### DOCUMENTATION OF ENVIRONMENTAL INDICATOR DETERMINATION

Interim Final 2/5/99

#### **RCRA Corrective Action**

### Environmental Indicator (EI) RCRIS code (CA725) Current Human Exposures Under Control

Name of Co. I.I.C. (Formark International Domar Magazita Com.)

| racinty Name:      | Nevamar Co. LLC (Formerly International Paper-Masomite Corp.) |
|--------------------|---------------------------------------------------------------|
| Facility Address:  | 721 West Main Street, Waverly, VA 23890-2600                  |
| Facility EPA ID #: | VAD 04 473 6213                                               |
|                    |                                                               |

| 1. | Has all available relevant/significant information on known and reasonably suspected releases to soil,   |
|----|----------------------------------------------------------------------------------------------------------|
|    | groundwater, surface water/sediments, and air, subject to RCRA Corrective Action (e.g., from Solid Waste |
|    | Management Units (SWMU), Regulated Units (RU), and Areas of Concern (AOC)), been considered in this      |
|    | EI determination?                                                                                        |
|    |                                                                                                          |

| X | If yes - check here and continue with #2 below.                                           |
|---|-------------------------------------------------------------------------------------------|
|   | If no - re-evaluate existing data, or                                                     |
|   | If data are not available skip to #6 and enter "IN" (more information needed) status code |

### BACKGROUND

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### **Definition of Environmental Indicators (for the RCRA Corrective Action)**

Environmental Indicators (EI) are measures being used by the RCRA Corrective Action program to go beyond programmatic activity measures (e.g., reports received and approved, etc.) to track changes in the quality of the environment. The two EI developed to-date indicate the quality of the environment in relation to current human exposures to contamination and the migration of contaminated groundwater. An EI for non-human (ecological) receptors is intended to be developed in the future.

### **Definition of "Current Human Exposures Under Control" EI**

A positive "Current Human Exposures Under Control" EI determination ("YE" status code) indicates that there are no "unacceptable" human exposures to "contamination" (i.e., contaminants in concentrations in excess of appropriate risk-based levels) that can be reasonably expected under current land- and groundwater-use conditions (for all "contamination" subject to RCRA corrective action at or from the identified facility (i.e., site-wide)).

### **Relationship of EI to Final Remedies**

While Final remedies remain the long-term objective of the RCRA Corrective Action program the EI are near-term objectives which are currently being used as Program measures for the Government Performance and Results Act of 1993, GPRA). The "Current Human Exposures Under Control" EI are for reasonably expected human exposures under current land- and groundwater-use conditions ONLY, and do not consider potential future land- or groundwater-use conditions or ecological receptors. The RCRA Corrective Action program's overall mission to protect human health and the environment requires that Final remedies address these issues (i.e., potential future human exposure scenarios, future land and groundwater uses, and ecological receptors).

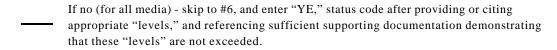
### **Duration / Applicability of EI Determinations**

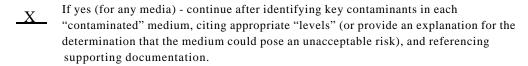
EI Determinations status codes should remain in RCRIS national database ONLY as long as they remain true (i.e., RCRIS status codes must be changed when the regulatory authorities become aware of contrary information).

Page 2

2. Are groundwater, soil, surface water, sediments, or air **media** known or reasonably suspected to be "contaminated" above appropriately protective risk-based "levels" (applicable promulgated standards, as well as other appropriate standards, guidelines, guidance, or criteria) from releases subject to RCRA Corrective Action (from SWMUs, RUs or AOCs)?

| Groundwater                 | Yes<br>X | <u>No</u> | <u>?</u> | Rationale / Key Contaminants  Petroleum product and BTEX are present in groundwater at level above MCLs. |
|-----------------------------|----------|-----------|----------|----------------------------------------------------------------------------------------------------------|
| Air (indoors) <sup>2</sup>  |          | X         |          |                                                                                                          |
| Surface Soil (e.g., <2 ft)  |          | X         |          |                                                                                                          |
| Surface Water               |          | X         |          |                                                                                                          |
| Sediment                    |          | X         |          |                                                                                                          |
| Subsurf. Soil (e.g., >2 ft) | X        |           |          | Petroleum product in subsurface soil smear zone.                                                         |
| Air (outdoors)              |          | X         |          |                                                                                                          |





If unknown (for any media) - skip to #6 and enter "IN" status code.

