**OLS**
**CAG**

Omaha Lead Site
Community Advisory Group
P.O. Box 12301
Omaha, NE 68112



August 14, 2006

Mr. Bob Feild
U.S. EPA, Region VII
901 North 5th Street
Kansas City, Kansas 66101-2907

RE: Request for an Explanation of Significant of Differences for the Omaha Lead Site Interim Record of Decision

Dear Mr. Feild,

The Omaha Lead Site Community Advisory Group formally requests EPA's consideration of an Explanation of Significant Differences for the Omaha Lead Site Interim Record of Decision (IROD). In light of new information researched and developed by the Community Advisory Group Education Committee, it has become apparent that the budget allocated in the IROD for education and outreach of approximately $130,000 per year for three years is inadequate to meet the needs of the OLS and effectively implement this portion of the selected remedy.

The Education Committee's request to increase the education budget does not fundamentally alter the overall approach of the remedy selected in the IROD. The IROD recognizes the importance of education and includes specific educational elements; however, at the time it was issued in December 2004, an educational program had not been developed and not enough information had been gathered regarding educational strategies, objectives, and implementation to determine an adequate level of funding.

In the *Superfund Lead-Contaminated Residential Sites Handbook* (EPA, August 2003), it is acknowledged that EPA has had success in health education activities at several sites because the programs were tailored specifically for the site. At the time the IROD was issued, a tailored plan had not been developed for the OLS. Since this time, the Education Committee has worked diligently (with participation by EPA and ATSDR) to develop a comprehensive educational plan that will be adequate in reaching a community of the size and complexity of the OLS.

Significant new information identified by the committee that affects implementation of the IROD and warrants reassessment of the budget is summarized as follows:

1. **A plan for education and outreach has been developed for the OLS.**

   Until recently, a formalized plan and budget for education and outreach activities did not exist for the OLS. The budget estimate for education included in the EPA IROD appears to have been arbitrarily selected and was not based on any specific activities or objectives. Since this time, the CAG Education Committee has developed a tangible educational plan with specific education strategies and has identified the required implementation steps and budget needed to accomplish the objectives.

The committee has prioritized the educational activities in the plan based on results of past and ongoing education and outreach activities and has developed an estimated budget of $711,000 per year (see Table 1). This budget was prepared based on the expertise, knowledge, and experience of lead educators in the community and information gathered from other successful lead education programs.

Further support for the conclusion that the IROD education budget is inadequate is the fact that the budget is not sufficient to even continue current outreach activities recognized by EPA as being effective. Specifically, EPA currently funds the Douglas County Health Department approximately $160,000 per year from pipeline money (money separate from implementation dollars for the IROD) for community health outreach workers to educate the public on lead exposures. Results of the first year of this program indicate that the outreach efforts are successful in changing behaviors and this is a necessary program. The IROD education budget is not sufficient to continue funding this activity at the current level, even if this were the only education activity funded.

2. **Current information indicates that remedial actions will take ten or more years to complete.**

In recent statements, EPA has indicated that yard remediations could continue for another ten years. This will result in lead exposures to two more generations of children unless a substantial educational program is implemented. Health education and lead hazard awareness are viable and effective means of reducing risk and must be funded accordingly. Successful lead education programs are well documented (see Attachment 1) and are a proven means of reducing exposure. Without an appropriately funded education component, exposures will continue, unmitigated, throughout the implementation period.

In addition, actions to address properties at a lower risk (those that are below EPA's interim action level) may not commence for several more years. In the interim period, increased funding for education will help to reduce exposure from all lead sources at these properties.

3. **Recent research indicates that education is more effective in reducing children's lead levels than one-time high efficiency interior cleaning.**

There is a consensus among local lead experts that one-time high efficiency interior cleaning is not an effective means of reducing blood lead levels. Reid Steinkraus of the Douglas County Health Department has stated that, "Studies have shown that one time dust cleaning projects in houses where lead based paint hazards exist are ineffective in reducing blood lead levels of children residing in them. Families must be educated on the need for paint stabilization (interim control methods), maintenance of painted surfaces, and routine whole house cleaning to reduce blood lead levels". In addition, according to Dr. John Walburn, Professor of Pediatrics and Program Director for the Creighton-Nebraska Joint Pediatric Residency Program, "the medical literature is clear about the lack of benefit of one-time housing cleaning on children's lead levels". (See supporting studies summarized in Attachment 2.)

Based on these statements and a review of the referenced studies, it seems apparent that providing residents with cleaning supplies (e.g. mops, buckets, rags, cleaning products, mats) and education regarding cleaning methods will reduce dust levels for a longer period of time than a one-time cleaning. As such, dollars that have been budgeted for the one-time high-

efficiency cleaning (the IROD budget includes $1.4 million for one-time cleanings at a cost of $500 per home) should be reallocated to the health education program for a greater impact on reducing risk.

The CAG is confident that the OLS remedy will be more protective of human health with the proposed increase to the education component of the IROD budget. Attached is text recommended by the CAG for EPA's consideration in developing an ESD for the OLS. If you have any questions, please contact me at (402) 344-7797.

