

November 20, 2017

Via email to:

clerk.plumcommittee@lacity.org

City Clerk
City of Los Angeles City Council
Room 395
200 North Spring Street
Los Angeles, CA 90012

Re: *Appeal Regarding Case No. VTT-73891-1A and all related approvals*

Honorable Members of the City Council of the City of Los Angeles:

These comments are directed to the meeting of Planning and Land Use Management (PLUM) Committee of the Los Angeles City Council, scheduled for Tuesday, November 21, 2017 at approximately 2:30 p.m. or soon thereafter in the John Ferraro Council Chamber, Room 340, City Hall, 200 North Spring Street, Los Angeles, CA, about the Gateway-Pico project.

In addition to our previous comments, and on behalf of Henrietta Conrad, the Golden State Environmental Justice Alliance, and Civic Interspace, an unincorporated association of local citizens concerned about responsible development, we provide these additional comments.

This letter provides further grounds for our appeal of the Planning Commission's approval of the Gateway-Pico project ("the Project") and any certification of the mitigated negative declaration ("MND") that accompanied it.

The project needs a full EIR to examine air-quality and other impacts. Also, the project involves an improper gift of public funds to the developer in the vacating of the alleyway.

We understand that the City has been urged to consider the Gateway/Pico project as a transit priority project ("Sustainable Communities Project") according to Public Resources Code §§ 21155 and 21155.1. However, the project does not meet all the requirements of Public Resources Code § 21155.1, subsection A, 7(a), because the developer will be taking over the public alley.

To qualify under these statutes, the project must meet all the requirements of Public Resources Code § 21155.1, subsection A and subsection B.

Public Resources Code § 21155.1, subsection A, 7(a) states:

- (7) The transit priority project site is not located on developed open space.
- (A) For the purposes of this paragraph, "developed open space" means land that meets all of the following criteria:
 - (i) Is publicly owned, or financed in whole or in part by public funds.
 - (ii) Is generally open to, and available for use by, the public.
 - (iii) Is predominantly lacking in structural development other than structures associated with open spaces[.]

Since this project *is* in part "located on developed open space" (*i.e.*, the public alley), the project does not qualify for treatment under Public Resources Code §§ 21155 and 21155.1.

Sincerely,



Craig M. Collins
BLUM | COLLINS LLP



Technical Consultation, Data Analysis and
Litigation Support for the Environment

2656 29th Street, Suite 201
Santa Monica, CA 90405

Matt Hagemann, P.G, C.Hg.
(949) 887-9013
mhagemann@swape.com

November 17, 2017

Hannah Bentley
Blum Collins, LLP
707 Wilshire Blvd., 48th Floor
Los Angeles, CA 90017

Subject: Response to Comments on the 11460 West Gateway Boulevard Project

Dear Ms. Bentley:

We have reviewed the September 2017 Health Risk Assessment and associated attachments prepared by Air Quality Dynamics for the 11460 West Gateway Boulevard Project (“Project”). The health risk assessment (HRA) was prepared in response to comments we made in an August 18, 2017 comment letter on the Project’s March 2017 Initial Study/Mitigated Negative Declaration (IS/MND). In our August 18 letter, we concluded that the IS/MND failed to adequately evaluate the Project’s health risk impact because it failed to prepare a quantitative construction or operational HRA. In an effort to demonstrate the potential risk posed by construction and operation of the proposed Project to nearby sensitive receptors, we prepared two screening-level health risk assessments and concluded that the risk posed to students attending the Citizens of the World School and The City School and residents living approximately 10 feet from the Project site would exceed applicable thresholds, thus resulting in a significant health risk impact. In response to our August 18 letter, Air Quality Dynamics prepared a construction HRA and concluded that the Project would not result in a significant health-related impact. Our review of the HRA and modeling outputs, however, demonstrates that the Project’s health risk impacts are still inadequately evaluated, contrary to what is stated in the Air Quality Dynamic’s HRA. As such, we maintain that a revised HRA must be prepared in a Draft Environmental Impact report (DEIR) to adequately evaluate and mitigate the Project’s impacts.