### Rationale and Reference(s): As noted under Rationale/Key contaminants, above.

### Footnotes:

<sup>&</sup>lt;sup>1</sup> "Contamination" and "contaminated" describes media containing contaminants (in any form, NAPL and/or dissolved, vapors, or solids, that are subject to RCRA) in concentrations in excess of appropriately protective risk-based "levels" (for the media, that identify risks within the acceptable risk range).

<sup>&</sup>lt;sup>2</sup>Recent evidence (from the Colorado Dept. of Public Health and Environment, and others) suggest that unacceptable indoor air concentrations are more common in structures above groundwater with volatile contaminants than previously believed. This is a rapidly developing field and reviewers are encouraged to look to the latest guidance for the appropriate methods and scale of demonstration necessary to be reasonably certain that indoor air (in structures located above (and adjacent to) groundwater with volatile contaminants) does not present unacceptable risks.

Page 3

3. Are there **complete pathways** between "contamination" and human receptors such that exposures can be reasonably expected under the current (land- and groundwater-use) conditions?

### **Summary Exposure Pathway Evaluation Table**

Potential **<u>Human Receptors</u>** (Under Current Conditions)

| "Contaminated" Media        | Residents | Workers | Day-Care | Construction | Trespassers | Recreation | $Food^3$ |
|-----------------------------|-----------|---------|----------|--------------|-------------|------------|----------|
| Groundwater                 |           |         |          |              |             |            |          |
| Air (indoors)               |           |         |          |              |             |            |          |
| Soil (surface, e.g., <2 ft) |           |         |          |              |             |            |          |
| Surface Water               |           |         |          |              |             |            |          |
| Sediment                    |           |         |          |              |             |            |          |
| Soil (subsurface e.g., >2   | ft)       |         |          |              |             |            |          |
| Air (outdoors)              |           |         |          |              |             |            |          |

Instructions for **Summary Exposure Pathway Evaluation Table**:

- 1. Strike-out specific Media including Human Receptors' spaces for Media which are not "contaminated" as identified in #2 above.
- 2. enter "yes" or "no" for potential "completeness" under each "Contaminated" Media -- Human Receptor combination (Pathway).

Note: In order to focus the evaluation to the most probable combinations some potential "Contaminated" Media - Human Receptor combinations (Pathways) do not have check spaces ("\_\_\_"). While these combinations may not be probable in most situations they may be possible in some settings and should be added as necessary.

| X | If no (pathways are not complete for any contaminated media-receptor combination) - skip |  |  |  |  |  |  |
|---|------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|   | to #6, and enter "YE" status code, after explaining and/or referencing condition(s) in-  |  |  |  |  |  |  |
|   | place, whether natural or man-made, preventing a complete exposure pathway from each     |  |  |  |  |  |  |
|   | contaminated medium (e.g., use optional Pathway Evaluation Work Sheet to analyze         |  |  |  |  |  |  |
|   | major pathways).                                                                         |  |  |  |  |  |  |
|   |                                                                                          |  |  |  |  |  |  |
|   | If yes (pathways are complete for any "Contaminated" Media - Human Receptor              |  |  |  |  |  |  |
|   | combination) - continue after providing supporting explanation.                          |  |  |  |  |  |  |
|   |                                                                                          |  |  |  |  |  |  |
|   | If unknown (for any "Contaminated" Media - Human Receptor combination) - skip to #6      |  |  |  |  |  |  |
|   | and enter "IN" status code.                                                              |  |  |  |  |  |  |
|   |                                                                                          |  |  |  |  |  |  |

Rationale and Reference(s): The facility uses public water supply and so there is no current usage of contaminated groundwater. The plume is confined within the facility parking lot and does not extend underneath any buildings and so the pathway to indoor air is incomplete. (RCRA Facility Lead Program Investigation and Proposed Corrective Measures Report, November 15, 2002)

<sup>&</sup>lt;sup>3</sup> Indirect Pathway/Receptor (e.g., vegetables, fruits, crops, meat and dairy products, fish, shellfish, etc.)