Sincerely,

Brenda Council
Facilitator

# TABLE 1

## REQUESTED BUDGET FOR HIGH PRIORITY EDUCATION ACTIVITIES

| Priority | Component | Annual Cost | Maintenance Cost | Implementing Agency | Interim ROD Reference |
|---|---|---|---|---|---|
| ***Health Education*** *EPA's IROD describes the need for, "an active educational program... conducted in cooperation with interested individuals, agencies, and organizations" including the CAG Education Committee and various other local entities. The IROD lists educational activities, but states that the list is "not an exhaustive list," implying that other appropriate educational activities may be conducted.--pgs. 35-36* | | | | | |
| **High** | **Educational materials** | $20,000 | --- | Various governmental agencies and community groups | "Distribution of prevention information and literature"--pg. 36 |
| **High** | **Traveling display** | Already Purchased | $1,000 | Douglas County Health Department | "Equipment may be purchased to support these educational outreach activities…"--pg. 36 |
| **High** | **Public service announcements (Spanish)** | $10,000 | --- | Chicano Awareness Center | "Distribution of prevention information and literature"--pg. 36 |
| **High** | **Outreach workers** | $75,000<br>$75,000<br>$75,000<br>$75,000<br>$75,000<br>$75,000<br>$150,000 | --- | 1. Lead Safe Omaha Coalition<br>2. Chicano Awareness Center<br>3. OneWorld Community Health Center<br>4. Charles Drew Health Center<br>5. UNMC Pediatrics<br>6. Creighton Pediatrics<br>7. DCHD (assuming future funding is not avail for current outreach workers) | "Distribution of prevention information and literature"--pg. 36<br>"Extensive community-wide blood-lead monitoring"--pg. 36<br>"In-home assessments for children identified with elevated blood-lead concentrations"--pg.36 |
| **High** | **Promotional items** | $20,000 | --- | Various governmental agencies and community groups (includes growth charts from Douglas/Sarpy County Extension in Spanish and English) | "Distribution of prevention information and literature"--pg. 36 |
| **High** | **Passport booklets (for newborns)** | $10,000 | --- | Nebraska Health and Human Services | "Distribution of prevention information and literature"--pg. 36 |
| **High** | **Training for physicians** | $50,000 | --- | To be determined | "Physicians' education for diagnosis, treatment, and surveillance of lead exposure"--pg. 36 |
| **Subtotals** | | $710,000 | $1,000 | | |
| **TOTAL** | | **$711,000** | | | |

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engineers

## ATTACHMENT 1
## Effectiveness of Education at Reducing Childhood Blood Lead Levels

This attachment summarizes results of studies evaluating the effectiveness of various lead educational programs implemented in different communities. The educational programs evaluated in these studies showed documented success in effecting behaviors and reducing blood lead levels.

### Rochester, New York

**Title:** A Randomized Trial of Education to Prevent Lead Burden in Children at High Risk for Lead Exposure: Efficacy as Measured by Blood Lead Monitoring

**Authors:** Catherine M. Jordan, Becky L. Yust, Leslie L. Robison, Peter Hannan, and Amos S. Deinard

**Journal:** Environmental Health Perspectives: Volume 111, Number 16, December 2003

**Purpose of Study:**
Under a controlled trial, determine effectiveness of a community-based, culture-specific, intensive peer education aimed at preventing lead burden in children within a neighborhood with high risk for lead exposure.

- Peer education in this study emphasized dust control through household cleaning, hygiene such as hand washing, nutrition, and behavior changes such as removing shoes at the door and letting the water run.

- Unique and positive features of this study include ethnic diversity of the participants, use of education as a primary rather than secondary prevention approach, implementation of an ethnically matched peer teacher model, intensive education with frequent follow-up, repeated blood lead monitoring, measurements of house lead contamination, knowledge of participants, and blood lead levels in a single study, and a firm grounding in a community-based collaborative research model.

**Outcome of Study:**
Participants in the intervention group had a reduced risk of an elevated blood lead level by 34% compared to the control group.

**San Francisco, California**

**Title:** Lead-Hazard Education Efforts Better Left to Community-Based Groups

**Author:** Neil Gendel

**Purpose of Study:**
Show that the current model being used to educate parents about protecting their children from lead poisoning has not and will not be successful unless significant changes are made. The reasons the model has failed are as follows:

- Education materials created by national agencies are too complicated and do not provide useful information about local resources that can respond to parents' needs.
- Materials are not provided in appropriate languages for many of the parents whose children are most likely to be poisoned.
- The government fails to understand that the way in which the message is delivered is just as important as the content of that message.

**Outcome of Study:**
Conclusion of the study is that the solution to this problem is investing money and resources in community-based, social service organizations that already provide services to families and children.

**Illinois**

**Title:** Management of Children with Slightly Elevated Blood Lead Levels

**Authors:** Renate D. Kimbrough, Maurice LeVois, and David Webb

**Journal:** Pediatrics: Volume 93, Number 2, February 1994

**Purpose of Study:**
Determine whether counseling of parents reduced blood lead levels in their young children.

- The mean blood lead level of the 490 children younger than 6 years at the beginning of the study was below the CDC level of concern.
- Poorly performed abatement has actually resulted in an increase in blood lead levels.

**Outcome of Study:**
Documented that education and counseling of the parents and the children is effective in reducing blood lead levels in combination with careful removal of hot spots, such as peeling paint on window sills and porch banisters.

