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Site specific risk assessment of an energy-from-waste thermal treatment facility in Durham Region, Ontario, Canada. Part A: Human health risk assessment

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HIGHLIGHTS

- Human health risk assessment was performed for an Energy-From-Waste facility
- Results suggest minimal risks to humans expected at approved operating capacity
- Future expansion may cause slightly elevated risks under upset conditions
- Further risk assessment required if/when future e

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ABSTRACT

The regions of Durham and York in Ontario, Canada have partnered to construct an energy-from-waste thermal treatment facility as part of a long term strategy for the management of their municipal solid waste. This paper presents the results of a comprehensive human health risk assessment for this facility. This assessment was based on extensive sampling of baseline environmental conditions (e.g., collection and analysis of air, soil, water, and biota samples) as well as detailed site specific modeling to predict facility-related emissions of 87 identified contaminants of potential concern. Emissions were estimated for both the approved initial operating design capacity of the facility (140,000 tonnes per year) and for the maximum design capacity (400,000 tonnes per year). For the 140,000 tonnes per year scenario, this assessment indicated that facility-related emissions are unlikely to cause adverse health risks to local residents, farmers, or other receptors (e.g., recreational users). For the 400,000 tonnes per year scenarios, slightly elevated risks were noted with respect to inhalation (hydrogen chloride) and infant consumption of breast milk (dioxins and furans), but only during predicted 'upset conditions' (i.e. facility start-up, shutdown, and loss of air pollution control) that represent unusual and/or transient occurrences. However, current provincial regulations require that additional environmental screening would be mandatory prior to expansion of the facility beyond the initial approved capacity (140,000 tonnes per year). Therefore, the potential risks due to upset conditions for the 400,000 tonnes per year scenario should be more closely investigated if future expansion is pursued.

1. Introduction

The Regions of Durham and York in Ontario, Canada partnered in 2005 to seek a long-term sustainable solution for managing their municipal solid waste. Both Regions have made considerable commitments to decreasing waste production and increasing waste diversion (e.g. through recycling or composting initiatives), but a management strategy is still required for residual waste not diverted through these strategies. Previously, this residual waste was largely exported out of the Regions (primarily to Michigan) for landfill. However, when it was announced that the Michigan border would be closed to municipal waste from Canada as of December 2010, it became imperative to identify a viable waste management alternative.

Abbreviations: CAC, Criteria air contaminant; COPC, Contaminant of potential concern; CR, Concentration ratio; CSF, Cancer slope factor; EA, Environmental assessment; EFW, Energy-from-waste; ERA, Environmental risk assessment; HHRA, Human health risk assessment; HQ, Hazard quotient; ILCR, Incremental lifetime cancer risk; LADD, Lifetime average daily dose; LCR, Lifetime cancer risk; LRASA, Local risk assessment study area; MDL, Method detection limit; RfC, Reference concentration; RfD, Reference dose; TEF, Toxic equivalency factor; TRV, Toxicity reference value; UR, Unit risk.

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Due to public opposition, establishment of a new local landfill was considered unacceptable. In addition, it was recognized that continuing to ship the waste to an external landfill could not provide a stable and secure alternative due to the vulnerability of this option to public policy decisions made by external governments. Therefore, processing and treatment options such as mechanical, biological, and thermal treatment were considered. Through an extensive public consultation process as well as a detailed evaluation of environmental, social and economic considerations, the preferred option was determined to be the construction of an Energy-From-Waste (EFW) thermal treatment plant. Such facilities have the capacity to reduce the volume of waste by >90% while also recovering metals and producing energy that can be sold to offset annual operating costs (Rushton, 2003).

