

Brian R. Leahv

Director

Department of Pesticide Regulation



### MEMORANDUM

Edmund G. Brown Jr. Governor

TO:	Shelley DuTeaux, PhD MPH, Chief Human Health Assessment Branch	
FROM:	Pete Lohstroh, PhD, Staff Toxicologist Svetlana Koshlukova, PhD, Senior Toxicologist Risk Assessment Section Human Health Assessment Branch	[original signe [original signe

[original signed by P. Lohstroh] [original signed by S. Koshlukova]

DATE: February 23, 2017

# SUBJECT: EVALUATION OF THE POTENTIAL HUMAN HEALTH EFFECTS FROM DRINKING GROUND WATER CONTAINING DACTHAL (DCPA) DEGRADATES

On February 09, 2017, the Human Health Assessment (HHA) Branch was notified by the Environmental Monitoring Branch that degradates of the herbicide Dacthal (dimethyl tetrachloroterephthalic acid, or DCPA) were recently detected in 3 of 7 wells sampled. Degradates included monomethyl tetrachloroterephthalic acid (MTP; CAS 887-54-7) and tetrachloroterephthalic acid (TPA; CAS 2136-79-0), with ground water concentrations ranging from 0.916 ppb to 101 ppb (average = 41.6 ppb). The Environmental Monitoring Branch requested that HHA determine if there is a health concern for individuals using these wells as a source of drinking water. This memo is in response to that request.

#### **Recommendations:**

- 1. For TPA cases referred to HHA for risk assessment, the US EPA health reference level (HRL) of 70  $\mu$ g/L or ppb will be used to evaluate risk.
- 2. TPA concentrations of 101 ppb in California ground water should be considered a health concern.

#### **Background:**

Per the US EPA Health Effects Support Document for Dacthal Degradates:

"DCPA (*Dacthal*) (Chemical Abstracts Service Registry Number 1861-32-1) is a chlorinated terephthalic acid ester that is used as a pre-emergence herbicide to control annual grasses and some annual broad-leaved weeds. TPA (Chemical Abstracts Service Registry Number 2136-79-0) is the terminal DCPA degradate. It is extremely mobile and persistent in the environment and will leach to ground water wherever DCPA is used, regardless of soil properties. MTP (Chemical Abstracts Service Registry Number 887-54-7) is a minor DCPA metabolite. No data were found on the physical and chemical properties of TPA or MTP. The properties of both compounds have many similarities common with the parent dacthal. Their aqueous solubility is predicted to be higher than dacthal (0.5 mg/L at

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25°C) because one or two of the ester functional groups are replaced by a free acid functional group." (USEPA, 2008(a)).

#### **Summary of Toxicology:**

The toxicology database for TPA is limited. DPR has not conducted a risk assessment for Dacthal or its degradates TPA and MTP. In 2008, the US EPA Office of Water released a Drinking Water Health Advisory for Dacthal, TPA, and MTP (USEPA, 2008(b)). US EPA established a reference dose (RfD) of 0.01 mg/kg/day for DCPA based on a no-observed-adverse-effects-level (NOAEL) of 1 mg/kg/day from a chronic toxicity study using rats and a total uncertainty factor of 100. This RfD was used to calculated a health reference level (HRL) for DCPA of 70  $\mu$ g/L or ppb (USEPA, 2008(c)). The same HRL (70 ppb) was then applied to both TPA and MTP based on the following criteria (USEPA, 2008(c)):

- The toxicological data for TPA and MTP are limited, however, neither TPA nor MTP appear to be more toxic than DCPA. The reference dose (RfD) for DCPA should be protective of the effects for all three compounds.
- Both TPA and MTP result from DCPA metabolism and their toxicity should be "reflected in the observed toxicity of the parent compound."
- No sensitive subpopulations have been identified.

In 2012, the DPR Medical Toxicology Branch updated the toxicological information for TPA and recommended that monitored concentrations of TPA be compared to the HRL of 70 ug/L established for the parent DCPA (Schreider, 2012).