Air Quality

In our August 18 comment letter, we concluded that the IS/MND’s finding of a less than significant health risk impact was incorrect and unsubstantiated, as the IS/MND failed to evaluate, whatsoever, the risk resulting from diesel particulate matter (DPM) emissions generated during construction and operation of the proposed Project. As stated above, in order to properly evaluate the Project’s potential

health risk impact, we prepared screening-level health risk assessments to evaluate the risk posed to nearby residences and school children as a result of emissions generated during Project activities. Our analysis demonstrated that the Project would generate significant levels of DPM emissions, resulting in a significant health related impact. In response, Air Quality Dynamics states,

“Based upon this consideration, Air Quality Dynamics presents a revised health risk assessment which utilizes all relevant and appropriate assessment and dispersion modeling methodologies presented by the U.S. Environmental Protection Agency, California Environmental Protection Agency and SCAQMD to ensure a viable quantification of pollutant exposures associated with the generation of contaminant emissions from construction related activity. Results of the refined health risk assessment showed lower DPM concentrations than the SWAPE screening analysis whereby cancer risk estimates were found to be within the SCAQMD significance threshold of $1.0E-05$ ” (p. 1).

We find this conclusion, however, to be entirely incorrect for several reasons. First, our review of the Air Quality Dynamic’s HRA demonstrates that not all appropriate assessment and modeling methodologies were used to estimate the Project’s cancer risk. Second, as noted in our August 18 letter, the IS/MND and the HRA prepared by Air Quality Dynamics both fail to evaluate the Project’s operational health-related impact, and as a result, the Project’s operational health related impacts are unaddressed and unknown. For these reasons, we find the HRA prepared by Air Quality Dynamic to be incorrect and unreliable, and maintain that a revised HRA must be prepared in a Project-specific DEIR in order to accurately estimate the Project’s heal risk impacts.

Diesel Particulate Matter Health Risk Emissions Inadequately Evaluated

Air Quality Dynamics uses the U.S. Environmental Protection Agency’s (EPA) AERMOD software program to model the Project’s emissions and evaluate whether mobile source diesel particulate matter (DPM) emissions resulting from Project construction would pose a significant health risk to nearby residential and school children sensitive receptors (p. 3). According to the HRA, the total cancer risk posed to nearby residential sensitive receptors from exposure to DPM emissions generated during Project construction is 10 in one million at Residence 1 and 7.7 in one million at Residence 2, while the total construction-related cancer risk posed to students attending the Citizens of the World and The City School are 0.15 in one million and 0.048 in one million, respectively. None of these cancer risks exceed the South Coast Air Quality Management District’s (SCAQMD) significance threshold of ten in one million (see excerpts below) (p. 6-7).

Table 2
Maximum Carcinogenic Risk / School-Based Receptors

School	Risk
Citizens of the World	1.5E-07
The City School	4.8E-08
Wonder Years Preschool	6.9E-08
Areté Preparatory Academy	2.8E-08

Table 3
Maximum Carcinogenic Risk / Residential Receptors

Receptor/Age Group	Risk
Residence 1/3rd Trimester	5.6E-07
Residence 1/ 0 years to 1.42 years	9.5E-06
Total	1.0E-05
Residence 2/3rd Trimester	4.2E-07
Residence 2/ 0 years to 1.42 years	7.2E-06
Total	7.7E-06

As a result, the HRA concludes that,

“Based upon the predicted carcinogenic risk and noncarcinogenic hazard estimates for the school based and residential exposure scenarios, the refined health risk assessment demonstrates that construction of the proposed project will not result in unacceptable localized air quality impacts” (HRA, p. 7).

This conclusion, however, is incorrect. The HRA relies upon U.S. EPA’s *Supplemental Guidance for Assessing Susceptibility from Early-Life Exposure to Carcinogens* report in order to conduct its health risk assessment (p. 5). The HRA states that since there is no “definitive guidance nor developed policy” relating to the application of early life adjustment factors has been established, these factors were not incorporated into the Project’s cancer risk calculations (p. 5). Specifically, the HRA states,

“As a commenting agency, the SCAQMD has not provided definitive guidance nor developed policy relating to the applicability of applying early life exposure adjustment factors for projects conducted under CEQA. Additionally, the California Department of Toxic Substances Control (DTSC) which is charged with protecting individuals and the environment from the effects of toxic substances is also responsible for assessing, investigating and evaluating proposed school sites to ensure that selected properties are free of contamination or, if the properties are contaminated, have been remediated to a level that protects the health of students and staff. Notwithstanding this responsibility, the DTSC has adopted the U.S. Environmental Protection

Agency's policy in the application of early life exposure adjustments. As such, incorporation of early life exposure adjustments for exposures to DPM emissions in the quantification of carcinogenic risk for construction of the proposed project were not considered in the refined health risk assessment" (p. 5).

