air, urine, and blood. To determine if you have been exposed to toluene, your urine or blood must be checked within 12 hours of exposure. Several other chemicals are also changed into the same breakdown products as toluene, so some of these tests are not specific for toluene.

Has the federal government made recommendations to protect human health?

EPA has set a limit of 1 milligram per liter of drinking water (1 mg/L).

Discharges, releases, or spills of more than 1,000 pounds of toluene must be reported to the National Response Center.

The Occupational Safety and Health Administration has set a limit of 200 parts toluene per million of workplace air (200 ppm).

References

Agency for Toxic Substances and Disease Registry (ATSDR). 2000. Toxicological Profile for Toluene. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs™ Internet address is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about xylene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

SUMMARY: Exposure to xylene occurs in the workplace and when you use paint, gasoline, paint thinners and other products that contain it. People who breathe high levels may have dizziness, confusion, and a change in their sense of balance. This substance has been found in at least 658 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is xylene?

(Pronounced zī'lēn)

Xylene is a colorless, sweet-smelling liquid that catches on fire easily. It occurs naturally in petroleum and coal tar and is formed during forest fires. You can smell xylene in air at 0.08–3.7 parts of xylene per million parts of air (ppm) and begin to taste it in water at 0.53–1.8 ppm.

Chemical industries produce xylene from petroleum. It's one of the top 30 chemicals produced in the United States in terms of volume.

Xylene is used as a solvent and in the printing, rubber, and leather industries. It is also used as a cleaning agent, a thinner for paint, and in paints and varnishes. It is found in small amounts in airplane fuel and gasoline.

What happens to xylene when it enters the environment?

- ☐ Xylene has been found in waste sites and landfills when discarded as used solvent, or in varnish, paint, or paint thinners.
- ☐ It evaporates quickly from the soil and surface water into the air.

- ☐ In the air, it is broken down by sunlight into other less harmful chemicals.
- ☐ It is broken down by microorganisms in soil and water.
- ☐ Only a small amount of it builds up in fish, shellfish, plants, and animals living in xylene-contaminated water.

How might I be exposed to xylene?

- ☐ Breathing xylene in workplace air or in automobile exhaust.
- ☐ Breathing contaminated air.
- ☐ Touching gasoline, paint, paint removers, varnish, shellac, and rust preventatives that contain it.
- ☐ Breathing cigarette smoke that has small amounts of xylene in it.
- ☐ Drinking contaminated water or breathing air near waste sites and landfills that contain xylene.
- ☐ The amount of xylene in food is likely to be low.

How can xylene affect my health?

Xylene affects the brain. High levels from exposure for short periods (14 days or less) or long periods (more than 1 year) can cause headaches, lack of muscle coordination, dizziness, confusion, and changes in one's sense of balance. Exposure of

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people to high levels of xylene for short periods can also cause irritation of the skin, eyes, nose, and throat; difficulty in breathing; problems with the lungs; delayed reaction time; memory difficulties; stomach discomfort; and possibly changes in the liver and kidneys. It can cause unconsciousness and even death at very high levels.

Studies of unborn animals indicate that high concentrations of xylene may cause increased numbers of deaths, and delayed growth and development. In many instances, these same concentrations also cause damage to the mothers. We do not know if xylene harms the unborn child if the mother is exposed to low levels of xylene during pregnancy.

How likely is xylene to cause cancer?

The International Agency for Research on Cancer (IARC) has determined that xylene is not classifiable as to its carcinogenicity in humans.

Human and animal studies have not shown xylene to be carcinogenic, but these studies are not conclusive and do not provide enough information to conclude that xylene does not cause cancer.

Is there a medical test to show whether I've been exposed to xylene?

Laboratory tests can detect xylene or its breakdown products in exhaled air, blood, or urine. There is a high degree of agreement between the levels of exposure to xylene and the levels of xylene breakdown products in the urine. However, a urine sample must be provided very soon after exposure ends because xylene quickly leaves the body. These tests are not routinely available at your doctor's office.

Has the federal government made recommendations to protect human health?

The EPA has set a limit of 10 ppm of xylene in drinking water.

The EPA requires that spills or accidental releases of xylenes into the environment of 1,000 pounds or more must be reported.

The Occupational Safety and Health Administration (OSHA) has set a maximum level of 100 ppm xylene in workplace air for an 8-hour workday, 40-hour workweek.

The National Institute for Occupational Safety and Health (NIOSH) and the American Conference of Governmental Industrial Hygienists (ACGIH) also recommend exposure limits of 100 ppm in workplace air.

NIOSH has recommended that 900 ppm of xylene be considered immediately dangerous to life or health. This is the exposure level of a chemical that is likely to cause permanent health problems or death.

Glossary

Evaporate: To change from a liquid into a vapor or a gas.

Carcinogenic: Having the ability to cause cancer.

CAS: Chemical Abstracts Service.

ppm: Parts per million.

Solvent: A liquid that can dissolve other substances.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1995. Toxicological profile for xylenes (update). Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

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This fact sheet answers the most frequently asked health questions (FAQs) about naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It is important you understand this information because these substances may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene happens mostly from breathing air contaminated from the burning of wood, tobacco, or fossil fuels, industrial discharges, or moth repellents. Exposure to large amounts of naphthalene may damage or destroy some of your red blood cells. Naphthalene has caused cancer in animals. Naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene have been found in at least 687, 36, and 412, respectively, of the 1,662 National Priority List sites identified by the Environmental Protection Agency (EPA).