EFW facilities are widespread in Europe and other jurisdictions (Bogner et al., 2008). Research and monitoring programs around these facilities suggest that in light of strict emissions guidelines and modern engineering controls, these facilities are unlikely to be hazardous to human health or the environment (Bordonaba et al., 2011; Cangialosi et al., 2008; Lee et al., 2007; Morselli et al., 2011; Rovira et al., 2010; Schuhmacher and Domingo, 2006). However, a new EFW facility had not been built in Ontario for over 20 years. As part of the approval process for construction of this new facility in Ontario, extensive human health and ecological risk assessments were performed to determine the potential effects of this project on surrounding communities and ecosystems. This paper describes the methods and results of human health risk assessment; the methods and results of the ecological risk assessment are provided in a separate publication (Ollson et al., 2014). These risk assessments formed an important component of the final Environmental Assessment for this project, which was submitted to the Ontario Ministry of the Environment (MOE) in 2009 and received final approval in 2010. On the basis of this approval, the project was permitted to proceed to the construction phase, which was initiated in 2011. Facility start-up is currently projected to occur by the end of 2014.

2. Material and methods

2.1. Scope of the assessment

This risk assessment examined the potential for emissions from the proposed project (i.e., construction, operation, and eventual decommissioning of a modern EFW thermal treatment facility) to pose an unacceptable risk to human health over both short-term and long-term (i.e., after 30 years of operation). Existing conditions at the proposed location for the facility were also assessed in order to provide a baseline for the assessment (Table 1). The entire assessment was carried out following the US EPA human health risk assessment protocol for hazardous waste combustion facilities (US EPA, 2005).

The initial operating design capacity of the proposed facility was 140,000 tonnes per year, with a capacity for expansion to 400,000 tonnes per year within the 30-year planning period. As the expansion of the facility beyond the initial approved capacity of 140,000 tonnes per year would require additional environmental screening under provincial regulations, the present risk assessment focused primarily on the potential risks from the facility with respect to operation at the 140,000 tonnes per year level. However, for comparison purposes, consideration was also given to the potential risks associated with the maximum design capacity of 400,000 tonnes per year.

2.2. Facility description

Facility design information for this assessment was provided by Covanta Energy Corporation, which was selected by the Regions as the preferred vendor for this project. Covanta, the largest provider of thermal treatment services in North America (with 40 facilities in the United States and one in Canada), was contracted by the Regions to direct the design, engineering, construction and operation of the facility. Therefore, they were able to provide detailed information, specific to the planned facility, which also reflects the features and functionality of existing modern EFW facilities elsewhere in North America.

This facility will be accepting municipal solid waste from typical Ontario curbside waste collection (i.e. household waste excluding separated recyclable materials and organics). No additional feed stock separation will occur at the facility. The facility will use a thermal mass burn technology, wherein municipal solid waste is fed into a furnace and burned at very high temperatures. For the initial operating design capacity of 140,000 tonnes per year, there will be two independent waste processing trains consisting of a feed chute, stoker, integrated furnace/boiler, dry recirculation acid gas scrubber, a fabric filter bag house and associated ash and residue collection systems. Expansion to the maximum design capacity (400,000 tonnes per year) would include the addition of two more waste processing trains. Steam produced in each boiler will drive a turbine-generator to produce electricity for delivery to the grid, for in-plant use and/or district heating. After the removal of residual metals for recycling, ash produced by the process will be shipped to landfill for use as daily cover or will be reused, possibly as road construction material or other civil projects. Air pollution control equipment throughout the facility will ensure that emissions do not exceed the provincial guidelines outlined by the Ontario Ministry of the Environment (MOE, 2004a) and specific conditions of Certificate of Approval 7306-8FDKNX issued June 28, 2011 for the Facility.

2.3. Identification of chemicals of potential concern (COPC)

Chemicals that could potentially be released by the facility to the atmosphere were identified by reviewing sources such as existing provincial guidelines for municipal incinerators (MOE, 2004a), the Canadian National Pollutant Release Inventory for waste incinerators (Environment Canada, 2007), and the results of stack testing of an existing waste incinerator in nearby Brampton, Ontario. From this review, a COPC list consisting of 87 chemicals was developed (Table 2) that consisted of both Criteria Air Contaminants (CACs,

Table 1
Project scenarios considered in the human health risk assessment.