For the evaluation described here, we reviewed the US EPA 2008 health advisory and associated documents for Dacthal, as well as relevant evaluations prepared by other agencies, and reached the following conclusions:

- Since 2012, there are no new toxicity data for TPA to develop TPA-specific reference levels in drinking water.
- The HRL for DCPA uses a NOAEL (1 mg/kg/day), where effects were observed in the lung, liver, kidney, and thyroid of rats at the lowest adverse effect level (LOEL) (10 mg/kg/day) (USEPA, 2008(a)).
- Dacthal was classified as Group C, Possible Human Carcinogen<sup>1</sup> per US EPA 1986 guidelines (USEPA, 1999) based on thyroid tumors in both sexes of rats and liver tumors

<sup>&</sup>lt;sup>1</sup> Group C: "Possible Human Carcinogen"

This group is used for agents with limited evidence of carcinogenicity in animals in the absence of human data. It includes a wide variety of evidence, e.g., (a) a malignant tumor response in a single well-conducted

in female rats and mice (USEPA, 2008(a)). There was inadequate information to assess the carcinogenic potential of TPA.

- Dacthal and TPA are extremely resistant to degradation and persistent in ground water, raising the risk of human exposure (USEPA, 2008(a)).
- The Dacthal HRL is consistent with health advisory level (70 ppb) used for detections in ground water in Michigan, Idaho, and Washington (ATSDR, 2009; Cook, 2014).

#### **Evaluation of the TPA residue:**

As part of this evaluation, we performed deterministic acute and chronic drinking water exposure analyses of concentrations of 101 ppb TPA in ground water. We used the Dietary Exposure Evaluation Model - Food Commodity Intake Database (DEEM-FCID, version 4.02, 5-10c) and the National Health and Nutrition Examination Survey/"What We Eat in America" (NHANES/WWEIA) two-day dietary survey data collected from 2005 to 2010 for the US population and select subgroups. The DCPA NOEL (1 mg/kg/day) was used to calculate the risk in terms of margins of exposure (MOE; ratio of the NOEL and an estimate of human exposure). The target MOE was 100, assuming that humans are 10 times more sensitive than rats and there is a 10-fold variation in the sensitivity of humans. A calculated MOE lower than the target of 100 indicates a potential health concern.

The acute and chronic MOEs at the 95<sup>th</sup> percentile for the US population, women of childbearing age (13 to 50 years old), and children 1 to 12 years old were higher than 100. However, the MOEs were below 100 for acute 95<sup>th</sup>-percentile exposures to all infants (MOEs = 50 to 82) and chronic exposures to non-nursing infants (MOE = 99).

TPA concentrations in California wells were also compared to the US EPA HRL of 70  $\mu$ g/L or ppb. In this case, 101 ppb TPA exceeds the 70 ppb HRL and should be considered a potential health concern. Further, children from 0 to 2 years of age should be considered the most vulnerable subpopulation based on their high rates of water intake (as mL/kg body weight) (OEHHA, 2012).

experiment that does not meet conditions for sufficient evidence, (b) tumor responses of marginal statistical significance in studies having inadequate design or reporting, (c) benign but not malignant tumors with an agent showing no response in a variety of short-term tests for mutagenicity, and (d) responses of marginal statistical significance in a tissue known to have a high or variable background rate. USEPA 1999. Guidelines for Carcinogen Risk Assessment (Review Draft). U.S. Environmental Protection Agency, Risk Assessment Forum, Washington, DC.

#### Conclusions

- 1. Based on our assessment and the approaches used by other agencies, we recommend that TPA detections in California wells be compared to the US EPA HRL of 70  $\mu$ g/L or ppb until sufficient data is available to derive TPA-specific NOELs to evaluate risk to human health.
- 2. The concentration of 101 ppb TPA in ground water should be considered a health concern.