**Milwaukee, Wisconsin**

**Title:** Effect of In-Home Educational Intervention on Children's Blood Lead Levels in Milwaukee

**Authors:** Technical Programs Branch, Chemical Management Division, Office of Pollution Prevention and Toxics, US. Environmental Protection Agency

**Purpose of Study:**
Investigate changes in blood lead levels following outreach interventions using data available from the Milwaukee Health Department.

- Average blood lead levels, adjusted for seasonality and age of the children in the Milwaukee outreach intervention program, were about 21% lower after intervention than before intervention.
- Blood lead levels in the reference group of non-recipients of outreach visits also declined, but by about 6%.
- Total cost of the outreach educational visits were estimated to be in the range of $100 per visit.

**Outcome of Study:**
Results of a retrospective study comparing the study and reference groups indicated that the visits were responsible for a marginal decline of 8% to 23% in blood lead levels.

**St. Louis, Missouri**

**Title:** East St. Louis Educational Intervention Study

**Author:** Copley

**Purpose of Study:**
Determine whether an educational intervention, which provided in-home instruction and identification of problem areas, could be successful in reducing household dust-lead levels in a low socio-economic status, multi-ethnic community.

**Outcome of Study:**
Comparison of lead dust concentrations prior to cleaning and after at least one conventional cleaning effort revealed a 56% decrease in the arithmetic mean dust-lead loading. Twenty-four of the 54 families reported that they had cleaned at least once during the three months using the recommended procedures.

**Minneapolis, Minnesota**

**Title:** A Randomized Trial of the Effect of Dust Control on Children's Blood Lead Levels

**Authors:** Bruce P. Lanphear, Nancy L. Winter, Leslie Apetz, Shirley Eberly, and Michael Weitzman

**Journal:** Pediatrics: Volume 98, Pages 35-40, 1996

**Purpose of Study:**
Determine whether dust control, as performed by families, had an effect on children's blood lead levels and dust lead levels in children's homes.

- Providing families with dust-cleaning supplies and a brief description about preventing lead exposure does not result in a reduction of children's blood lead levels or lead-contaminated house dust among children with blood lead levels of less than 20 ug/dL during a 7-month period.

**Outcome of Study:**
Conclusion of study is that lead hazard intervention can effectively reduce blood lead levels among children with low to mild elevations in blood lead, but, adequate cleanup after any intervention is required.

**Granite City, Illinois**

**Title:** Statement Before the Subcommittee on Investigations and Oversight Committee on Public Works and Transportation, U.S. House of Representatives, June 9, 1992

**Speaker:** Dr. Renate D. Kimbrough, Senior Medical Associate, Institute for Evaluating Health Risks

**Purpose of Study:**
Determine blood lead levels in children living around a defunct smelter in Granite City, Illinois.

- Blood lead testing was conducted four months after home visits and counseling parents showed a pronounced drop in blood lead levels.

**Outcome of Study:**
Most children with blood lead levels above 10 ug/dL dropped below 10 µg/dL four months after intervention (counseling and home visits) occurred.

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## ATTACHMENT 2
## Ineffectiveness of Dust Cleaning in Reducing Blood Lead Levels Without Education

**Title:** An Evaluation of One-Time Professional Cleaning In Homes with Lead-Based Paint Hazards

**Author:** Ellen R. Tohn, Sherry L. Dixon, Jonathan W. Wilson, Warren A. Galke, and C. Scott Clark

**Journal:** Applied Occupational and Environmental Hygiene: Volume 18, Number 2, February 2003

**Purpose of Study:**
Determine the effectiveness of one-time professional cleaning.

**Outcome of Study:**
Although cleaning intervention significantly reduced dust lead loadings on floors, windowsills, and window troughs immediately following the work, reductions in dust lead loading did not persist at six months post-intervention.

**Title:** Primary Prevention of Childhood Lead Exposure: A Randomized Trial of Dust Control

**Authors:** Bruce P. Lanphear, Cynthia Howard, Shirley Eberly, Peggy Auinger, John Kolassa, Michael Weltzman, Stanley J. Schaffer, and Keith Alexander

**Journal:** Pediatrics: Volume 104, Number 4, April 1999

**Purpose of Study:**
Determine the effectiveness of dust control in preventing children's exposure to lead, as measured by blood lead levels, during their peak age of susceptibility.

- At baseline, children's geometric mean blood lead levels were 2.9 ug/dL with no significant differences by group assignment.
- The percentage of children with a 24-month elevated blood lead level varied a maximum of 5% between the intervention and the control groups.

**Outcome of Study:**
Conclusion was reached that dust control, as performed by families and in the absence of lead hazard controls to reduce ongoing contamination from lead-based paint, is not effective in the primary prevention of childhood lead exposure.