What are naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

Naphthalene is a white solid that evaporates easily. Fuels such as petroleum and coal contain naphthalene. It is also called white tar, and tar camphor, and has been used in mothballs and moth flakes. Burning tobacco or wood produces naphthalene. It has a strong, but not unpleasant smell. The major commercial use of naphthalene is in the manufacture of polyvinyl chloride (PVC) plastics. Its major consumer use is in moth repellents and toilet deodorant blocks.

1-Methylnaphthalene and 2-methylnaphthalene are naphthalene-related compounds. 1-Methylnaphthalene is a clear liquid and 2-methylnaphthalene is a solid; both can be smelled in air and in water at very low concentrations.

1-Methylnaphthalene and 2-methylnaphthalene are used to make other chemicals such as dyes and resins. 2-Methylnaphthalene is also used to make vitamin K.

What happens to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene when they enter the environment?

- ☐ Naphthalene enters the environment from industrial and domestic sources, and from accidental spills.
- ☐ Naphthalene can dissolve in water to a limited degree and may be present in drinking water from wells close to hazardous waste sites and landfills.
- ☐ Naphthalene can become weakly attached to soil or pass through soil into underground water.
- ☐ In air, moisture and sunlight break it down within 1 day. In water, bacteria break it down or it evaporates into the air.
- ☐ Naphthalene does not accumulate in the flesh of animals or fish that you might eat.

☐ 1-Methylnaphthalene and 2-methylnaphthalene are expected to act like naphthalene in air, water, or soil because they have similar chemical and physical properties.

How might I be exposed to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

- ☐ Breathing low levels in outdoor air.
- ☐ Breathing air contaminated from industrial discharges or smoke from burning wood, tobacco, or fossil fuels.
- ☐ Using or making moth repellents, coal tar products, dyes or inks could expose you to these chemicals in the air.
- ☐ Drinking water from contaminated wells.
- ☐ Touching fabrics that are treated with moth repellents containing naphthalene.
- ☐ Exposure to naphthalene, 1-methylnaphthalene and 2-methylnaphthalene from eating foods or drinking beverages is unlikely.

How can naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene affect my health?

Exposure to large amounts of naphthalene may damage or destroy some of your red blood cells. This could cause you to have too few red blood cells until your body replaces the destroyed cells. This condition is called hemolytic anemia. Some symptoms of hemolytic anemia are fatigue, lack of appetite, restlessness, and pale skin. Exposure to large amounts of naphthalene may also cause nausea, vomiting, diarrhea, blood in the urine, and a yellow color to the skin. Animals sometimes develop cloudiness in their eyes after swallowing high amounts of naphthalene. It is not clear whether this also develops in people. Rats and mice that breathed naphthalene vapors daily for a lifetime developed irritation and inflammation of their nose and lungs. It is unclear if naphthalene

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causes reproductive effects in animals; most evidence says it does not.

There are no studies of humans exposed to 1-methylnaphthalene or 2-methylnaphthalene.

Mice fed food containing 1-methylnaphthalene and 2-methylnaphthalene for most of their lives had part of their lungs filled with an abnormal material.

How likely are naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene to cause cancer?

There is no direct evidence in humans that naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene cause cancer. However, cancer from naphthalene exposure has been seen in animal studies. Some female mice that breathed naphthalene vapors daily for a lifetime developed lung tumors. Some male and female rats exposed to naphthalene in a similar manner also developed nose tumors.

Based on the results from animal studies, the Department of Health and Human Services (DHHS) concluded that naphthalene is reasonably anticipated to be a human carcinogen. The International Agency for Research on Cancer (IARC) concluded that naphthalene is possibly carcinogenic to humans. The EPA determined that naphthalene is a possible human carcinogen (Group C) and that the data are inadequate to assess the human carcinogenic potential of 2-methylnaphthalene.

How can naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene affect children?

Hospitals have reported many cases of hemolytic anemia in children, including newborns and infants, who either ate naphthalene mothballs or deodorants cakes or who were in close contact with clothing or blankets stored in naphthalene mothballs. Naphthalene can move from a pregnant woman's blood to the unborn baby's blood. Naphthalene has been detected in some samples of breast milk from the general U.S. population, but not at levels that are expected to be of concern.

There is no information on whether naphthalene has affected development in humans. No developmental abnormalities were observed in the offspring from rats, mice, and rabbits fed naphthalene during pregnancy.

We do not have any information on possible health effects of 1-methylnaphthalene or 2-methylnaphthalene on children.

How can families reduce the risks of exposure to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

❑ Families can reduce the risks of exposure to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene by avoiding smoking tobacco, generating smoke during cooking, or using

fireplaces or heating appliances in their homes.

❑ If families use naphthalene-containing moth repellents, the material should be enclosed in containers that prevent vapors from escaping, and kept out of the reach from children.

❑ Blankets and clothing stored with naphthalene moth repellents should be aired outdoors to remove naphthalene odors and washed before they are used.