#### References

- ATSDR 2009. Agency for Toxic Substances & Disease Registry: Health Consultation; Dacthal Groundwater Contamination; Coloma Township, Berrien County, Michigan (<u>https://www.atsdr.cdc.gov/HAC/pha/pha.asp?docid=379&pg=1</u>).
- Cook, K. V. 2014. Monomethyl tetrachloroterephthalic acid (MTP) and Tetrachloroterephthalic acid (TPA) Groundwater Occurrence in Washington State. Washington State Department of Agriculture, Natural Resource Assessment Section, Olympia, WA.
- OEHHA 2012. Technical Support Document for Exposure Assessment and Stochastic Analysis; Chapter 8: Water Intake Rates. Office of Environmental Health Hazard Assessment, Sacramento, CA.
- Schreider, J. 2012. Internal Communication: Toxicological Significance of Degradation Prooduct of Dacthal. California Environmental Protection Agency, Department of Pesticide Regulation, Medical Toxicology Branch, Sacramento, CA.
- USEPA 1999. Guidelines for Carcinogen Risk Assessment (Review Draft). U.S. Environmental Protection Agency, Risk Assessment Forum, Washington, DC.
- USEPA 2008(a). Health Effects Support Document For Dacthal Degredates: Tetrachloroterephtalic Acid (TPA) and Monomethyl Tetrachloroterephtalic Acid (MTP). US Environmental Protection Agency, Office of Water, Health and Ecological Criteria Division, Washington. DC.
- USEPA 2008(b). Drinking Water Health Advisory For Dacthal and Dacthal Degredates: Tetrachloroterephtalic Acid (TPA) and Monomethyl Tetrachloroterephtalic Acid (MTP). US Environmental Protection Agency, Health and Ecological Criteria Division, Office of Science and Technology, Office of Water, Washington. DC.
- USEPA 2008(c). Regulatory Determinations Support Document for Selected Contaminants from the Second Drinking Water Contaminant Candidate List (CCL 2); Chapter 4: DCPA Mono- and Di-Acid Degradates. US Environmental Protection Agency, Office of Water, Health and Ecological Criteria Division, Washington, DC.

# Appendices

Appendix 1. DPR TPA Memo (2012) (3 pages)



**Department of Pesticide Regulation** 



## MEMORANDUM

Edmund G. Brown Jr. Governor

- TO: Lisa Ross, Ph.D. Environmental Program Manager Environmental Monitoring Branch
- FROM: Jay Schreider, Ph.D. Senior Toxicologist Medical Toxicology Branch

DATE: January 31, 2012

#### SUBJECT: Toxicological Significance of Degradation Product of Dacthal

Medical Toxicology was asked to update the information in its 1991 memo regarding the toxicological significance of tetrachloroterephthalic acid (TPA), the primary degradation product of dacthal. There are no new TPA toxicology studies on file at DPR or, apparently, with USEPA, so the toxicity information has not changed. However, USEPA has released several relevant evaluations in the intervening years.

In a 2004 Federal Register Notice (**Federal Register** /Vol. 69, No. 161 / Friday, August 20, 2004 /Rules and Regulations), EPA sets tolerances of DCPA and its metabolites on a number of crops. EPA describes the toxicity data on TPA in a table:

Table 2.—TPA (tetrachloroterephthalic acid) Degradate of DCPA Subchronic Toxicity

Guideline No.	Study Type	Results
N/A	30-day Intubation toxicity—rodents (rats)	NOAEL = 500 mg/kg/dayLOAEL = 2,000 mg/kg/day based on soft stools and occult blood in urine.
870.3100	90-day oral toxicity— rodents (rats)	NOAEL $\geq$ 500 mg/kg/day (HDT)
870.3700	Prenatal developmental— rodents (rats)	Maternal NOAEL = 1,250 mg/kg/dayMaternal LOAEL = 2,500 mg/kg/day based on soft stools and salivation Developmental NOAEL $\geq$ 2,500 mg/kg/day (HDT)

These are the same studies as discussed in our 1991 memo and with essentially the same conclusions. Later in the document, EPA discusses the toxicological endpoints for use in risk assessment:

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> Table 4.—Summary of Toxicological Dose and Endpoints for TPA for Use in Human Risk Assessment

Exposure Scenario	Dose Used in Risk Assessment and UFs	Special FQPA SF and Level of Concern for Risk Assessment	Study and Toxicological Effects		
Acute Dietary	An endpoint of concern attributable to a single dose (exposure) was not identified from the available studies. An acute RfD was not established				
•	NOAEL= 500 mg/kg/dayUF = 1,000 Chronic RfD = 0.5 mg/kg/day	Special FQPA SF = 1XcPAD = chronic RfD/Special FQPA SF = 0.5 mg/kg/day	90-day feeding study in ratsNOAEL = 500 mg/kg/day (HDT)		
Cancer (oral, dermal, inhalation)	TPA is not likely to be a carcinogen for humans because no liver and thyroid precursor events occurred after treatment with TPA at very large doses, and because neither TPA nor DCPA are mutagens.				