Page 4

| 4.     | "significant" ( greater in magn acceptable "leve (perhaps even the | res from any of the complete pathways identified in #3 be reasonably expected to be i.e., potentially "unacceptable" because exposures can be reasonably expected to be: 1) itude (intensity, frequency and/or duration) than assumed in the derivation of the els" (used to identify the "contamination"); or 2) the combination of exposure magnitude nough low) and contaminant concentrations (which may be substantially above the els") could result in greater than acceptable risks)? |
|--------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                    | If no (exposures can not be reasonably expected to be significant (i.e., potentially "unacceptable") for any complete exposure pathway) - skip to #6 and enter "YE" status code after explaining and/or referencing documentation justifying why the exposures (from each of the complete pathways) to "contamination" (identified in #3) are not expected to be "significant."                                                                                                               |
|        |                                                                    | If yes (exposures could be reasonably expected to be "significant" (i.e., potentially "unacceptable") for any complete exposure pathway) - continue after providing a description (of each potentially "unacceptable" exposure pathway) and explaining and/or referencing documentation justifying why the exposures (from each of the remaining complete pathways) to "contamination" (identified in #3) are not expected to be "significant."                                               |
|        |                                                                    | If unknown (for any complete pathway) - skip to #6 and enter "IN" status code                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Refere | Rationale and ence(s):                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

<sup>4</sup> If there is any question on whether the identified exposures are "significant" (i.e., potentially "unacceptable") consult a human health Risk Assessment specialist with appropriate education, training and experience.

Page 5

| 5.     | Can the "significant" <b>exposures</b> (identified in #4) be shown to be within <b>acceptable</b> limits? |                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
|--------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|        |                                                                                                           | If yes (all "significant" exposures have been shown to be within acceptable limits) - continue and enter "YE" after summarizing <u>and</u> referencing documentation justifying why all "significant" exposures to "contamination" are within acceptable limits (e.g., a site-specific Human Health Risk Assessment). |  |  |  |  |
|        |                                                                                                           | If no (there are current exposures that can be reasonably expected to be "unacceptable")-continue and enter "NO" status code after providing a description of each potentially "unacceptable" exposure.                                                                                                               |  |  |  |  |
|        |                                                                                                           | If unknown (for any potentially "unacceptable" exposure) - continue and enter "IN" statucode                                                                                                                                                                                                                          |  |  |  |  |
| Refere | Rationale and                                                                                             |                                                                                                                                                                                                                                                                                                                       |  |  |  |  |

Page 6

| 6. | Check the appropriate RCRIS status codes for the Current Human Exposures Under Control EI event code (CA725), and obtain Supervisor (or appropriate Manager) signature and date on the EI determination below (and attach appropriate supporting documentation as well as a map of the facility): |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |  |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|    | X                                                                                                                                                                                                                                                                                                 | review of the are expected Paper-Maso Street, Wave determination changes at the NO - "Curre | Current Human Exposures Under Control' e information contained in this EI Determined to be "Under Control" at the Nevamar Conite Corp.) facility, EPA ID #VAD 04 473 erly, VA 23890-2600 under current and reform will be re-evaluated when the Agency/Sine facility.  The ent Human Exposures are NOT "Under Conformation is needed to make a determination of the entitle of | nation, "Current Human Exposures"  b. LLC (Formerly International  6213, located at 721 West Main  casonably expected conditions. This  State becomes aware of significant  ontrol." |  |  |  |
|    | Completed by                                                                                                                                                                                                                                                                                      | (signature)                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 01-22-03                                                                                                                                                                        |  |  |  |
|    |                                                                                                                                                                                                                                                                                                   | (print)                                                                                     | Andrew Fan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del>                                                                                                                                                                          |  |  |  |
|    |                                                                                                                                                                                                                                                                                                   | (title)                                                                                     | Remedial Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                    |  |  |  |
|    | Supervisor                                                                                                                                                                                                                                                                                        | (signature)                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 02-03-03                                                                                                                                                                        |  |  |  |
|    |                                                                                                                                                                                                                                                                                                   | (print)                                                                                     | Robert E. Greaves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                                                                                                                                                                                    |  |  |  |
|    |                                                                                                                                                                                                                                                                                                   | (title)                                                                                     | Chief, General Operations Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _                                                                                                                                                                                    |  |  |  |
|    | (EPA Region or State) EPA, Region 3                                                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |  |  |
|    | Locations where                                                                                                                                                                                                                                                                                   |                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      |  |  |  |
|    | EPA, Region III, 11 <sup>th</sup> Floor RCRA Fileroom                                                                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |  |  |
|    | 1650 Arch Street, Philadelphia, PA 19103-2029                                                                                                                                                                                                                                                     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |  |  |
|    | Contact telephone and e-mail numbers:                                                                                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |  |  |

FINAL NOTE: THE HUMAN EXPOSURES ELIS A QUALITATIVE SCREENING OF EXPOSURES AND THE DETERMINATIONS WITHIN THIS DOCUMENT SHOULD NOT BE USED AS THE SOLE BASIS FOR RESTRICTING THE SCOPE OF MORE DETAILED (E.G., SITE-SPECIFIC) ASSESSMENTS OF RISK.

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