# OMAHA LEAD SUPERFUND SITE
# OMAHA, DOUGLAS COUNTY, NEBRASKA
# SUGGESTED LANGUAGE FOR AN EXPLANATION OF SIGNIFICANT DIFFERENCES
# RECORD OF DECISION
# OPERABLE UNIT 1

Introduction and Statement of Purpose

The Omaha Lead Superfund Site ("OLS" or "Site") encompasses approximately 12,800 acres and lies generally within a four-mile radius centered around the downtown area of Omaha, Douglas County, Nebraska. The United States Environmental Protection Agency (EPA) has identified lead emissions from a lead refinery owned and operated by ASARCO, Incorporated and from a lead secondary smelter owned and operated by Aaron Ferer & Sons Co. (Aaron Ferer) from the early 1950s to 1963 and by Gould Electronics, Inc. (Gould) from 1963 to 1982 as the primary sources of industrial lead in soils within the Site. Douglas County Health Department (DCHD), the Agency for Toxic Substances and Disease Registry (ATSDR), and EPA also identify lead-based paint (LBP) as a primary source of lead in soils at the Site and of lead exposures. Leaded gasoline emissions, lead arsenate pesticides, and other industrial sources have also contributed to lead in soils at the Site.

EPA began investigating the Site in 1999. EPA placed the Site on the National Priorities List on April 30, 2003. EPA commenced a Remedial Investigation and Feasibility Study (RI/FS) for the Site on September 30, 2002. The RI was completed and EPA issued its RI Report on June 11, 2004. EPA completed the FS and issued its FS Report on July 9, 2004. Following public notice of, and a public hearing to consider comments on, its Proposed Plan, EPA issued an Interim Record of Decision (Interim ROD) on December 15, 2004. In the Interim ROD EPA selected Alternative 4 at an estimated cost of $77.4 million dollars. EPA determined that the remedy addresses human health risks by remediating residential soils impacted by lead contamination. The major components of the selected remedy were summarized by EPA in the Interim ROD as follows:

- Removal and replacement of residential soils exceeding 800 parts per million (ppm) lead;
- Participation in a comprehensive remedy to address all identified sources of lead exposure at the Site;
- Stabilization of exterior lead-based paint that would impact the long-term protectiveness of the soil replacement;
- Removal of interior dust in instances where contaminated soils contribute to interior lead dust loadings; and
- Health education for the Omaha community.

*See* Interim ROD, "Description of the Selected Remedy," page 3.

The FS proposed $1.1 million dollars be spent on health education over a ten (10) year period. The Proposed Plan did not propose a specific dollar amount for health education. In response to the Proposed Plan, EPA received nine or more comments supporting public health education from Nebraska Department of Environmental Quality (NDEQ), Nebraska Health and Human Services System (NHHSS), Mayor Fahey on behalf of the City of Omaha, DCHD, the Omaha Small Business Network, Inc., Union Pacific Railroad Company, ASARCO, the Omaha Lead Site Community Advisory Group (CAG), and two private citizens. The Interim ROD presents a cost summary table that includes $389,000 for health education. The cost elements were based upon best available information at the time and were described by EPA as an "order-of-magnitude engineering cost estimate that is expected to be accurate within +50 to –30 percent of the actual project cost." Interim ROD, p. 37. EPA recognized that "[c]hanges in the cost elements are likely to occur as a result of new information and data collected during the design and implementation of the remedial alternative." *Id.*

Further, on or about April 18, 2006, in response to written questions from the Senate Environment and Public Works Committee, Regional Administrator Gulliford acknowledged that remediation at the OLS may be on-going for ten or more years and focused on the benefits of health education for the OLS to aid in lead exposure reductions during the pendency of remedy implementation. *See* Regional Administrator Gulliford's Response to Questions from the Senate Environment and Public Works Committee, Questions from Senator Boxer regarding Lead, page 2.

EPA remains committed to effective health education as a means to "protect community members from pre-remediation risks associated with site contaminants that will be addressed during the course of the ongoing cleanup and under a final remedy." Interim ROD, p 28. Accordingly, in view of the community's strong support for increasing the budget for health education, particularly with the potential that ten or more years will be required to implement yard remediations, EPA proposes this Explanation of Significant Differences (ESD) to modify the Interim ROD to increase the amount of money allowed to be expended for health education for the Omaha community.

Section 117 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) requires EPA to publish an ESD when significant but not fundamental changes are proposed to the previously selected site remedy. The National Oil and Hazardous Substances Pollution Contingency Plan (NCP), Section 300.435(c)(2)(1) sets forth the criteria for issuing an ESD and requires that an ESD be published if a remedial action is taken that differs significantly in either scope, performance, or cost from the remedy selected in the ROD. The purpose of this document is to explain the increase in allowed budget for the health education components of the Interim ROD.

The administrative record which contains this ESD and the documentation supporting it is available for public review at the following locations:

1) Omaha Public Library
   W. Dale Clark Main Library
   215 South 15th Street
   Omaha, NE

2) Washington Branch Library
   2816 Ames Avenue
   Omaha, NE

3) South Omaha Library
2202 M. Street
Omaha, NE

4) EPA Region 7 Records Center
901 North 5th Street
Kansas City, KS 66101

Site Description and History

The total area of the OLS is approximately 20 square miles and encompasses the eastern portion of the greater metropolitan area in Omaha, Douglas County, Nebraska. The Site is centered around downtown Omaha, Nebraska, where two former lead processing facilities operated. American Smelting and Refining Company, Inc. (ASARCO) operated a lead refinery at 500 Douglas Street in Omaha, Nebraska for over 120 years. The Aaron Ferer/Gould lead battery recycling plant was located at 555 Farnam Street and operated for 32 years. Both facilities, together with all industrial lead emissions sources in Omaha, Nebraska released lead-containing particulates to the atmosphere from their smokestacks.