❑ Families should inform themselves of the contents of air deodorizers that are used in their homes and refrain from using deodorizers with naphthalene.

Is there a medical test to determine whether I've been exposed to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

Tests are available that measure levels of these chemicals and their breakdown products in samples of urine, feces, blood, maternal milk, or body fat. These tests are not routinely available in a doctor's office because they require special equipment, but samples can be sent to special testing laboratories. These tests cannot determine exactly how much naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene you were exposed to or predict whether harmful effects will occur. If the samples are collected within a day or two of exposure, then the tests can show if you were exposed to a large or small amount of naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene.

Has the federal government made recommendations to protect human health?

The EPA recommends that children not drink water with over 0.5 parts per million (0.5 ppm) naphthalene for more than 10 days or over 0.4 ppm for any longer than 7 years. Adults should not drink water with more than 1 ppm for more than 7 years. For water consumed over a lifetime (70 years), the EPA suggests that it contain no more than 0.1 ppm naphthalene.

The Occupational Safety and Health Administration (OSHA) set a limit of 10 ppm for the level of naphthalene in workplace air during an 8-hour workday, 40-hour workweek. The National Institute for Occupational Safety and Health (NIOSH) considers more than 500 ppm of naphthalene in air to be immediately dangerous to life or health. This is the exposure level of a chemical that is likely to impair a worker's ability to leave a contaminate area and therefore, results in permanent health problems or death.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 2005. Toxicological Profile for Naphthalene, 1-Methylnaphthalene, and 2-Methylnaphthalene (Update). Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about polycyclic aromatic hydrocarbons (PAHs). For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. This information is important because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

SUMMARY: Exposure to polycyclic aromatic hydrocarbons usually occurs by breathing air contaminated by wild fires or coal tar, or by eating foods that have been grilled. PAHs have been found in at least 600 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What are polycyclic aromatic hydrocarbons?

(Pronounced pŏl'ī-sī'klīk ār'ə-măt'īk hī'drə-kar'bənz)

Polycyclic aromatic hydrocarbons (PAHs) are a group of over 100 different chemicals that are formed during the incomplete burning of coal, oil and gas, garbage, or other organic substances like tobacco or charbroiled meat. PAHs are usually found as a mixture containing two or more of these compounds, such as soot.

Some PAHs are manufactured. These pure PAHs usually exist as colorless, white, or pale yellow-green solids. PAHs are found in coal tar, crude oil, creosote, and roofing tar, but a few are used in medicines or to make dyes, plastics, and pesticides.

What happens to PAHs when they enter the environment?

- ☐ PAHs enter the air mostly as releases from volcanoes, forest fires, burning coal, and automobile exhaust.
- ☐ PAHs can occur in air attached to dust particles.
- ☐ Some PAH particles can readily evaporate into the air from soil or surface waters.
- ☐ PAHs can break down by reacting with sunlight and other chemicals in the air, over a period of days to weeks.

- ☐ PAHs enter water through discharges from industrial and wastewater treatment plants.
- ☐ Most PAHs do not dissolve easily in water. They stick to solid particles and settle to the bottoms of lakes or rivers.
- ☐ Microorganisms can break down PAHs in soil or water after a period of weeks to months.
- ☐ In soils, PAHs are most likely to stick tightly to particles; certain PAHs move through soil to contaminate underground water.
- ☐ PAH contents of plants and animals may be much higher than PAH contents of soil or water in which they live.

How might I be exposed to PAHs?

- ☐ Breathing air containing PAHs in the workplace of coking, coal-tar, and asphalt production plants; smoke-houses; and municipal trash incineration facilities.
- ☐ Breathing air containing PAHs from cigarette smoke, wood smoke, vehicle exhausts, asphalt roads, or agricultural burn smoke.
- ☐ Coming in contact with air, water, or soil near hazardous waste sites.
- ☐ Eating grilled or charred meats; contaminated cereals, flour, bread, vegetables, fruits, meats; and processed or pickled foods.
- ☐ Drinking contaminated water or cow's milk.

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- ☐ Nursing infants of mothers living near hazardous waste sites may be exposed to PAHs through their mother's milk.

How can PAHs affect my health?

Mice that were fed high levels of one PAH during pregnancy had difficulty reproducing and so did their offspring. These offspring also had higher rates of birth defects and lower body weights. It is not known whether these effects occur in people.

Animal studies have also shown that PAHs can cause harmful effects on the skin, body fluids, and ability to fight disease after both short- and long-term exposure. But these effects have not been seen in people.

How likely are PAHs to cause cancer?

The Department of Health and Human Services (DHHS) has determined that some PAHs may reasonably be expected to be carcinogens.

Some people who have breathed or touched mixtures of PAHs and other chemicals for long periods of time have developed cancer. Some PAHs have caused cancer in laboratory animals when they breathed air containing them (lung cancer), ingested them in food (stomach cancer), or had them applied to their skin (skin cancer).

Is there a medical test to show whether I've been exposed to PAHs?

In the body, PAHs are changed into chemicals that can attach to substances within the body. There are special tests that can detect PAHs attached to these substances in body tissues or blood. However, these tests cannot tell whether any

health effects will occur or find out the extent or source of your exposure to the PAHs. The tests aren't usually available in your doctor's office because special equipment is needed to conduct them.