The omission of early life exposure adjustments when calculating health risk, however, has been shown to underestimate the lifetime exposure cancer risk for many carcinogens.¹ In its *Technical Support Document for Cancer Potency Factors* report, the Office of Environmental Health Hazard Assessment's (OEHHA) Air Hotspots Program determined that the lifetime cancer potency for carcinogens is underestimated when early-life susceptibility is not included in modeling, and therefore recommends the use of specific adjustment factors to account for third trimester fetuses, infants and children's increased sensitivity to carcinogens, regardless of the mode of action.² Furthermore, in response to the recommendations made in the U.S. EPA's *Supplemental Guidance for Assessing Susceptibility from Early-Life Exposure to Carcinogens* report regarding application of default age-adjustments to only mutagenic carcinogens, the EPA Science Advisory Board (SAB) made the following recommendation:

"Certain groups of non-mutagenic carcinogens with known modes of action serve as important examples in support of applying a default factor to non-mutagenic carcinogens when the mode of action is unknown. The Review Panel suggests that the Agency reconsider limiting the application of adjustment factors only to mutagenic agents and instead apply a default approach to both mutagenic and to non-mutagenic chemicals for which mode of action remains unknown or insufficiently characterized."³

As demonstrated above, the SAB recommends applying adjustment factors to carcinogens, regardless of the mode of action. As such, the HRA should have been conducted using early life adjustment factors to accurately assess the Project's health risk impact.

Not only did the Air Quality Dynamic's HRA fail to use adjustment factors, but it also failed to conduct the HRA using OEHHA methodology, as required by the SCAQMD. The SCAQMD's *AB 2588 & Rule 1402 Supplemental Guidelines* state,

"Facilities required to submit risk assessments to the South Coast Air Quality Management District (SCAQMD) under the AIR Toxics "Hot Spots" Information and Assessment Act of 1987

¹ "Review of EPA's Draft Supplemental Guidance For Assessing Cancer Susceptibility From Early-Life Exposure to Carcinogens." The Supplemental Guidance For Assessing Cancer Susceptibility Review Panel Of The EPA Science Advisory Board, March 2004, *available at*:

[https://yosemite.epa.gov/sab/sabproduct.nsf/658FD14F8F94C7E385256F0A006C94E0/\\$File/sab04003.pdf](https://yosemite.epa.gov/sab/sabproduct.nsf/658FD14F8F94C7E385256F0A006C94E0/$File/sab04003.pdf)

² "Technical Support Document for Cancer Potency Factors." OEHHA, May 2009, *available at*:

<https://oehha.ca.gov/media/downloads/crnr/tsdcancerpotency.pdf>, p. 51

³ "Review of EPA's Draft Supplemental Guidance For Assessing Cancer Susceptibility From Early-Life Exposure to Carcinogens." The Supplemental Guidance For Assessing Cancer Susceptibility Review Panel Of The EPA Science Advisory Board, March 2004, *available at*:

[https://yosemite.epa.gov/sab/sabproduct.nsf/658FD14F8F94C7E385256F0A006C94E0/\\$File/sab04003.pdf](https://yosemite.epa.gov/sab/sabproduct.nsf/658FD14F8F94C7E385256F0A006C94E0/$File/sab04003.pdf)

(AB 2588) must follow the OEHHA [Office of Environmental Health Hazards Assessment] Guidelines pursuant to Health and Safety Code 44360(b)(2).”⁴

As seen above, SCAQMD guidelines clearly state that projects within SCAQMD jurisdiction must comply with OEHHA guidance when determining a project’s health risk. The 11460 West Gateway Boulevard Project is located in the City of Los Angeles, which is under SCAQMD jurisdiction. As such, the Project’s HRA should have employed OEHHA guidance when conducting its assessment. Similarly, the California Air Resources Control Board (CARB) also states that OEHHA guidance should be used when assessing a proposed project’s health-related impact. Specifically, CARB states,