DCHD has compiled statistics on the results of blood lead screening of children less than seven years of age for more than 25 years. Though blood lead values from blood lead screening of children living in zip codes located east of 45th Street in Omaha have come down significantly in the last several years, there are still children with blood levels that exceed the 10 micrograms per deciliter (μg/dl) health-based threshold more frequently than children living elsewhere in the county.

In 1998, the Omaha City Council requested assistance from the EPA to address the high frequency of children found with elevated blood lead levels by DCHD. At that time, the EPA began investigating the lead contamination in the Omaha area under the authority of CERCLA. EPA began sampling residential properties and properties that were used to provide licensed child-care services in March 1999. EPA placed the Site on the National Priorities List on April 30, 2003. EPA began the RI/FS for the Site on September 30, 2002 and continued soil sampling of residential Omaha properties during the Site RI. On the basis of sampling data collected during the RI, the focus area of the Site was expanded to include an area of approximately 20 square miles (12,800 acres) bounded by Ames Avenue to the north, L Street to the south, 45th Street to the west, and the Missouri River to the east. The focus area include approximately 37,554 housing units, of which ATSDR has concluded that 63% were build before 1950.[1]

EPA completed the RI on June 11, 2004 and completed the FS on July 9, 2004. On July 16, 2004, EPA released the OLS Proposed Plan for public comment. Public meetings were held on August 10, October 20, October 21, and October 26, 2004. EPA issued the Interim ROD on December 15, 2004. In the Interim ROD EPA selected Alternative 4 at an estimated cost of $77.4 million dollars. EPA determined that the remedy addresses human health risks by remediating residential soils impacted by lead contamination. The major components of the selected remedy were summarized by EPA in the Interim ROD as follows:

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[1] The ATSDR Public Health Assessment for Omaha found that "63% of the housing in the Omaha Lead initial site investigation area was built before 1950, so there is a good chance that a child living in the Omaha Lead initial site investigation area could be exposed to lead from lead-based paint." Public Health Assessment (PHA) for the OLS at page 20, ATSDR, May 2, 2005.

> "Excavation, backfilling, and revegetation of lead-contaminated residential soils in an estimated 5,600 residential-type properties exceeding 800 parts per million (ppm) and properties exceeding 400 ppm considered high child-impact areas or with a residing child exhibiting an elevated blood lead level;
>
> Participation in a comprehensive remedy with other organizations and agencies to characterize and address all identified sources of lead exposure at the site;
>
> Stabilization of exterior lead-based paint that threatens the long-term protectiveness achieved through excavation and replacement of lead-contaminated surface soils;
>
> Removal of interior dust in instances where contaminated soils contribute to interior lead dust loadings;
>
> Health education for the Omaha community and medical professionals to support public awareness, exposure prevention programs, in-home assessments, blood-lead screening programs, and diagnosis, treatment, and surveillance programs."

Interim ROD, "Description of the Selected Remedy," page 3. The Interim ROD provides for several enhancements to the Site cleanup strategy which EPA stated would "potentially enable[ ] the EPA to increase the rate of property remediation beyond the [then] current rate conducted under *removal* authority." Interim ROD at 5. It was generally understood to be EPA's goal to complete yard removal work within three to five years. Interim ROD, pp. 24 and 28.

Description of the Significant Differences and Basis for this ESD

The FS included a detailed discussion of remediation costs, including a proposed $1.1 million dollars be spent on health education over a ten (10) year period. The Proposed Plan did not propose a specific dollar amount for health education. The Interim ROD presented a cost summary table that includes $389,000 for health education. The cost elements were based upon best available information at the time and were specifically identified as an "order-of-magnitude engineering cost estimate that is expected to be accurate within +50 to –30 percent of the actual project cost." Interim ROD, p. 37. EPA recognized that "[c]hanges in the cost elements are likely to occur as a result of new information and data collected during the design and implementation of the remedial alternative." *Id.*

This has been the case that additional information has been obtained during the course of Interim ROD implementation. Community members have worked very diligently to assist EPA in refining health education costs.

*Education Costs*

In response to the Proposed Plan, EPA received at least nine comments supporting public health education from Nebraska Department of Environmental Quality (NDEQ), Nebraska Health and

Human Services System (NHHSS), Mayor Fahey on behalf of the City of Omaha, DCHD, the Omaha Small Business Network, Inc., Union Pacific Railroad Company, ASARCO, the Omaha Lead Site Community Advisory Group (CAG), and two private citizens. Comments from the City of Omaha are representative in requesting public health education and inclusion of the following components:

- A public awareness and outreach program designed for the various cultural and ethnic groups within the site to educate the public on the sources of lead (including interior and exterior lead-based paint hazards, interior dust, water, soil contamination, and occupational exposure to lead) and the health risks associated with lead poisoning.

Similarly, NDEQ and NHHSS stated: "As part of our State cost share responsibilities for this site, we prefer that a portion of our cost share pay for cleanup of other sources of lead exposure, that are authorized CERCLA response actions, besides cleanup of lead in residential yard soils. Public health education is also an authorized action used to supplement the other remedial measures." Letter from Mike Linder, Director, NDEQ, and Richard P. Nelson, Director, NHHSS, dated October 29, 2004. In its letter from Marlene Wilken, Ph.D., Chairwoman Douglas County Board of Health, dated September 15, 2004, DCHD requested that the Interim ROD include:

- Public awareness/outreach programs
- Public education/training programs
- Blood lead screening and monitoring programs.