Has the federal government made recommendations to protect human health?

The Occupational Safety and Health Administration (OSHA) has set a limit of 0.2 milligrams of PAHs per cubic meter of air (0.2 mg/m^3). The OSHA Permissible Exposure Limit (PEL) for mineral oil mist that contains PAHs is 5 mg/m^3 averaged over an 8-hour exposure period.

The National Institute for Occupational Safety and Health (NIOSH) recommends that the average workplace air levels for coal tar products not exceed 0.1 mg/m^3 for a 10-hour workday, within a 40-hour workweek. There are other limits for workplace exposure for things that contain PAHs, such as coal, coal tar, and mineral oil.

Glossary

Carcinogen: A substance that can cause cancer.

Ingest: Take food or drink into your body.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1995. Toxicological profile for polycyclic aromatic hydrocarbons. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop E-29, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 404-498-0093. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about fuel oils. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

SUMMARY: Fuel oils are liquid mixtures produced from petroleum, and their use mostly involves burning them as fuels. Drinking or breathing fuel oils may cause nausea or nervous system effects. However, exposure under normal use conditions is not likely to be harmful. Fuel oils have been found in at least 26 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What are fuel oils?

(Pronounced fyoo'əl oilz)

Fuel oils are a variety of yellowish to light brown liquid mixtures that come from crude petroleum. Some chemicals found in fuel oils may evaporate easily, while others may more easily dissolve in water.

Fuel oils are produced by different petroleum refining processes, depending on their intended uses. Fuel oils may be used as fuel for engines, lamps, heaters, furnaces, and stoves, or as solvents.

Some commonly found fuel oils include kerosene, diesel fuel, jet fuel, range oil, and home heating oil. These fuel oils differ from one another by their hydrocarbon compositions, boiling point ranges, chemical additives, and uses.

What happens to fuel oils when they enter the environment?

- ☐ Some chemicals found in fuel oils may evaporate into the air from open containers or contaminated soil or water.
- ☐ Some chemicals found in fuel oils may dissolve in water after spills to surface waters or leaks from underground storage tanks.

- ☐ Some chemicals found in fuel oils may stick to particles in water, which will eventually cause them to settle to the bottom sediment.
- ☐ Some of the chemicals found in fuel oils may be broken down slowly in air, water, and soil by sunlight or small organisms.
- ☐ Some of the chemicals found in fuel oils may build up significantly in plants and animals.

How might I be exposed to fuel oils?

- ☐ Using a home kerosene heater or stove, or using fuel oils at work.
- ☐ Breathing air in home or building basements that has been contaminated with fuel oil vapors entering from the soil.
- ☐ Drinking or swimming in water that has been contaminated with fuel oils from a spill or a leaking underground storage tank.
- ☐ Touching soil contaminated with fuel oils.
- ☐ Using fuel oils to wash paint or grease from skin or equipment.

How can fuel oils affect my health?

Little information is available about the health effects that may be caused by fuel oils. People who use kerosene

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stoves for cooking do not seem to have any health problems related to their exposure.

Breathing some fuel oils for short periods may cause nausea, eye irritation, increased blood pressure, headache, light-headedness, loss of appetite, poor coordination, and difficulty concentrating. Breathing diesel fuel vapors for long periods may cause kidney damage and lower your blood's ability to clot.

Drinking small amounts of kerosene may cause vomiting, diarrhea, coughing, stomach swelling and cramps, drowsiness, restlessness, painful breathing, irritability, and unconsciousness. Drinking large amounts of kerosene may cause convulsions, coma, or death. Skin contact with kerosene for short periods may cause itchy, red, sore, or peeling skin.

How likely are fuel oils to cause cancer?

The International Agency for Research on Cancer (IARC) has determined that some fuel oils (heavy) may possibly cause cancer in humans, but for other fuel oils (light) there is not enough information to make a determination. IARC has also determined that occupational exposures to fuel oils during petroleum refining are probably carcinogenic in humans.

Some studies with mice have suggested that repeated contact with fuel oils may cause liver or skin cancer. However, other mouse studies have found this not to be the case. No studies are available in other animals or in people on the carcinogenic effects of fuel oils.

Is there a medical test to show whether I've been exposed to fuel oils?

There is no medical test that shows if you have been exposed to fuel oils. Tests are available to determine if some of

the chemicals commonly found in fuel oils are in your blood. However, the presence of these chemicals in blood may not necessarily mean that you have been exposed to fuel oils.

Has the federal government made recommendations to protect human health?

The Occupational Safety and Health Administration (OSHA) and the Air Force Office of Safety and Health (AFOSH) have set a permissible exposure level (PEL) of 400 parts of petroleum distillates per million parts of air (400 ppm) for an 8-hour workday, 40-hour workweek.

The National Institute for Occupational Safety and Health (NIOSH) recommends that average workplace air levels not exceed 350 milligrams of petroleum distillates per cubic meter of air (350 mg/m³) for a 40-hour workweek.

The Department of Transportation (DOT) lists fuel oils as hazardous materials and, therefore, regulates their transportation.

