



## Department of Toxic Substances Control

**Matthew Rodriguez**  
Secretary for  
Environmental Protection

Barbara A. Lee, Director  
8800 Cal Center Drive  
Sacramento, California 95826-3200

**Edmund G. Brown Jr.**  
Governor

April 24, 2015

Randy Potter (Historic Arsenal Park, LLC)  
c/o The Arnold Law Practice, East Bay Office  
3685 Mt. Diablo Boulevard, Suite 331  
Lafayette, California 94549

### COMMENTS ON DRAFT ADDITIONAL AIR SAMPLING REPORT (REPORT) FOR THE HISTORIC ARSENAL PARK AT THE FORMER BENICIA ARMY ARSENAL, BENICIA, CALIFORNIA, FEDERAL FACILITY ID J09CA0756

Dear Mr. Potter:

The Department of Toxic Substances Control (DTSC) has received and reviewed the Report submitted by AEI Consultants on behalf of the Historic Arsenal Park (Site) dated March 13, 2015. The purpose of the Report is to monitor the performance of the mitigation measures put in place at the Site to reduce the concentration of volatile vapors to a level that is protective of human health. This third round of indoor air sampling additionally provides information on the effectiveness of the mitigation measures during the winter season.

The sample results indicate that the mitigation measures continue to reduce the workplace exposure levels from the pre-mitigation conditions. Generally the results of three rounds of indoor air samples indicate that proximity to the known trichloroethene (TCE) groundwater source area correlates with a higher exposure risk. The basement area had the highest risk and the first floors have higher risk than the second floors; some concentrations on the first floor were slightly elevated above the industrial risk screening levels. An effort should be made to increase ventilation within these areas.

Tetrachloroethene (PCE) was detected in indoor air at the east end of B120 (sample IA-17) at a level slightly above industrial risk screening levels but does not match the groundwater sample profile from the 2004 site investigation report on the 50 series complex. An indoor source is possible. The nature of the business there needs to be investigated to see if a source for PCE can be identified. Please provide additional information of the nature of the business at this sample point and report if there is a possible source for PCE. Future indoor air sampling here would be appropriate, unless the anomaly is resolved. Attached is a Building Survey Form from DTSC's Vapor Intrusion Guidance Document that would be useful when conducting indoor air sampling in the future.

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Semi-annual sampling will be required as long as the mitigation measures are needed. The spatial pattern of TCE in indoor air samples suggests that future sampling can be reduced to target known higher risk areas. Please submit a sampling plan for the next event by the end of June 2015.

For as long as the mitigation system is needed, an operational log is necessary to assure that it is running and undergoes routine maintenance. Please establish a daily log to check that the system is and continues to be functional. The log should note any periods of non-operation, maintenance activities, and temporary measures required. Future indoor air reports are to include a section that summarizes the operational history for the most recent period (i.e. since the last air sampling report). Please propose a log sheet form and submit by May 8, 2015 via email for DTSC's concurrence.

The draft Report is acceptable to DTSC. Please submit a final version of the Report with all the field notes attached.

DTSC will prepare a Fact Sheet update as part of the DTSC's community outreach for the Site.

If you have any questions, please contact me at (916) 255-3592 or via email at [martin.herrmann@dtsc.ca.gov](mailto:martin.herrmann@dtsc.ca.gov).

Sincerely,



Martin G. Herrmann, P.E.  
Brownfields and Environmental Restoration Program  
Department of Toxic Substances Control  
8800 Cal Center Drive  
Sacramento, California 95826

Attachment

cc: (By email only)

Mr. James Arnold  
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Mr. Bryan Campbell, P.G., C.H.G.  
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cc: Ms. Alarice R. Hansberry  
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### APPENDIX L - BUILDING SURVEY FORM

Preparer's Name: \_\_\_\_\_ Date/Time Prepared: \_\_\_\_\_  
Affiliation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Occupant Information

Occupant Name: \_\_\_\_\_ Interviewed:  Yes  No  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Owner/Landlord Information (Check if same as occupant )

Occupant Name: \_\_\_\_\_ Interviewed:  Yes  No  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Building Type (Check appropriate boxes)

- Residential  Residential Duplex  Apartment Building  Mobile Home  Commercial (office)  
 Commercial (warehouse)  Industrial  Strip Mall  Split Level  Church  School

#### Building Characteristics

Approximate Building Age (years): \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Approximate Building Area (square feet): \_\_\_\_\_ Number of Elevators: \_\_\_\_\_