“The Act [AB 32] requires that toxic air emissions from stationary sources (facilities) be quantified and compiled into an inventory according to criteria and guidelines developed by the ARB, that each facility be prioritized to determine whether a risk assessment must be conducted, that the risk assessments be conducted according to methods developed by the Office of Environmental Health Hazard Assessment (OEHHA), that the public be notified of significant risks posed by nearby facilities, and that emissions which result in a significant risk be reduced.”⁵

As you can see from the excerpt above, CARB guidance reiterates that OEHHA methodology should be used when assessing a project’s health-related impact. By failing to do so, the Air Quality Dynamic’s HRA is inconsistent with requirements set forth by the SCAQMD and CARB.

In February 2015, OEHHA released updated health risk assessment guidelines that require adjustments for early-life exposure to carcinogens in risk calculations for specific age groupings that incorporate several age specific factors in the cancer risk calculations.⁶ By failing to follow guidance set forth by OEHHA, the revised HRA failed to apply correct age sensitivity factors (ASFs) for the 3rd trimester and infant age groups when calculating the Project’s cancer risk. As a result, the potential excess cancer risk posed to 3rd trimester gestations and infants is not accurately represented, and therefore, the HRA prepared by Air Quality Dynamic’s should not be relied upon to determine the significance of the Project’s health-related impacts. Therefore, we maintain that an updated HRA must be prepared in a Project-specific DEIR in order to adequately evaluate the Project’s health-related impacts.

Omission of Age Sensitivity Factors

OEHHA was tasked with developing guidelines for conducting health risk assessments under the Air Toxics Hot Spots Program (Health and Safety Code Section 43360(b)(2)). OEHHA initially developed Technical Support Documents (TSDs) in 1999 and 2000 in response to this statutory requirement. Since 2000, they have revised and adopted TSDs in an effort to present updated methodologies that reflect scientific knowledge and techniques developed since the previous guidelines were prepared; in

⁴ AB 2588 & Rule 1402 Supplemental Guidelines, SCAQMD, p. 1, available at: <http://www.aqmd.gov/docs/default-source/planning/risk-assessment/ab2588-supplemental-guidelines.pdf?sfvrsn=9>

⁵ <https://www.arb.ca.gov/ab2588/overview.htm>

⁶ “Risk Assessment Guidelines: Guidance Manual for Preparation of Health Risk Assessment.” Office of Environmental Health Hazard Assessment, February 2015, available at: http://oehha.ca.gov/air/hot_spots/hotspots2015.html

particular, to explicitly include consideration of possible differential effects on the health of infants, children and other sensitive subpopulations, in accordance with the mandate of the Children’s Environmental Health Protection Act (Senate Bill 25, Escutia, Chapter 731, Statutes of 1999, Health and Safety Code Sections 39669.5 et seq.).⁷

In 2009, OEHHA assessed the impact of cancer potency on age of exposure and concluded that,

“The potency of carcinogens, and thus cancer risk, varies based on the lifestage at exposure... accounting for effects of early-in-life exposure requires accounting for both the increased potency of early in life exposure to carcinogens and the greater exposure on a per kg body weight that occurs early in life due to behavioral and physiological differences between infants and children, and adults”.⁸

The guidance document continues on to explain that “in the absence of chemical-specific data, OEHHA recommends a default ASF of 10 for the third trimester to age 2 years, and an ASF of 3 for ages 2 through 15 years to account for potential increased sensitivity to carcinogens during childhood.”⁹ To address this issue, OEHHA released updated risk exposure guidelines requiring that Age Sensitivity Factors (ASF) be applied to early life exposures in the absence of chemical-specific data.¹⁰ These factors, as summarized in the table below, were incorporated into OEHHA’s most recent *Risk Assessment Guidelines: Guidance Manual for Preparation of Health Risk Assessments*, which was formally adopted in March of 2015 (see excerpt below).¹¹

Table 8.3 Age Sensitivity Factors by Age Group for Cancer Risk Assessment

Age Group	Age Sensitivity Factor (unitless)
3 rd Trimester	10
0<2 years	10
2<9 years	3
2<16 years	3
16<30 years	1
16-70 years	1