Glossary

Carcinogenic: Able to cause cancer.

CAS: Chemical Abstracts Service.

Evaporate: To change into a vapor or a gas.

Hydrocarbon: Any compound made up of hydrogen and carbon.

Milligram (mg): One thousandth of a gram.

ppm: Parts per million.

Sediment: Mud and debris that have settled to the bottom of a body of water.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1995. Toxicological profile for fuel oils. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop E-29, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 404-498-0093. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about trichloroethylene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. This information is important because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Trichloroethylene is a colorless liquid which is used as a solvent for cleaning metal parts. Drinking or breathing high levels of trichloroethylene may cause nervous system effects, liver and lung damage, abnormal heartbeat, coma, and possibly death. Trichloroethylene has been found in at least 852 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is trichloroethylene?

Trichloroethylene (TCE) is a nonflammable, colorless liquid with a somewhat sweet odor and a sweet, burning taste. It is used mainly as a solvent to remove grease from metal parts, but it is also an ingredient in adhesives, paint removers, typewriter correction fluids, and spot removers.

Trichloroethylene is not thought to occur naturally in the environment. However, it has been found in underground water sources and many surface waters as a result of the manufacture, use, and disposal of the chemical.

What happens to trichloroethylene when it enters the environment?

- ❑ Trichloroethylene dissolves a little in water, but it can remain in ground water for a long time.
- ❑ Trichloroethylene quickly evaporates from surface water, so it is commonly found as a vapor in the air.
- ❑ Trichloroethylene evaporates less easily from the soil than from surface water. It may stick to particles and remain for a long time.
- ❑ Trichloroethylene may stick to particles in water, which will cause it to eventually settle to the bottom sediment.
- ❑ Trichloroethylene does not build up significantly in

plants and animals.

How might I be exposed to trichloroethylene?

- ❑ Breathing air in and around the home which has been contaminated with trichloroethylene vapors from shower water or household products such as spot removers and typewriter correction fluid.
- ❑ Drinking, swimming, or showering in water that has been contaminated with trichloroethylene.
- ❑ Contact with soil contaminated with trichloroethylene, such as near a hazardous waste site.
- ❑ Contact with the skin or breathing contaminated air while manufacturing trichloroethylene or using it at work to wash paint or grease from skin or equipment.

How can trichloroethylene affect my health?

Breathing small amounts may cause headaches, lung irritation, dizziness, poor coordination, and difficulty concentrating.

Breathing large amounts of trichloroethylene may cause impaired heart function, unconsciousness, and death. Breathing it for long periods may cause nerve, kidney, and liver damage.

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Drinking large amounts of trichloroethylene may cause nausea, liver damage, unconsciousness, impaired heart function, or death.

Drinking small amounts of trichloroethylene for long periods may cause liver and kidney damage, impaired immune system function, and impaired fetal development in pregnant women, although the extent of some of these effects is not yet clear.

Skin contact with trichloroethylene for short periods may cause skin rashes.

How likely is trichloroethylene to cause cancer?

Some studies with mice and rats have suggested that high levels of trichloroethylene may cause liver, kidney, or lung cancer. Some studies of people exposed over long periods to high levels of trichloroethylene in drinking water or in workplace air have found evidence of increased cancer. Although, there are some concerns about the studies of people who were exposed to trichloroethylene, some of the effects found in people were similar to effects in animals.

In its 9th Report on Carcinogens, the National Toxicology Program (NTP) determined that trichloroethylene is “reasonably anticipated to be a human carcinogen.” The International Agency for Research on Cancer (IARC) has determined that trichloroethylene is “probably carcinogenic to humans.”

Is there a medical test to show whether I’ve been exposed to trichloroethylene?

If you have recently been exposed to trichloroethylene, it can be detected in your breath, blood, or urine. The breath test, if it is performed soon after exposure, can tell if you have been exposed to even a small amount of trichloroethylene.

Exposure to larger amounts is assessed by blood

and urine tests, which can detect trichloroethylene and many of its breakdown products for up to a week after exposure. However, exposure to other similar chemicals can produce the same breakdown products, so their detection is not absolute proof of exposure to trichloroethylene. This test isn’t available at most doctors’ offices, but can be done at special laboratories that have the right equipment.

Has the federal government made recommendations to protect human health?

The EPA has set a maximum contaminant level for trichloroethylene in drinking water at 0.005 milligrams per liter (0.005 mg/L) or 5 parts of TCE per billion parts water.

The EPA has also developed regulations for the handling and disposal of trichloroethylene.

The Occupational Safety and Health Administration (OSHA) has set an exposure limit of 100 parts of trichloroethylene per million parts of air (100 ppm) for an 8-hour workday, 40-hour workweek.

Glossary

Carcinogenicity: The ability of a substance to cause cancer.

CAS: Chemical Abstracts Service.

Evaporate: To change into a vapor or gas.

Milligram (mg): One thousandth of a gram.

Nonflammable: Will not burn.

ppm: Parts per million.

Sediment: Mud and debris that have settled to the bottom of a body of water.

Solvent: A chemical that dissolves other substances.