Project Scenarios	Case	Conditions assessed
Existing Conditions	Baseline	Existing conditions in the assessment area. No Facility-related emissions or exposures were included as this was completed prior to construction and operation of the Facility.
	Baseline Traffic	Offsite vehicle traffic emissions prior to the start-up of the Facility.
Construction	Construction	Construction and commissioning of the Facility.
Operation	Project Alone	Emissions from the Facility alone.
	Project (Baseline + Project)	Emissions from the Facility combined with existing/baseline conditions.
	Process Upset	Emissions from the Facility operating at upset conditions (i.e., Facility start-up, shutdown, and loss of air pollution control).
	Process Upset Project (Baseline + Upset)	Emissions from the Facility operating at upset conditions combined with existing/baseline conditions.
	Traffic	Emissions from offsite and onsite traffic associated with the Facility combined with baseline traffic conditions and onsite stationary source emissions for the Facility.
Decommissioning	Decommissioning (Closure Period)	Emissions related to the removal of infrastructure and rehabilitation of the Site.

for which regulatory limits already exist) and non-CACs (substances that are capable of causing environmental or health effects for which no regulatory limits were identified).

All COPC were evaluated for their potential to pose a risk to human health via inhalation as this was expected to be the primary route of human exposure to facility-related air emissions (Table 2). In addition, COPC that were considered to be persistent and/or bioaccumulative (i.e., half-life in soil $\geq$ 6 months and/or Log $K_{ow} \geq 5$) were also included in a multi-pathway risk assessment that addressed the possibility that these compounds may persist in and/or be transferred to various environmental media (e.g., soil, water, and food) following their release to air (Table 2).

2.4. Study area

The selected location for the facility is located within the Municipality of Clarington, Ontario, Canada (approximately 80 km east of Toronto, Ontario). This location is bordered by Lake Ontario to the south, commercial properties to the north and agricultural lands to the east and west. The Darlington Nuclear Generating Station is located approximated 2 km to the east.

In order to define the study area, the CALPUFF dispersion model (Scire et al., 1995) was applied to predict ground level concentrations of COPC as well as wet and dry deposition fluxes over a 40 × 40 km grid around the proposed facility location. The inputs to this model included geophysical (terrain and land use) and meteorological data specific to the region (Environment Canada, 2008; USGS, 2007; UCAR, 2008) as well as COPC physical-chemical properties. Stack parameters (i.e., location, base elevation, stack height, stack diameter, gas exit velocity, gas exit temperature, and emission rates) were provided by the vendor with respect to the planned facility. Potential stack emissions of COPC were estimated based on manufacturer's guarantees of maximum emissions, emission levels measured by the preferred vendor at one or more of their existing facilities that utilise similar technologies (measured at maximum load), and literature sources for other facilities.

Results of the CALPUFF model showed that the highest concentrations of emissions and depositions would be located in the area immediately surrounding the facility with a radius of approximately 10 km. Therefore, this area was defined as the Local Risk Assessment Study Area (LRASA) for consideration in this risk assessment. This LRASA includes the urban centers of Oshawa, Courtice, Bowmanville, and Port Darlington, Ontario.

2.5. Receptor identification and exposure pathways

Residential land use in the LRASA is mainly suburban residential and rural residential. The rural residential areas include large, dispersed lots that may be used for agricultural purposes (e.g., cash crops or livestock). Within the larger urban centers there are numerous commercial and institutional developments. Recreational opportunities in the area include hiking, camping, equestrian activities, hunting, fishing and swimming.

In light of these identified land uses, the human receptors considered in this risk assessment included local residents, local farmers, daycare/school attendees, and recreational users (sport and/or camping) (Table 3). Potential exposure pathways determined for each receptor included inhalation of vapours and particulate emissions, ingestion and dermal exposure to soil and/or dust, and food chain exposures (Table 3). It was also assumed that some receptors may incur additional exposures to COPC via hunting, fishing, or swimming within the LRASA. Therefore, additional exposures related to these activities that can be added to any of the identified receptors were also assessed (Table 3). Consumption of local drinking water was not considered since it was found that residents in the LRASA obtain their drinking water from municipal water supply services, which would not be affected by facility-related emissions. Similarly, consumption of grocery store bought foods was not considered.

The life stages considered for each receptor and for the hunting/angling and swimming additional exposures were selected to represent those with the greatest sensitivity and/or exposure to each COPC. For non-carcinogenic COPC, which act via a threshold mechanism, the

Table 2
Contaminants of potential concern (COPC) considered in this assessment.