⁷ *Adoption of the Revised Air Toxics Hot Spots Program Technical Support Document for Cancer Potency Factors*, Office of Environmental Health Hazard Assessment, June 1, 2009, available at: <https://oehha.ca.gov/media/downloads/cnr/tdscancerpotency.pdf>
http://www.oehha.ca.gov/air/hot_spots/tsd052909.html

⁸ *Technical Support Document for Exposure Assessment and Stochastic Analysis FINAL*, Office of Environmental Health Hazard Assessment, August 2012, available at: <https://oehha.ca.gov/media/downloads/cnr/tdscancerpotency.pdf>

⁹ *Ibid.*, p. 8-4

¹⁰ *Guidance Manual for Preparation of Health Risk Assessments*, Office of Environmental Health Hazard Assessment, February 2015, available at: <http://oehha.ca.gov/media/downloads/cnr/2015guidancemanual.pdf>

¹¹ “Risk Assessment Guidelines Guidance Manual for Preparation of Health Risk Assessments.” OEHHA, February 2015, available at: <https://oehha.ca.gov/media/downloads/cnr/2015guidancemanual.pdf>

Therefore, to provide an appropriate analysis of the increased sensitivity to carcinogens during early-in-life exposure, ASFs should have been applied to the Project's health risk assessment at the time the analysis was conducted. When estimating exposure and the potential for developing cancer over a lifetime, the use of age bins allows more refined exposure information to be used.¹² OEHHA recommends that the health risk impacts be calculated by each age group and then summed to estimate the potential cancer risk over a lifetime. The method used by the Air Quality Dynamics significantly underestimates the residential lifetime cancer risk, as it fails to individually assess the 3rd trimester and infant cancer risk, and therefore provides an inaccurate and underestimated depiction of the cancer risk posed to nearby residential and school children receptors. As such, prior to certification of the Project, an updated health risk assessment should be prepared to include these updated values.

Incorrect Exposure Frequency Used in Residential Cancer Risk Calculations

Air Quality Dynamic's HRA discusses the assumptions and values used to determine the health risk posed to residential sensitive receptors. The Exposure Frequency (EF) used in the HRA calculations to determine the excess cancer risk to a residential receptor for the third trimester and infants ($0 < 2$), was 260 days per year (days/yr) (p. 5). Using these EF values, Air Quality Dynamics determines that construction of the Project would result in an excess cancer risk of 10 in one million for a residential receptor at Residence 1 and an excess cancer risk of 7.7 in one million for the residential receptor at Residence 2 (Table 3, p. 7). The HRA concludes that because neither of the residential cancer risk calculations exceed the SCAQMD's threshold of 10 in one million, the Project would result in a less than significant impact (p. 7). This conclusion, however, is entirely incorrect, as it based on a flawed analysis and fails to follow guidance set forth by OEHHA, and the SCAQMD, the lead air pollution agency for the proposed Project. As a result, we find the HRA's conclusion regarding the significance of the Project's construction-related health risk to be incorrect and unreliable.

The HRA fails to provide any explanation or details as to how an EF of 260 days/yr was derived; however, regardless of how this value was determined, an EF of 260 days/yr is incorrect and inconsistent with OEHHA and SCAQMD guidance. According to OEHHA's 2012 *Hot Spots Exposure* report, "a reasonable maximum exposure (RME) frequency for a residential scenario is 350 days/ year for both adults and children."¹³ Furthermore, in its 2015 *Risk Assessment Procedures for Rule 1401, 1401.1, and 212* report, the SCAQMD notes OEHHA's EF recommendation of 350 days/yr, and subsequently uses this value in all of its health risk calculations throughout the report.¹⁴ Thus, per SCAQMD and OEHHA guidelines, Air Quality Dynamic's HRA should have utilized an EF value of 350 days/yr for the third trimester and infant sensitive receptors in order to accurately estimate the excess cancer risk posed by the Project. As a result of the HRA's use of a substantially underestimated EF value, we find the Air Quality Dynamic's

¹² "Risk Management Guidance for Stationary Sources of Air Toxics Discussion Draft." ARB and CAPCOA, May 27, 2015, available at: https://www.arb.ca.gov/toxics/rma/rma_guidancedraft052715.pdf, p. 12

¹³ OEHHA 2012 *Hot Spots Exposure*, Chapter 6 *Dermal Exposure*, p. 6-22, available at: <https://oehha.ca.gov/media/downloads/crn/chapter62012.pdf>

¹⁴ SCAQMD *Risk Assessment Procedures for Rule 1401, 1401.1, and 212*, p. 13, available at: <http://www.aqmd.gov/docs/default-source/planning/risk-assessment/riskassprociune15.pdf?sfvrsn=2>

determination of a less than significant construction-related health risk impact to be incorrect and should not be relied upon to determine Project significance.