References

This ToxFAQs information is taken from the 1997 Toxicological Profile for Trichloroethylene (update) produced by the Agency for Toxic Substances and Disease Registry, Public Health Service, U.S. Department of Health and Human Services, Public Health Service in Atlanta, GA.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs™ Internet address is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.

This fact sheet answers the most frequently asked health questions (FAQs) about tetrachloroethylene. For more information, call the CDC Information Center at 1-800-232-4636. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Tetrachloroethylene is a manufactured chemical used for dry cleaning and metal degreasing. Exposure to very high concentrations of tetrachloroethylene can cause dizziness, headaches, sleepiness, confusion, nausea, difficulty in speaking and walking, unconsciousness, and death. Tetrachloroethylene has been found in at least 771 of the 1,430 National Priorities List (NPL) sites identified by the Environmental Protection Agency (EPA).

What is tetrachloroethylene?

(Pronounced tět'rə-klôr' ô-ëth'ə-lën')

Tetrachloroethylene is a manufactured chemical that is widely used for dry cleaning of fabrics and for metal-degreasing. It is also used to make other chemicals and is used in some consumer products.

Other names for tetrachloroethylene include perchloroethylene (PERC), PCE, and tetrachloroethene. It is a nonflammable liquid at room temperature. It evaporates easily into the air and has a sharp, sweet odor. Most people can smell tetrachloroethylene when it is present in the air at a level of 1 part tetrachloroethylene per million parts of air (1 ppm) or more, although some can smell it at even lower levels.

What happens to tetrachloroethylene when it enters the environment?

- Much of the tetrachloroethylene that gets into water or soil evaporates into the air.
- Microorganisms can break down some of the tetrachloroethylene in soil or underground water.
- In the air, it is broken down by sunlight into other chemicals or brought back to the soil and water by rain.
- It does not appear to collect in fish or other animals that live in water.

How might I be exposed to tetrachloroethylene?

- When you bring clothes from the dry cleaners, they will release small amounts of tetrachloroethylene into the air.
- When you drink water containing tetrachloroethylene, you are exposed to it.

How can tetrachloroethylene affect my health?

High concentrations of tetrachloroethylene (particularly in closed, poorly ventilated areas) can cause dizziness, headache, sleepiness, confusion, nausea, difficulty in speaking and walking, unconsciousness, and death.

Irritation may result from repeated or extended skin contact with it. These symptoms occur almost entirely in work (or hobby) environments when people have been accidentally exposed to high concentrations or have intentionally used tetrachloroethylene to get a "high."

In industry, most workers are exposed to levels lower than those causing obvious nervous system effects. The health effects of breathing in air or drinking water with low levels of tetrachloroethylene are not known.

Results from some studies suggest that women who work in dry cleaning industries where exposures to tetrachloroethylene can be quite high may have more menstrual problems and spontaneous abortions than women who are not exposed. However, it is not known if tetrachloroethylene was responsible for these problems because other possible causes were not considered.

Tetrachloroethylene

CAS # 127-18-4

Results of animal studies, conducted with amounts much higher than those that most people are exposed to, show that tetrachloroethylene can cause liver and kidney damage. Exposure to very high levels of tetrachloroethylene can be toxic to the unborn pups of pregnant rats and mice. Changes in behavior were observed in the offspring of rats that breathed high levels of the chemical while they were pregnant.

How likely is tetrachloroethylene to cause cancer?

The Department of Health and Human Services (DHHS) has determined that tetrachloroethylene may reasonably be anticipated to be a carcinogen. Tetrachloroethylene has been shown to cause liver tumors in mice and kidney tumors in male rats.

Is there a medical test to show whether I've been exposed to tetrachloroethylene?

One way of testing for tetrachloroethylene exposure is to measure the amount of the chemical in the breath, much the same way breath-alcohol measurements are used to determine the amount of alcohol in the blood.

Because it is stored in the body's fat and slowly released into the bloodstream, tetrachloroethylene can be detected in the breath for weeks following a heavy exposure.

Tetrachloroethylene and trichloroacetic acid (TCA), a breakdown product of tetrachloroethylene, can be detected in the blood. These tests are relatively simple to perform. These tests aren't available at most doctors' offices, but can be performed at special laboratories that have the right equipment.

Because exposure to other chemicals can produce the same breakdown products in the urine and blood, the tests for breakdown products cannot determine if you have been exposed to tetrachloroethylene or the other chemicals.

Has the federal government made recommendations to protect human health?

The EPA maximum contaminant level for the amount of tetrachloroethylene that can be in drinking water is 0.005 milligrams tetrachloroethylene per liter of water (0.005 mg/L).

The Occupational Safety and Health Administration (OSHA) has set a limit of 100 ppm for an 8-hour workday over a 40-hour workweek.

The National Institute for Occupational Safety and Health (NIOSH) recommends that tetrachloroethylene be handled as a potential carcinogen and recommends that levels in workplace air should be as low as possible.

Glossary

Carcinogenicity: The ability of a substance to cause cancer.

CAS: Chemical Abstracts Service.

Milligram (mg): One thousandth of a gram.

Nonflammable: Will not burn.

References

This ToxFAQs™ information is taken from the 1997 Toxicological Profile for Tetrachloroethylene (update) produced by the Agency for Toxic Substances and Disease Registry, Public Health Service, U.S. Department of Health and Human Services, Public Health Service in Atlanta, GA.