As noted above, private residents also expressed strong support for public education. For example, Danielle Talkington, MPA, a resident of the OLS, stated in her October 14, 2004 comments that "one of the most important factors would be to increase citizen education, involvement, and cooperation. Citizens were reluctant to allow EPA to collect certain types of data on their property. Citizens need to be educated about potential lead problems, e.g. LBP, from within their homes."

The Proposed Plan did not, however, ask for specific budget level recommendations. Consequently, the Interim ROD included $389,000 for health education without significant detail as to the basis or scope for health education activities. This cost estimate was understood at the time to be an order-of-magnitude estimate. EPA remains very committed to health education and has identified it as an important additional risk reduction activity that will "provide further, ongoing risk reduction for [the selected] Alternative[ ]." Interim ROD, p. 22.

Since the Interim ROD was issued in December 2004, the CAG Education Committee has worked very diligently with EPA to develop a more refined cost estimate for health education programs at the site. The CAG Education Committee has identified specific education strategies and objectives and the required implementation steps and budget needed to accomplish the objectives.

Increasing the health education budget will be particularly important in light of EPA's determination that ten or more years may be required for completion of soil replacement. On or about April 18,

2006, in response to written questions from the Senate Environment and Public Works Committee, then Regional Administrator Gulliford presented this information to Congress, acknowledging that remediation at the OLS may be on-going for ten or more years.

EPA representatives reiterated at a June 6 meeting with Lt. Governor Sheehy, NDEQ representatives, the City, DCHD, and CAG and OHKA Board members that yard remediations may continue for another 10 years, resulting in two more generations of LBP exposure unless a robust education program is implemented in the Omaha community to educate the community, medical professionals, parents, landlords, and others about the risks of lead exposures to children from soils and LBP. Indeed, Regional Administrator Gulliford lauded the benefits of health education for the Site to assist in reducing lead exposures during the pendency of remedy implementation, stating to Congress:

> "The remaining properties at a lower risk level will be addressed in subsequent years, relying in the interim on health education and lead hazard awareness to reduce risk.
>
> We are currently funding health education and outreach through the Douglas County Health Department."

Regional Administrator Gulliford's Response to Questions from the Senate Environment and Public Works Committee, Questions from Senator Boxer regarding Lead, page 2.

Accordingly, with the potential that ten or more years may be required to fully implement all soil removals, and in view of EPA's strong commitment to relying on health education and lead hazard awareness in the interim to reduce lead risks, as reflected by Regional Administrator Gulliford's comments to Congress, EPA proposes this Explanation of Significant Differences (ESD) to modify the Interim ROD to increase the amount of money allowed to be expended for health education for the Omaha community.

Accordingly, EPA will increase the Interim ROD budget estimate for health education to $711,000 per year. This increase to the public health education budget does not fundamentally alter the overall approach of the remedy selected in the Interim ROD or to any individual component of the remedy.

Support Agency Comments

NDEQ concurs with the remedy changes in this ESD.

Statutory Determinations

The increase in the budget estimate for the public health education components of the Interim ROD have been made as a result of new information and recent developments subsequent to the issuance of the Interim ROD, including cost estimate refinements and consideration of the period of time that may be required to fully implement the soil remedy and the strong commitment by EPA, NDEQ, and the community to health education. These changes do not fundamentally alter the remedy selected in the Interim ROD. The remedy for the Site will be more protective of human

health and the environment with the proposed budget estimate increase. EPA is the lead agency at the Site, with support provided by the Nebraska Department of Environmental Quality.

Public Participation Activities

EPA and NDEQ have had a number of meetings with the CAG, the Omaha Healthy Kids Alliance, the City of Omaha, DCHD, and other key stakeholders to discuss these proposed changes, which were supported and/or requested by these key stakeholders. A public notice of changes to the remedy will be published in the local Omaha newspaper.

Signature

_____ _____

Region 7 Date

# LETTERS OF SUPPORT

Dave Heineman
Governor

STATE OF NEBRASKA
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September 13, 2006

Mr. John Askew
Regional Administrator
EPA Region VII
901 North 5th Street
Kansas City, KS 66101

Dear Mr. Askew:

As you are aware, the Omaha Lead Site Community Advisory Group has submitted a formal request for an Explanation of Significant Differences for the Omaha Lead Site Interim Action Record of Decision. Specifically, they have requested that the health education budget be increased to $711,000 per year through the remaining years of implementation of the interim action.

The purpose of this letter is to state my strong support, as Governor of the State of Nebraska, to the Advisory Group's request for increasing the health education budget. The state has placed a high priority on education activities, because we view these efforts as an effective means of achieving reductions in the blood lead levels in children living in the area. For this reason, I ask that you give serious consideration to the Omaha Lead Site Community Advisory Group's request.

I would like to commend the EPA for their ongoing efforts in this important cleanup project, and the effective partnership they have fostered with the state and the city of Omaha in the development of an effective plan to reduce children's exposure to lead. Again, we believe education is an essential component in achieving this goal.