EPA uses these data to calculate chronic Drinking Water Levels of Concern (DWLOC):

66 6			<b>`</b>	/ <b>1</b>	
Population Subgroup	cPAD mg/kg/day	% cPAD (Food)	Surface Water EEC (ppb)	Ground Water EEC (ppb)	Chronic DWLOC (ppb)
U.S. Population	0.5	0.02	116	192	17,500
All Infants	0.5	0.02	116	192	5,000
Children 1-6	0.5	0.02	116	192	5,000
Females 13 - 50	0.5	0.02	116	192	15,000

Table 9.—Aggregate Risk Assessment for Chronic (Non- Cancer) Exposure to TPA

Elsewhere, EPA uses these same values for short term DWLOC. In addition to the conclusions of our 1991 memo, the TPA DWLOC values (5,000 ppb) can be compared to monitored TPA water levels to evaluate the health concern for the TPA levels.

In Chapter 4 from "Regulatory Determinations Support Document for selected Contaminants from the Second Drinking Water Contaminant Candidate List (CCL2)", (EPA Report 815-R-08-012), released by EPA in 2008, EPA uses a somewhat different approach:

"The present toxicity database for MTP and TPA is not sufficient to derive reference doses (RfDs) for these two chemicals. However, since the available data indicate that neither MTP nor TPA is more toxic than their parent compound, DCPA, the Agency believes that the RfD for the DCPA parent would be protective against exposure from the two DCPA metabolites. Both compounds are formed in the body from the DCPA parent, and therefore the toxicity of the degradates is reflected in the observed toxicity of the parent compound. The RfD of 0.01

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mg/kg/day for DCPA is based on a chronic rat study with a no-observed-adverse-effect level (NOAEL) of 1.0 mg/kg/day, and incorporates an uncertainty factor of 100. Using the DCPA RfD of 0.01 mg/kg/day and a 20 percent screening relative source contribution (RSC), the Agency calculated a health reference level (HRL) of 0.07 mg/L or 70  $\mu$ g/L for DCPA and used this HRL for TPA and MTP. No sensitive subpopulations have been identified. Based on the cancer data for DCPA and evidence that neither TPA nor DCPA is mutagenic, the Agency concludes that TPA is unlikely to pose a cancer risk."

Thus, the monitored TPA could be compared to 70 ug/L, the value that would be used for judging DCPA.

I hope this information is helpful

Appendix 2. Acute Drinking Water Exposure Analysis (11 pages)

Summary calculations--per capita:

	95th Percentile		99th Percentile		99.9th Percentile	
	Exposure	MOE	Exposure	MOE	Exposure	MOE
Total US Populatio	 on:					
	0.005374	186	0.009568	104	0.018171	55
Nursing Infants:						
	0.009920	100	0.015468	64	0.036500	27
Non-Nursing Infant						
	0.019594	51	0.025864	38	0.034348	29
All Infants:						
- 1 12 50	0.018438	54	0.025327	39	0.034379	29
Female 13-50:	0 005000	1.0.0	0 0000040	100	0 011500	0.6
	0.005303	188	0.007743	129	0.011589	86
Children 1-2:	0.007761	128	0.011732	85	0.030279	33
Children 3-5:	0.007761	128	0.011/32	85	0.030279	33
children 3-5.	0.006111	163	0.009314	107	0.015812	63
Children 6-12:	0.000111	103	0.009314	107	0.013012	05
	0.004794	208	0.007957	125	0.013190	75

Summary calculations--users:

	95th Percen Exposure		99th Percen Exposure		99.9th Perce Exposure	ntile MOE		
Total US Population:								
	0.005465	182	0.009672	103	0.018425	54		
Nursing Infants:								
	0.012126	82	0.021264	47	0.036545	27		
Non-Nursing Infant		5.0	0.005001		0 004055			
All Infants:	0.019651	50	0.025931	38	0.034357	29		
	0.019031	52	0.025566	39	0.034446	29		
Female 13-50:								
	0.005361	186	0.007815	127	0.011609	86		
Children 1-2:	0.007882	126	0.011759	85	0.030423	32		
Children 3-5:	0.006276	159	0.009734	102	0.016827	59		
Children 6-12:	0.004927	202	0.008015	124	0.013229	75		