Where can I get more information?

For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology and Human Health Sciences, 1600 Clifton Road NE, Mailstop F-57, Atlanta, GA 30333.

Phone: 1-800-232-4636.

ToxFAQs™ Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaqs/index.asp>.

ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.

This fact sheet answers the most frequently asked health questions (FAQs) about 1,2-dichloroethene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. This information is important because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to 1,2-dichloroethene occurs mainly in workplaces where it is made or used. Breathing high levels of 1,2-dichloroethene can make you feel nauseous, drowsy, and tired. *cis*-1,2-Dichloroethene has been found in at least 146 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA). *trans*-1,2-Dichloroethene was found in at least 563 NPL sites. 1,2-Dichloroethene was found at 336 sites, but the isomer (*cis*- or *trans*-) was not specified.

What is 1,2-dichloroethene?

(Pronounced 1,2-dī-klôr' ô-ěth'ēn)

1,2-Dichloroethene, also called 1,2-dichloroethylene, is a highly flammable, colorless liquid with a sharp, harsh odor. It is used to produce solvents and in chemical mixtures. You can smell very small amounts of 1,2-dichloroethene in air (about 17 parts of 1,2-dichloroethene per million parts of air [17 ppm]).

There are two forms of 1,2-dichloroethene; one is called *cis*-1,2-dichloroethene and the other is called *trans*-1,2-dichloroethene. Sometimes both forms are present as a mixture.

What happens to 1,2-dichloroethene when it enters the environment?

- ☐ 1,2-Dichloroethene evaporates rapidly into air.
- ☐ In the air, it takes about 5-12 days for half of it to break down.
- ☐ Most 1,2-dichloroethene in the soil surface or bodies of water will evaporate into air.
- ☐ 1,2-Dichloroethene can travel through soil or dissolve in water in the soil. It is possible that it can contaminate groundwater.
- ☐ In groundwater, it takes about 13-48 weeks to break down.

- ☐ There is a slight chance that 1,2-dichloroethene will break down into vinyl chloride, a different chemical which is believed to be more toxic than 1,2-dichloroethene.

How might I be exposed to 1,2-dichloroethene?

- ☐ Breathing 1,2-dichloroethene that has leaked from hazardous waste sites and landfills.
- ☐ Drinking contaminated tap water or breathing vapors from contaminated water while cooking, bathing, or washing dishes.
- ☐ Breathing 1,2-dichloroethene, touching it, or touching contaminated materials in the workplace.

How can 1,2-dichloroethene affect my health?

Breathing high levels of 1,2-dichloroethene can make you feel nauseous, drowsy, and tired; breathing very high levels can kill you.

When animals breathed high levels of *trans*-1,2-dichloroethene for short or longer periods of time, their livers and lungs were damaged and the effects were more severe with longer exposure times. Animals that breathed very high

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levels of *trans*-1,2-dichloroethene had damaged hearts.

Animals that ingested extremely high doses of *cis*- or *trans*-1,2-dichloroethene died.

Lower doses of *cis*-1,2-dichloroethene caused effects on the blood, such as decreased numbers of red blood cells, and also effects on the liver.

The long-term (365 days or longer) human health effects after exposure to low concentrations of 1,2-dichloroethene aren't known. One animal study suggested that an exposed fetus may not grow as quickly as one that hasn't been exposed.

Exposure to 1,2-dichloroethene hasn't been shown to affect fertility in people or animals.

How likely is 1,2-dichloroethene to cause cancer?

The EPA has determined that *cis*-1,2-dichloroethene is not classifiable as to its human carcinogenicity.

No EPA cancer classification is available for *trans*-1,2-dichloroethene.

Is there a medical test to show whether I've been exposed to 1,2-dichloroethene?

Tests are available to measure concentrations of the breakdown products of 1,2-dichloroethene in blood, urine, and tissues. However, these tests aren't used routinely to determine whether a person has been exposed to this compound. This is because after you are exposed to 1,2-dichloroethene, the breakdown products in your body that are detected with these tests may be the same as those that come from exposure to other chemicals. These tests aren't available in most doctors' offices, but can be done at special laboratories that have the right equipment.

Has the federal government made recommendations to protect human health?

The EPA has set the maximum allowable level of *cis*-1,2-dichloroethene in drinking water at 0.07 milligrams per liter of water (0.07 mg/L) and *trans*-1,2-dichloroethene at 0.1 mg/L.

The EPA requires that any spills or accidental release of 1,000 pounds or more of 1,2-dichloroethene must be reported to the EPA.

The Occupational Health Safety and Health Administration (OSHA) has set the maximum allowable amount of 1,2-dichloroethene in workroom air during an 8-hour workday in a 40-hour workweek at 200 parts of 1,2-dichloroethene per million parts of air (200 ppm).

Glossary

Carcinogenicity: Ability of a substance to cause cancer.

CAS: Chemical Abstracts Service.

Fertility: Ability to reproduce.

Ingest: To eat or drink something.

Milligram (mg): One thousandth of a gram.

ppm: Parts per million.

Solvent: A chemical that can dissolve other substances.