#### Foundation Type (Check appropriate boxes)

- Slab-on-Grade  Crawl Space  Basement

#### Basement Characteristics (Check appropriate boxes)

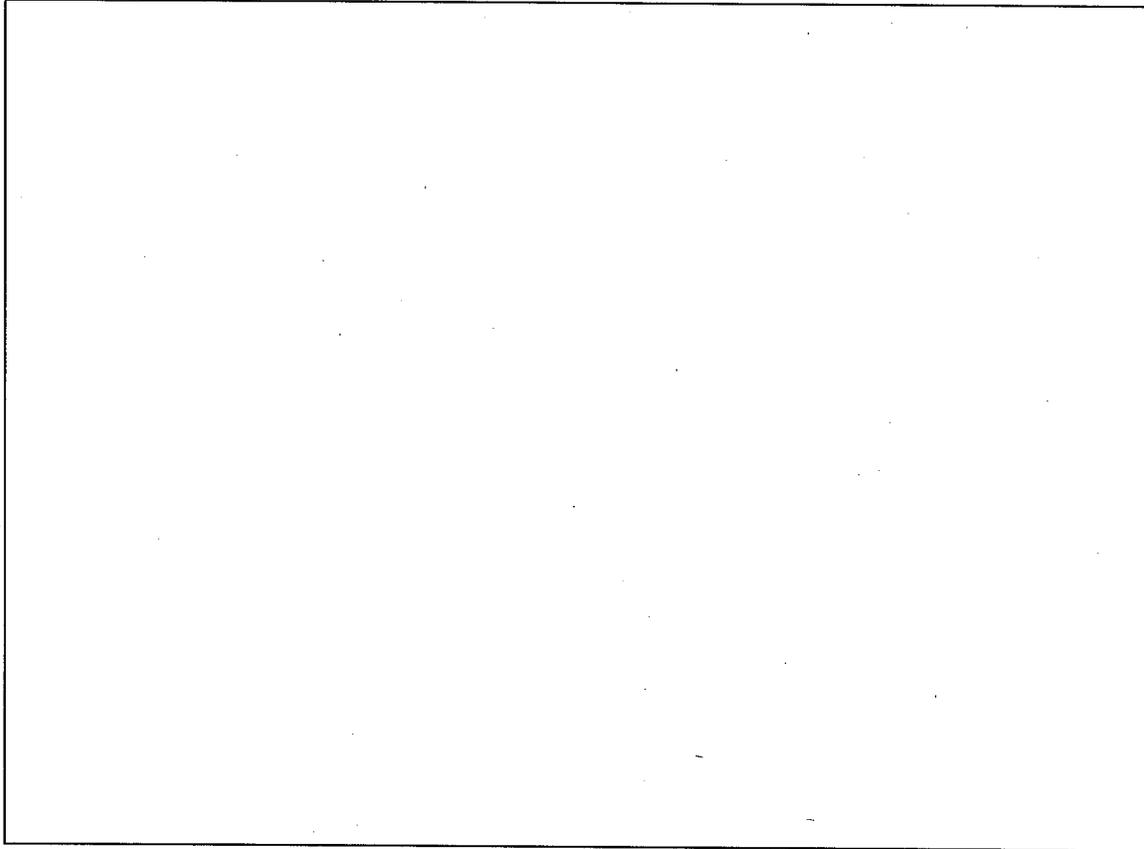
- Dirt Floor  Sealed  Wet Surfaces  Sump Pump  Concrete Cracks  Floor Drains

#### Factors Influencing Indoor Air Quality

Is there an attached garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there smoking in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there new carpet or furniture?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Have clothes or drapes been recently dry cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Has painting or staining been done with the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Has the building been recently remodeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Has the building ever had a fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a hobby or craft area in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Is gun cleaner stored in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fuel oil tank on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a septic tank on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the building been fumigated or sprayed for pests recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Do any building occupants use solvents at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____

### Sampling Locations

Draw the general floor plan of the building and denote locations of sample collection. Indicate locations of doors, windows, indoor air contaminant sources and field instrument readings.



**Primary Type of Energy Used** (Check appropriate boxes)

Natural Gas    Fuel Oil    Propane    Electricity    Wood    Kerosene

### Meteorological Conditions

Describe the general weather conditions during the indoor air sampling event.

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### General Comments

Provide any other information that may be of importance in understanding the indoor air quality of this building.

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