COPC	Inhalation	Multi-Pathway
Criteria Air Contaminants:		
Sulfur Dioxide (SO_2), Hydrogen Chloride (HCl), Hydrogen Fluoride (HF), Nitrogen Dioxide (NO_2), Particulate Matter (PM_{10}), Particulate Matter ($PM_{2.5}$), Total Particulate Matter (TSP), Ammonia (Slip at Stack)	✓	
Chlorinated Polycyclic Aromatics:		
Dioxins and Furans as Toxic Equivalents (TEQ), Total PCBs (as Aroclor 1254)	✓	✓
Metals:		
Antimony, Arsenic [b], Barium, Beryllium [b], Boron, Cadmium[b], Chromium (hexavalent) [b], Total Chromium (and compounds) [b], Cobalt, Lead, Mercury[a], Nickel, Phosphorus, Silver, Selenium, Thallium, Tin, Vanadium, Zinc	✓	✓
Chlorinated Monocyclic Aromatics:		
1,2-Dichlorobenzene, 1,2,4,5-Tetrachlorobenzene, 1,2,4 – Trichlorobenzene, Pentachlorophenol [b], Hexachlorobenzene [b], Pentachlorobenzene	✓	✓
2,3,4,6-Tetrachlorophenol, 2,4,6-Trichlorophenol [b], 2,4-Dichlorophenol	✓	
Poly Aromatic Hydrocarbons:		
Acenaphthylene [b], Acenaphthene [b], Anthracene, Benzo(a)anthracene [b], Benzo(b)fluoranthene [b], Benzo(k)fluoranthene [b], Benzo(a)fluorene, Benzo(b)fluorene, Benzo(ghi)perylene [b], Benzo(a)pyrene TEQ [b], Benzo(e)pyrene [b], Chrysene [b], Dibenzo(a,c)anthracene [b], Dibenzo(a,h)anthracene [b], Fluoranthene [b], Fluorene, Indeno(1,2,3 – cd)pyrene[b], Perylene [b], Phenanthrene [b], Pyrene [b]	✓	✓
1 – methylnaphthalene, 2 – methylnaphthalene, Naphthalene	✓	
Volatile Organic Chemicals (**VOC**):		
Acetaldehyde [b], Benzene [b], Biphenyl, Bromodichloromethane, Bromomethane, Dichlorodifluoromethane, Dichloroethene, 1,1 -, Ethylbenzene, Ethylene Dibromide (1,2-dibromoethane) [b], Formaldehyde [b], Tetrachloroethylene [b], Toluene, Trichloroethylene, 1,1,2 [b], Vinyl chloride (chloroethene) [b], Xylenes, m-, p- and o-	✓	
Bromoform (tribromomethane), Carbon tetrachloride b, Chloroform b, Dichloromethane b, O-terphenyl, Trichloroethane, 1,1,1 -, Trichlorofluoromethane	✓	✓

[a] Inorganic and methylmercury.
[b] This chemical was evaluated as a non-carcinogen and a carcinogen.

Table 3
Exposure pathways and life stages evaluated for identified receptor types.

	Receptor Type					Additional Exposures[a]	
	Resident	Farmer	Recreation User – Sport	Recreation User - Camping	Daycare	Swimming	Hunting/Angling
Exposure Pathway							
Direct Inhalation	✓	✓	✓	✓	✓		
Soil Ingestion	✓	✓	✓	✓	✓		
Dermal Contact – Soil	✓	✓	✓	✓	✓		
Dermal Contact – Water						✓	
Incidental Surface Water Ingestion						✓	
Garden Produce	✓	✓					
Fish							✓
Breast Milk	✓	✓					
Wild Game							✓
Agriculture		✓					
Life stage considered for threshold (non-carcinogenic) COPC							
Infant (0 to 6 mo)	✓	✓					
Toddler (7 mo to 4 yr)	✓	✓	✓	✓	✓	✓	✓
Life stage considered for non-threshold (carcinogenic) COPC							
Adult (20 to 75 yr)					✓		
Composite	✓	✓	✓	✓		✓	✓

[a] Exposures through these pathways can be added to identified receptors.