I appreciate your consideration of this request.

Sincerely,

Dave Heineman
Governor

STATE OF NEBRASKA

**Dave Heineman**
*Governor*

DEPARTMENT OF ENVIRONMENTAL QUALITY
**Michael J. Linder**
*Director*
Suite 400, The Atrium
1200 'N' Street
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone (402) 471-2186
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website: www.deq.state.ne.us

SEP 13 2006

Mr. John Askew
Regional Administrator
EPA Region VII
901 North 5th Street
Kansas City, KS 66101

RE: State of Nebraska Support of Explanation of Significant Differences
Omaha Lead Site Interim Action Record of Decision

Dear Mr. Askew:

This letter is in regards to the Omaha Lead Site Community Advisory Group's formal request for an Explanation of Significant Differences for the Omaha Lead Site Interim Action Record of Decision. The State of Nebraska supports this request to increase the health education budget to $711,000 per year through the remaining years of implementation of the interim action. We understand that EPA anticipates completing implementation of the interim action during the 2008 construction season.

The State of Nebraska's January 29, 2002 concurrence with listing the site on the National Priorities List was conditioned on assurances by EPA that the required State match could be comprised of in-kind contributions as long as those contributions were for Superfund eligible activities. In addition, we were assured by EPA that Superfund eligible activities in this situation would include health education, blood lead screening, indoor dust remediation and exterior lead-based paint removal as long as all of these actions were part of the selected remedy. The State of Nebraska also indicated its support for a comprehensive approach to addressing all sources of lead exposure at the site in letters dated August 9, 2004, September 15, 2004 and October 29, 2004. In the October 29, 2004 letter, the State indicated a preference that a portion of required State match pay for addressing other sources of lead exposure, that are Superfund eligible activities, besides cleanup of lead in residential yard soils.

On several occasions, the State has indicated its support to use a portion of the State match to fund the health education activities developed by the Omaha Lead Site Community Advisory Group. At the request of the State, high priority education activities have been identified in the health education budget increase. We believe these activities are necessary in order to successfully achieve reductions in elevated blood lead levels in children living in the area of the site.

We appreciate your consideration of this request.

Sincerely,

Mike Linder
Director

Cc: Bob Field, EPA Region VII
Todd Davis, NDEQ Eastern Field Office
Lauren Urban, MFG, Inc.

City of Omaha
Mike Fahey, Mayor

**Office of the Mayor**
1819 Farnam Street, Suite 300
Omaha, Nebraska 68183-0300
(402) 444-5000
FAX: (402) 444-6059

September 5, 2006

Mr. Bob Field
U.S. EPA, Region VII
901 North 5th Street
Kansas City, Kansas 66101-2907

Dear Mr. Field,

I write in support of the Omaha Lead Site Community Advisory Group's (CAG) request of the EPA's consideration of an Explanation of Significant Differences for the Omaha Lead Site Interim Record of Decision (IROD).

The Community Advisory Group has worked hard and remained dedicated to their mission of providing a forum to discuss and resolve technical issues and community concerns relating to the Omaha Lead Site. They are a strong community advocate and provide necessary communication and information for residents regarding the Omaha Lead Site.

One of the most important elements of the IROD is educating our citizens about the dangers associated with lead and how to protect their families. The CAG Education Committee's detailed educational plan and strategies will significantly aid in reaching our community. Unfortunately, the amount budgeted in the IROD is not adequate to reach these education goals. Therefore, I urge you to grant the CAG's request for an Explanation of Significant Differences by increasing the education budget and enabling the community to implement a comprehensive education program.

Thank you for your time and consideration.

Sincerely,

Mike Fahey

DOUGLAS COUNTY Health Department

*Promoting and Protecting Public Health*

1819 Farnam Street, Room 401, Omaha, NE 68183-0401

**Adi M. Pour, Ph.D.**
Health Director
(402) 444-7471

Access Medicaid Program
(402) 595-3870

Business Administration
(402) 444-7216

Child Care Nurse Consultant
(402) 444-6426

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(402) 444-7214

Food and Drink
(402) 444-7480

Health Data
(402) 444-7213

Health Promotion
(402) 444-7475

Lead Prevention Program
(402) 444-7825

Public Health Nursing
(402) 444-6427

Sanitation Control
(402) 444-7481

Sanitary Engineering
(402) 444-7485

Vital Statistics
(402) 444-7204

WIC
(402) 444-1770

**Health Center Location:**
42nd & Woolworth Avenue
Omaha, NE 68105

Immunizations
(402) 444-6163

Dental Services
(402) 444-7349

Laboratory Services
(402) 444-7496

STD Control
(402) 444-7750

Travel Clinic
(402) 444-7207

August 28, 2006

Mr. Bob Feild
US EPA Region VII
901 North 5th Street
Kansas City, Kansas 66101-2907

RE: Request for Explanation of Significant Differences (ESD) for the Omaha Lead Site Interim Record of Decision

Dear Mr. Feild:

The Douglas County Health Department has been a strong partner with US EPA and with all the agencies in Douglas County to ensure that the Omaha Lead Site can be successfully cleaned up in a timely and efficient manner to result in less children being lead poisoned in Douglas County, Nebraska.