Total US Population	Daily Exposure Analysis (mg/kg body-weight/day) per Capita per User		
Mean	0.002041	0.002134	
Standard Deviation	0.001971	0.001965	
Standard Error of mean	0.00009	0.00009	
Margin of Exposure 2/	490	468	

Percent of Person-Days that are User-Days = 95.62%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000426	2,349	90.00	0.004207	237
20.00	0.000742	1,347	95.00	0.005465	182
30.00	0.001038	963	97.50	0.007063	141
40.00	0.001342	745	99.00	0.009672	103
50.00	0.001665	600	99.50	0.011808	84
60.00	0.002042	489	99.75	0.014588	68
70.00	0.002505	399	99.90	0.018425	54
80.00	0.003117	320			

Estimated percentile of per-capita days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000260	3,846	90.00	0.004141	241
20.00	0.000632	1,582	95.00	0.005374	186
30.00	0.000938	1,065	97.50	0.006969	143
40.00	0.001259	794	99.00	0.009568	104
50.00	0.001590	628	99.50	0.011720	85
60.00	0.001970	507	99.75	0.014452	69
70.00	0.002435	410	99.90	0.018171	55
80.00	0.003048	328			

a/ Analysis based on all two-day participant records in NHANES 2005-2010 2-Day

with 2 days of valid drinking water records.

2/ Margin of Exposure = NOEL/ Dietary Exposure.

Nursing Infants	Daily Exposure Analysis (mg/kg body-weight/day)		
	per Capita	per User	
Mean	0.002321	0.004047	
Standard Deviation	0.003838	0.004324	
Standard Error of mean	0.000141	0.000197	
Margin of Exposure	430	247	

Percent of Person-Days that are User-Days = 57.37%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000281	3,562	90.00	0.009395	106
20.00	0.000792	1,262	95.00	0.012126	82
30.00	0.001343	744	97.50	0.014118	70
40.00	0.001896	527	99.00	0.021264	47
50.00	0.002558	390	99.50	0.024303	41
60.00	0.003475	287	99.75	0.031309	31
70.00	0.005155	193	99.90	0.036545	27
80.00	0.007104	140			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.00000	>1,000,000	90.00	0.007646	130
20.00	0.00000	>1,000,000	95.00	0.009920	100
30.00	0.00000	>1,000,000	97.50	0.012182	82
40.00	0.00000	>1,000,000	99.00	0.015468	64
50.00	0.000394	2,535	99.50	0.021932	45
60.00	0.001355	737	99.75	0.024380	41
70.00	0.002386	419	99.90	0.036500	27
80.00	0.004085	244			

Non-Nursing Infants	Daily Exposure Analysis (mg/kg body-weight/day)		
	per Capita	<b>.</b> .	
Mean	0.010055	0.010345	
Standard Deviation	0.005533	0.005338	
Standard Error of mean	0.000137	0.000134	
Margin of Exposure	99	96	

Percent of Person-Days that are User-Days = 97.20%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.003877	257	90.00	0.017255	57
20.00	0.005986	167	95.00	0.019651	50
30.00	0.007524	132	97.50	0.022545	44
40.00	0.008839	113	99.00	0.025931	38
50.00	0.009807	101	99.50	0.029643	33
60.00	0.010984	91	99.75	0.030292	33
70.00	0.012464	80	99.90	0.034357	29
80.00	0.014293	69			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.002917	342	90.00	0.017178	58
20.00	0.005557	179	95.00	0.019594	51
30.00	0.007235	138	97.50	0.022208	45
40.00	0.008668	115	99.00	0.025864	38
50.00	0.009617	103	99.50	0.029623	33
60.00	0.010851	92	99.75	0.030213	33
70.00	0.012317	81	99.90	0.034348	29
80.00	0.014161	70			

All Infants	Daily Exposure Analysis (mg/kg body-weight/day)		
	per Capita	per User	
Mean	0.007623	0.009003	
Standard Deviation	0.006206	0.005750	
Standard Error of mean	n 0.000127	0.000126	
Margin of Exposure	131	111	