toddler life stage (i.e., 6 months to 4 years) was considered to represent the most sensitive life stage based on receptor characteristics (e.g., lower body weights) combined with behavioural patterns (e.g., higher soil ingestion rates). Therefore, all health risks associated with exposures to non-carcinogenic COPC were estimated for the toddler receptor (Table 3). In addition, the infant life stage (i.e., 0 to 6 months) was evaluated for farmer and resident receptors in the multi-pathway risk assessment for non-carcinogenic COPC in order to address the potential health risks associated with consumption of breast milk (Table 3). For carcinogenic COPC (non-threshold), a composite life stage for most receptors was considered that combines the characteristics of infant (i.e., 0 to 6 months), toddler (i.e., 7 months to 4 years), child (i.e., 5 years to 11 years), adolescent (i.e., 12 to 19 years), and adult (i.e., 20 years to 75 years) life stages (Health Canada, 2007) (Table 3). However, for the daycare/school receptor, exposure to carcinogenic COPC was assessed only for the adult stage (Table 3) since this class of receptor has the potential to have the longest duration of exposure to the daycare/school conditions (assuming employment from youth to retirement at that location).

2.6. Collection of baseline data

In order to characterize pre-project baseline conditions, ambient air monitoring and soil, water, and biota sampling was performed in the vicinity of the proposed facility location. All laboratory analyses of the collected samples were conducted by ALS Laboratory Group using standard methods (See Supporting Information Section S1).

2.6.1. Baseline ambient air monitoring

An air monitoring station was set up approximately 2 km southwest of the proposed facility location. Data was collected and analyzed over a 15 month period (September 2007 to December 2008). The station continuously monitored Sulfur Dioxide (SO_2), Nitrogen Oxides (NOx), Carbon Monoxide (CO), Ozone (O_3), and Particulate Matter smaller than 2.5 microns ($PM_{2.5}$). Hi-volume air samplers were also installed to collect 24-hour average samples of Total Suspended Particulate (TSP) and metals, Polycyclic Aromatic Hydrocarbons (PAHs), and Dioxins and Furans (PCDD/F).

In addition, baseline offsite vehicle emissions prior to the start up of the facility were estimated using traffic volume estimates provided by URS Canada Inc. These traffic estimates were combined with the existing baseline ambient air conditions in the airshed to produce the baseline traffic case.

2.6.2. Baseline soil and biota sampling

Additional baseline soil and biota samples were collected and analyzed for the COPC identified for consideration in the multi-pathway risk assessment. The sampling program included collection of soil, terrestrial vegetation (forage, browse, and crops), small mammals, surface water, sediment and fish sampled within a 1 km radius of the proposed facility location. Where possible, samples were collected in areas where air modeling predicted maximum rates of deposition for various COPC, and locations were also selected to be representative of different land uses. In addition, agricultural products (beef, chicken, pork, dairy and eggs) and produce were collected from farms and markets located outside a 1 km radius due to limited availability. However, efforts were made to ensure that farms were located as close as possible to the proposed facility location, and therefore the collected samples are considered sufficient to represent baseline conditions for this assessment.

2.7. Fate and transport modeling of COPC from project-related emissions

The potential impacts of facility-related emissions on the concentrations of COPC in the surrounding environment were predicted using best available data (i.e., results of the CALPUFF modeling described in Section 2.4, physical-chemical properties of the COPC, and detailed geophysical and meteorological data specific to the LRASA) and accepted modeling techniques as described in the US EPA human health risk assessment protocol for hazardous waste combustion facilities (US EPA, 2005). Specifically, the contributions of facility-related emissions to ambient air concentrations were predicted for all COPC at 309 distinct receptor locations selected to represent a variety of land uses as well as areas where initial modeling suggested the highest acute (1-hr or 24-hr) or chronic (annual) ground level concentrations were likely to occur. Additionally, for the persistent and/or bioaccumulative COPC considered in the multi-pathway risk assessment (Table 2), facility-related changes in COPC concentrations in soil, surface water, garden and farm produce and fruit, agricultural products (i.e., beef, chicken, pork, dairy and eggs), wild game, fish, and breast milk were predicted at 133 of the 309 locations.