Failure to Evaluate Operational Diesel Particulate Matter Emissions

In our August 18 letter we found that the IS/MND failed to evaluate the health risk posed to nearby sensitive receptors from exposure to DPM emissions generated during Project operation, which is a known human carcinogen and identified as a toxic air contaminant (TAC). In response, Air Quality Dynamics prepared an HRA for the proposed Project that only evaluated construction-related DPM emissions, rather than construction and operational emissions. The HRA states,

“For operational emissions, CalEEMod model estimates are associated with area, energy and mobile sources. On-site area source emissions include hearths and landscape maintenance equipment. Energy related emissions are associated with natural gas and electricity consumption. On-road mobile sources include running and start emissions. In consideration of these source categories, DPM emissions are only associated with a portion of the mobile source profile whereby the predominant source of emissions related to vehicle miles traveled to and from the project site. Although a portion of start emissions are generated on-site, they are associated with gasoline fueled vehicles not diesel vehicles. To assume that these sources generate on-site DPM emissions is inconsistent with the CalEEMod operational profile. As such, exhaust emissions associated with operational sources were not considered in the refined health risk assessment” (p. 2-3).

This reasoning, however, as to why the HRA failed to evaluate the Project’s operational emissions is entirely incorrect and unsubstantiated. First, according to Appendix A of the CalEEMod User’s Guide, operational mobile emissions are associated with on-road mobile sources and account for several sources of emissions. The CalEEMod User’s Guide states,

“CalEEMod calculates the emissions associated with on-road mobile sources. These are associated with residents, workers, customers, and delivery vehicles visiting the land use types in the project. The emissions associated with on-road mobile sources includes running and starting exhaust emissions, evaporative emissions, brake and tire wear, and fugitive dust from paved and unpaved roads. Starting and evaporative emissions are associated with the number of starts or time between vehicle uses and the assumptions used in determining these values are described below. All of the other emissions are dependent on vehicle miles traveled (VMT)”.¹⁵

Therefore, the HRA’s assertion that “DPM emissions are only associated with a portion of the mobile source profile whereby the predominant source of emissions related to vehicle miles traveled to and from the project site” is unsubstantiated and incorrect. As such, the HRA should have relied upon the PM10 exhaust emissions estimates from the Project’s CalEEMod model and conducted a proper analysis

¹⁵ http://www.agmd.gov/docs/default-source/caleemod/02_appendix-a2016-3-2.pdf?sfvrsn=6

of the Project's operational health risk impact. Second, as stated in our August 18 letter, the Project Applicant's failure to conduct a proper analysis of the Project's operational health-related impact is not only inconsistent with other analyses conducted for other CEQA projects, but it is also inconsistent with guidance provided by the SCAQMD and OEHHA. Furthermore, it is critical that the Project's operational DPM emissions are adequately evaluated, as there are school children attending the Citizens of the World, The City School, Wonder Years Preschool, and the Arete Preparatory Academy that are located approximately 99, 244, 273, and 295 meters away from the Project site. Additionally, there are several residences, which could be home to small children, that are approximately 10 meters from the Project site. According to OEHHA, "because children's lungs and respiratory systems are still developing, they are more susceptible than healthy adults to fine particles. Exposure to fine particles is associated with increased frequency of childhood illness and can also reduce lung function in children".¹⁶ Therefore, it is imperative that the emissions that will be generated during operation of the proposed Project be assessed, in order to provide a comprehensive analysis of the impacts that the Project poses to the health of nearby families and school children. Until such an analysis is conducted, the Project should not be approved.

Sincerely,



Matt Hagemann, P.G., C.Hg.



Hadley Nolan

¹⁶ <https://oehha.ca.gov/media/downloads/calenviroscreen/indicators/diesel4-02.pdf>