References

This ToxFAQs information is taken from the 1996 Toxicological Profile for 1,2-Dichloroethene produced by the Agency for Toxic Substances and Disease Registry, Public Health Service, U.S. Department of Health and Human Services, Public Health Service in Atlanta, GA.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



APPENDIX B
REPORT FORMS

WEEKLY SAFETY REPORT FORM

Week Ending: _____ Project Name/Number: _____

Report Date: _____ Project Manager Name: _____

Summary of any violations of procedures occurring that week:

Summary of any job related injuries, illnesses, or near misses that week:

Summary of air monitoring data that week (include and sample analyses, action levels exceeded, and actions taken):

Comments:

Name: _____ Company: _____

Signature: _____ Title: _____

INCIDENT REPORT FORM

Date of Report: _____

Injured: _____

Employer: _____

Site: _____ Site Location: _____

Report Prepared By: _____
Signature Title

ACCIDENT/INCIDENT CATEGORY (check all that applies)

<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Fire	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> On-site Equipment	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Electrical
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Spill	<input type="checkbox"/> Other

DATE AND TIME OF ACCIDENT/INCIDENT: Narrative report of Accident/Incident: Identify: 1) actions leading to or contributing to the accident/incident; 2) the accident/incident occurrence; and 3) actions following the accident/incident.

WITNESS TO ACCIDENT/INCIDENT:

Name: _____	Company: _____
Address: _____	Address: _____
Phone No.: _____	Phone No.: _____
Name: _____	Company: _____
Address: _____	Address: _____
Phone No.: _____	Phone No.: _____

INJURED - ILL:

Name: _____ SSN: _____

Address: _____ Age: _____

Length of Service: _____ Time on Present Job: _____

Time/Classification: _____

SEVERITY OF INJURY OR ILLNESS:☐ Disabling ☐ Non-disabling ☐ Fatality☐ Medical Treatment ☐ First Aid Only**ESTIMATED NUMBER OF DAYS AWAY FROM JOB:** _____**NATURE OF INJURY OR ILLNESS:** __________
_____**CLASSIFICATION OF INJURY:**

<input type="checkbox"/> Abrasions	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Punctures
<input type="checkbox"/> Bites	<input type="checkbox"/> Faint/Dizziness	<input type="checkbox"/> Radiation Burns
<input type="checkbox"/> Blisters	<input type="checkbox"/> Fractures	<input type="checkbox"/> Respiratory Allergy
<input type="checkbox"/> Bruises	<input type="checkbox"/> Frostbite	<input type="checkbox"/> Sprains
<input type="checkbox"/> Chemical Burns	<input type="checkbox"/> Heat Burns	<input type="checkbox"/> Toxic Resp. Exposure
<input type="checkbox"/> Cold Exposure	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Toxic Ingestion
<input type="checkbox"/> Concussion	<input type="checkbox"/> Heat Stroke	<input type="checkbox"/> Dermal Allergy
<input type="checkbox"/> Lacerations		

Part of Body Affected: _____

Degree of Disability: _____

Date Medical Care was Received: _____

Where Medical Care was Received: _____

Address (if off-site): _____

(If two or more injuries, record on separate sheets)

PROPERTY DAMAGE:

Description of Damage: _____

Cost of Damage: \$ _____

ACCIDENT/INCIDENT LOCATION: _____

ACCIDENT/INCIDENT ANALYSIS: Causative agent most directly related to accident/incident
(Object, substance, material, machinery, equipment, conditions)

Was weather a factor?: _____

Unsafe mechanical/physical/environmental condition at time of accident/incident (Be specific):

Personal factors (Attitude, knowledge or skill, reaction time, fatigue):

ON-SITE ACCIDENTS/INCIDENTS:

Level of personal protection equipment required in Site Safety Plan:

Modifications:

Was injured using required equipment?:

If not, how did actual equipment use differ from plan?:

ACTION TAKEN TO PREVENT RECURRENCE: (Be specific. What has or will be done? When will it be done? Who is the responsible party to insure that the correction is made?)

ACCIDENT/INCIDENT REPORT REVIEWED BY:

SSO Name Printed

SSO Signature

OTHERS PARTICIPATING IN INVESTIGATION:

Signature

Title

Signature

Title

Signature

Title

ACCIDENT/INCIDENT FOLLOW-UP: Date:

Outcome of accident/incident:

Physician's recommendations:

Date injured returned to work:

Follow-up performed by:

Signature

Title

ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM

APPENDIX C
EMERGENCY HAND SIGNALS

EMERGENCY SIGNALS

In most cases, field personnel will carry portable radios for communication. If this is the case, a transmission that indicates an emergency will take priority over all other transmissions. All other site radios will yield the frequency to the emergency transmissions.

Where radio communications is not available, the following air-horn and/or hand signals will be used:

EMERGENCY HAND SIGNALS

OUT OF AIR, CAN'T BREATHE!



Hand gripping throat

**LEAVE AREA IMMEDIATELY,
NO DEBATE!**

(No Picture) Grip partner's wrist or place both hands around waist

NEED ASSISTANCE!



Hands on top of head

**OKAY! – I'M ALL RIGHT!
- I UNDERSTAND!**



Thumbs up

NO! - NEGATIVE!



Thumbs down