Percent of Person-Days that are User-Days = 84.67%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.001537	650	90.00	0.016579	60
20.00	0.003463	288	95.00	0.019031	52
30.00	0.005681	176	97.50	0.021728	46
40.00	0.007339	136	99.00	0.025566	39
50.00	0.008824	113	99.50	0.029590	33
60.00	0.010013	99	99.75	0.031235	32
70.00	0.011534	86	99.90	0.034446	29
80.00	0.013252	75			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.00000	>1,000,000	90.00	0.015790	63
20.00	0.000827	1,208	95.00	0.018438	54
30.00	0.002850	350	97.50	0.020900	47
40.00	0.005538	180	99.00	0.025327	39
50.00	0.007493	133	99.50	0.029432	33
60.00	0.009064	110	99.75	0.029996	33
70.00	0.010566	94	99.90	0.034379	29
80.00	0.012600	79			

Female 13-50	Daily Exposure Analysis		
	(mg/kg body-weight/day)		
	per Capita	per User	
Mean	0.002003	0.002094	
Standard Deviation	0.001720	0.001704	
Standard Error of mean	0.000016	0.000016	
Margin of Exposure	499	477	

Percent of Person-Days that are User-Days = 95.68%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000401	2,496	90.00	0.004305	232
20.00	0.000722	1,384	95.00	0.005361	186
30.00	0.001004	995	97.50	0.006483	154
40.00	0.001334	749	99.00	0.007815	127
50.00	0.001674	597	99.50	0.008988	111
60.00	0.002074	482	99.75	0.009766	102
70.00	0.002573	388	99.90	0.011609	86
80.00	0.003231	309			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000234	4,267	90.00	0.004232	236
20.00	0.000613	1,630	95.00	0.005303	188
30.00	0.000908	1,101	97.50	0.006447	155
40.00	0.001249	800	99.00	0.007743	129
50.00	0.001589	629	99.50	0.008753	114
60.00	0.001994	501	99.75	0.009688	103
70.00	0.002503	399	99.90	0.011589	86
80.00	0.003157	316			

Children 1-2	Daily Exposure Analysis (mg/kg body-weight/day)		
	per Capita	per User	
Mean	0.002806	0.002996	
Standard Deviation	0.002697	0.002683	
Standard Error of mean	0.000050	0.000051	
Margin of Exposure	356	333	

Percent of Person-Days that are User-Days = 93.69%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000522	1,914	90.00	0.006153	162
20.00	0.000971	1,029	95.00	0.007882	126
30.00	0.001404	712	97.50	0.009607	104
40.00	0.001851	540	99.00	0.011759	85
50.00	0.002343	426	99.50	0.013122	76
60.00	0.002860	349	99.75	0.017928	55
70.00	0.003591	278	99.90	0.030423	32
80.00	0.004662	214			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000196	5,111	90.00	0.006005	166
20.00	0.000719	1,390	95.00	0.007761	128
30.00	0.001212	825	97.50	0.009427	106
40.00	0.001656	603	99.00	0.011732	85
50.00	0.002177	459	99.50	0.012819	78
60.00	0.002709	369	99.75	0.017887	55
70.00	0.003439	290	99.90	0.030279	33
80.00	0.004560	219			

Children 3-5	Daily Exposure Analysis (mg/kg body-weight/day)			
	per Capita			
	per capita	per user		
Mean	0.002284	0.002436		
Standard Deviation	0.002060	0.002038		
Standard Error of mean	0.000039	0.000039		
Margin of Exposure	437	410		

Percent of Person-Days that are User-Days = 93.74%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000444	2,253	90.00	0.004923	203
20.00	0.000808	1,237	95.00	0.006276	159
30.00	0.001170	854	97.50	0.007653	130
40.00	0.001547	646	99.00	0.009734	102
50.00	0.001985	503	99.50	0.011587	86
60.00	0.002456	407	99.75	0.014485	69
70.00	0.002945	339	99.90	0.016827	59
80.00	0.003724	268			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000172	5,815	90.00	0.004830	207
20.00	0.000642	1,557	95.00	0.006111	163
30.00	0.001034	967	97.50	0.007444	134
40.00	0.001393	717	99.00	0.009314	107
50.00	0.001826	547	99.50	0.011362	88
60.00	0.002321	430	99.75	0.013584	73
70.00	0.002842	351	99.90	0.015812	63
80.00	0.003593	278			

Children 6-12	Daily Exposure Analysis (mg/kg body-weight/day)		
	per Capita	per User	
Mean	0.001698	0.001839	
Standard Deviation	0.001698	0.001692	
Standard Error of mean	0.000021	0.000021	
Margin of Exposure	588	543	