In addition to predictions made for emissions from the normal operating scenarios at both 140,000 and 400,000 tonnes per year, the potential emissions under 'process upset' conditions (i.e., facility start-up, shutdown, and loss of air pollution control) were modeled following protocol suggested by the US EPA (2005). Specifically, for determining short-term (1-hour to 24-hour average) ground level COPC concentrations under upset conditions, the emission rates for

the facility under normal operation were conservatively increased by a factor of ten. This factor was applied to all COPC except for SO_2 and NO_x for which emissions were increased by factors of 16 and 1.63 respectively, based on data received from the vendor. As per US EPA (2005) guidance, for metals and CACs it was assumed that the facility would operate under upset conditions for 5% of the year. Therefore, emission rates for these COPC were increased by a factor of 1.45 [(0.95 x 1) + (0.05 x 10) = 1.45], with the exception of SO_2 and NO_x, for which emission rates were increased by factors of 1.75 and 1.03, respectively using the same assumptions. For the remaining COPC (organics), annual average concentrations for the process upset case were increased by a factor of 2.8 based on an assumption that the facility would operate under upset conditions for 20% of the year [(0.80 x 1) + (0.20 x 10) = 2.8] (also as suggested by US EPA, 2005). This upset case is considered an absolute extreme scenario, given that the Ministry of the Environment would not allow the facility to operate in upset conditions for 20% of the year.

2.8. Exposure assessment

The sources of chemical concentrations used in the exposure assessment are described in Sections 2.5 and 2.6. In order to ensure a conservative estimate of risk, all exposure assessments were conducted deterministically using exposure point concentrations representative of reasonable maximum exposure. For the baseline values (described in Section 2.6), a single baseline exposure point concentration (i.e., the maximum detected concentration, 95% upper confidence limit of the mean, or method detection limit as described in Supporting Information, Section S2) was used to model exposure for each environmental medium collected for all receptor types. Although individual baseline concentrations were not obtained at the location of each receptor group evaluated, the baseline exposure point concentrations used are considered representative of reasonable maximum exposure, to all receptors, from background concentrations. A different approach was applied for the modeled facility-related contributions of COPC to the environment. In this case, the receptor locations were grouped by similar land use and the maximum or 95% upper confidence limit of the mean (selected as described in Supporting Information, Section S2) of the air and/or deposition concentration of each COPC within each receptor grouping was used to calculate the level of exposure for the entire grouping.

Physiological and behavioural characteristics of the receptors (e.g., respiration rate, soils/dusts intake, time spent at various activities and in different areas) were selected, if available, from existing guidance documents (Health Canada, 1994, 2007; MOE, 2005; Richardson, 1997; US EPA, 1997, 2005). In addition, oral and dermal bioavailability factors were compiled from Health Canada (2007) or the US Department of Energy's Oak Ridge National Laboratory Risk Assessment Information System (RAIS) database (ORNL, 2008). Whenever possible, preference was given to Canadian guidance documents and literature (e.g. Health Canada, 2007; Richardson, 1997). More details regarding the specific assumptions, input parameters and calculations used for each exposure pathway and receptor are provided in the Supporting Information (Section S3).

Exposure estimation was facilitated through the use of an integrated multi-pathway environmental risk assessment model developed by the Study Team. The model is spreadsheet based (Microsoft Excel™) and incorporates the techniques and procedures for exposure modeling developed by the MOE and Health Canada, and the US EPA (Health Canada, 1994; 2007; MOE, 2005; Richardson, 1997; US EPA, 1997, 2005).

2.9. Hazard assessment

2.9.1. Identification of toxicity reference values (TRVs)

For chemicals that follow a threshold dose-response (i.e., non-carcinogens), a threshold level must be exceeded in order for toxicity to occur, and it is possible to derive a reference concentration (RfC, for inhalation receptors) or reference dose (RfD, for multi-pathway receptors) that is expected to be safe to sensitive subjects following exposure for a prescribed period of time (US EPA, 1989). For chemicals that follow non-threshold dose-responses (i.e., carcinogens), a specific dose where toxic effects manifest themselves cannot be identified as any level of long-term exposure to carcinogenic chemicals is associated with some hypothetical cancer risk. As a result, risk assessment of these types of chemicals typically considers evaluation of the incremental lifetime cancer risk (ILCR) associated with exposure to the chemical (US EPA, 1989). This may be estimated based on the unit risk (UR) or cancer slope factor (CSF) of the chemical, where UR represents the upper-bound excess lifetime cancer risk estimated to result from continuous exposure to an agent at a concentration of 1 μg/L in water, or 1 μg/m^3 in air and CSF provides an upper bound estimate of the increased cancer risk from lifetime exposure to an agent (US EPA, 1989).