Even so progress has been made, it has been slow and tedious and many challenges have been encountered on the way, which leads to re-evaluating the process and determining what improvements can be made. One of the improvements is a stronger educational component at this site. The Douglas County Health Department has been in receipt of grant funds from US EPA for the Omaha Lead Site and has seen what difference those funds can made in providing health education in the affected community. Those funds are however not sufficient for a site of this size and complexity. The Educational Subcommittee, of which the Douglas County Health Department is an active member, has worked on a comprehensive education plan that identified all the necessary components together with an appropriate budget.

The Douglas County Health Department is in full agreement with the Request for Explanation of Significant Differences for the Omaha Lead Site Interim Record of Decision and hopes that the US EPA will look favorably at this request and will issue an ESD to allow funding of educational activities for the Interim Record of Decision. Together, we can make this a successful cleanup that provides a safe environment for our children.

Sincerely,

Adi M. Pour, Ph.D.
Health Director

United States Senate
WASHINGTON, DC 20510–2706

E. BENJAMIN NELSON
NEBRASKA

September 11, 2006

Mr. Bob Field
U.S. EPA, Region VII
901 North 5th Street
Kansas City, KS 66101

Dear Bob:

I am writing in support of the proposal submitted by the Omaha Lead Site Community Advisory Group for an Explanation of Significant Differences (ESD) for the Omaha Lead Site Interim Record of Decision (IROD).

I understand the Community Advisory Group Education Committee research identified insufficient funds in the IROD education budget. I applaud the members of this body who work diligently and are committed to educating the families most at risk of exposure to lead. It is vital that preventative measures be established to reduce the incidence of children with elevated lead levels. If educating families to control their environment creates long term results to reduce risk, than by all means, funding needs to be sufficiently granted.

The future impact on eliminating the risk of families being exposed to lead through the education of this community is great. I strongly urge you to give your full consideration to this application and look forward to a positive response.

Sincerely,

E. Benjamin Nelson
United States Senator

CHUCK HAGEL
NEBRASKA

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# United States Senate

WASHINGTON, DC 20510-2705

FOREIGN RELATIONS
CHAIR, SUBCOMMITTEE ON INTERNATIONAL ECONOMIC POLICY, EXPORT AND TRADE PROMOTION

BANKING, HOUSING, AND URBAN AFFAIRS
CHAIR, SUBCOMMITTEE ON SECURITIES AND INVESTMENT

SELECT COMMITTEE ON INTELLIGENCE

RULES AND ADMINISTRATION

September 11, 2006

Mr. Robert Feild
Project Manager, Omaha Lead Site
U.S. Environmental Protection Agency
901 North 5th Street
Kansas City, KS 66101

Dear Mr. Feild:

I am writing in support of the Omaha Lead Site Community Advisory Group (CAG) request for an increase in funding for health education activities. The Omaha Lead Site is the largest residential Superfund site in the country. The Environmental Protection Agency's allocation of approximately $130,000 per year is not adequate to meet the education needs associated with a cleanup of such large scope.

As you know, education is a vital part of the site remediation. Studies show a reduction in the risk of elevated blood lead levels in people who participate in a health education program. Costs of current outreach activities support the need for a reallocation of funds. I would appreciate EPA's consideration of the CAG's proposal.

Thank you.

Sincerely,

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Nebraska State Legislature

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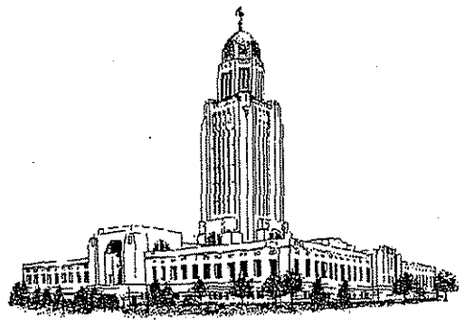

August 25, 2006

Mr. Bob Field
U.S. EPA, Region VII
901 North 5th Street
Kansas City, Kansas 66101-2907

Dear Mr. Feild:

It is my intent in writing you today to support the efforts of the Omaha Lead Site Community Advisory Group (CAG) in seeking an Explanation of Significant Differences (ESD) for the Omaha Lead Site Interim Record of Decision (IROD) to increase funding for educational activities under the IROD.

It has come to my attention that while the IROD contains elements regarding health education as a remedy, there has been no remedial action funds to date for educational activities. Health education and lead hazard awareness are key elements in any effort to reduce risk and must receive proper funding to be present and effective. Successful lead education programs are well documented and are a proven means of reducing exposure.

Without the proper funding of educational components, exposures to residents within the Omaha Lead Site will continue, unabated, throughout the IROD implementation period. Per your comments on August 9, 2006 at the CAG meeting, you anticipate completing the implementation of the IROD during the 2008 construction season. It is within this 2 year window that education and awareness will be one of, if not the most effective tool we have in preventing exposure and protecting the health of our residents.

I strongly urge you to support the efforts of the CAG to increase the educational funding to allow for the implementation of a comprehensive educational plan in the Omaha Lead Site community.

Bob, I appreciate all of your time and work on this lengthy, complex and challenging lead project. Thank you.

Respectfully,

Don Preister

Senator Don Preister
District #5