Percent of Person-Days that are User-Days = 92.34%

Estimated percentile of user-days falling below calculated exposure in mg/kg body-wt/day with Margin of Exposure (MOE)

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000304	3,293	90.00	0.003748	266
20.00	0.000573	1,746	95.00	0.004927	202
30.00	0.000829	1,206	97.50	0.006362	157
40.00	0.001098	910	99.00	0.008015	124
50.00	0.001409	709	99.50	0.009651	103
60.00	0.001753	570	99.75	0.011122	89
70.00	0.002222	450	99.90	0.013229	75
80.00	0.002800	357			

Percentile	Exposure	MOE	Percentile	Exposure	MOE
10.00	0.000069	14,537	90.00	0.003597	277
20.00	0.000398	2,513	95.00	0.004794	208
30.00	0.000679	1,472	97.50	0.006117	163
40.00	0.000960	1,042	99.00	0.007957	125
50.00	0.001274	784	99.50	0.009566	104
60.00	0.001639	610	99.75	0.011056	90
70.00	0.002086	479	99.90	0.013190	75
80.00	0.002673	374			

Ver. 4.02, 05-10-c

DEEM-FCID Acute analysis for Residue file name: H:\plohstroh\Documents\Memos\TPA 09 Feb 17\DEEM Files\TPA Water 14 Feb 17.R10 Analysis Date 02-23-2017 Residue file dated: 02-14-2017/13:27:28

EPA Code	Crop Grp	Food Name	Def Res (ppm)	Adj. Fa #1	actors #2	Comment
		Water, direct, all sources Water, indirect, all sources	0.101000 0.101000		1.000	

Appendix 3. Chronic Drinking Water Exposure Analysis (2 pages)

Evaluation Copy Ver. 4.02, 05-10-c DEEM-FCID Chronic analysis for NHANES 2005-2010 2-day Residue file name: H:\plohstroh\Documents\Memos\TPA 09 Feb 17\DEEM Files\TPA Water 14 Feb 17.R10 Adjustment factor #2 NOT used. Analysis Date 02-14-2017/13:31:34 Residue file dated: 02-14-2017/13:27:28 NOEL (Chronic) = 1 mg/kg bw/day

Total exposure by population subgroup


	Total Exposure			
Population Subgroup	mg/kg body wt/day	Percent of NOEL		
Total US Population	0.002041	0.20%	490	
Hispanic	0.001991	0.20%	502	
Non-Hisp-White	0.002093	0.21%	478	
Non-Hisp-Black	0.001640	0.16%	610	
Non-Hisp-Other	0.002399	0.24%	417	
Nursing Infants	0.002321	0.23%	431	
Non-Nursing Infants	0.010055	1.01%	99	
Female 13+ PREG	0.002127	0.21%	470	
Children 1-6	0.002447	0.24%	409	
Children 7-12	0.001618	0.16%	618	
Male 13-19	0.001341	0.13%	746	
Female 13-19/NP	0.001531	0.15%	653	
Male 20+	0.001895	0.19%	528	
Female 20+/NP	0.002099	0.21%	476	
Seniors 55+	0.001909	0.19%	524	
All Infants	0.007623	0.76%	131	
Female 13-50	0.002003	0.20%	499	
Children 1-2	0.002806	0.28%	356	
Children 3-5	0.002284	0.23%	438	
Children 6-12	0.001698	0.17%	589	
Youth 13-19	0.001439	0.14%	695	
Adults 20-49	0.002027	0.20%	493	
Adults 50-99	0.001972	0.20%	507	
Female 13-49	0.001993	0.20%	502	

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Evaluation Copy DEEM-FCID Chronic analysis for Residue file: H:\plohstroh\Documents\Memos\TPA 09 Feb 17\DEEM Files\TPA Water 14 Feb 17.R10 Adjust. #2 NOT used Phalvais Date 02-23-2017 Residue file dated: 02-14-2017/13:27:28

Food	Crop			Residue	Adj.Fa	actors
EPA Code	Grp	Food	Name	(mqq)	<b>#1</b>	#2
8601000000	86A	Water	direct, all sources	0.101000	1.000	1.000
860200000	86B	Water	, indirect, all sources	0.101000	1.000	1.000