Literature and public guidance documents were reviewed to identify RfCs, RfDs, URs or CSFs for inclusion as toxicity reference values (TRVs) for each COPC. Regulatory benchmarks, which are also health-based but often also policy derived, were also considered as TRVs for some COPC. A summary of the non-carcinogenic and carcinogenic TRVs used in both the inhalation and multi-pathway exposure assessment are presented in Supporting Information (Section S4).

2.9.2. Chemical mixtures and additivity of risks

In order to properly assess health risks to the human receptors, certain groups of chemicals were assessed as mixtures. Specifically, dioxin and furan congeners and carcinogenic PAHs were assessed using the toxic equivalency factor (TEF) approach (Supporting Information, Section S5). TEFs for dioxin and furan congeners represent their potency relative to 2,3,7,8 TCDD (Van den Berg et al., 2006), while TEFs for carcinogenic PAHs represent their toxicity relative to benzo(a)pyrene (IPCS, 1998).

Additional groups of chemicals were identified that may have additive, synergistic, or antagonistic effects due to their similar toxic modes of action (see Table S7 in Supporting Information, Section S5). However, there is currently very little available toxicological data or regulatory guidance to support the prediction of the effects of simultaneous exposure to these chemicals. In the original risk assessment an approach assuming additivity of the effects was used (see details in Supporting Information, Section S5). However, as this approach is not based on actual toxicological study results and cannot consider more complex interactions (i.e. synergism or antagonism), it is considered highly speculative and was presented for information purposes only. In light of these uncertainties, the effects of simultaneous exposure to multiple pollutants are not discussed further in the present manuscript. It is acknowledged that the interpretation of the potential effects of simultaneous exposure to chemical mixtures remains a considerable source of uncertainty in human health risk assessments conducted in Ontario.

2.10. Risk characterization

2.10.1. Threshold chemicals (non-carcinogens)

The risk associated with threshold chemicals was assessed using a Concentration Ratio (CR) for the inhalation pathway. CR values were calculated by dividing the predicted ground level air concentration (1-hour, 24-hour or annual average) by the appropriate toxicity reference value (reference concentration [RfC] or health based inhalation benchmark), according to Eq. (1):

$$CR_{duration} = \frac{[Air]_{duration}}{RfC_{duration} \text{ or health benchmark}} \quad (1)$$

Where $CR_{duration}$ represents a duration specific Concentration Ratio (unitless), calculated for 1-hr, 24-hr and chronic durations as

appropriate; [Air] $_{duration}$ represents the predicted ground-level air concentration (μg/m^3) for that duration and RfC $_{duration}$ represents the selected (duration specific) reference concentration (μg/m^3). A CR less than or equal to one signifies that the estimated exposure is less than or equal to the exposure limit; therefore, no adverse health risk is expected. Conversely, a CR greater than one signifies the potential for adverse health effects.

For the multi-pathway risk assessment, a Hazard Quotient (HQ) approach was applied. HQ values were calculated by dividing the predicted exposure dose (via multiple pathways) by the appropriate toxicity reference value (reference dose [RfD]), according to Eq. (2):

$$HQ = \frac{\sum Exp}{RfD} \quad (2)$$

Where $\sum Exp$ represents the chronic exposure estimate resulting from the sum of multiple exposure pathways (μg/kg/day) and *RfD* represents the selected chronic reference dose (μg/kg/day). For the purposes of this assessment, it was considered that the intake of the COPC by all routes of exposure was unlikely to exceed the tolerable intake level when the HQ was less than 0.2. This conservative approach allows 80% of the tolerable daily intake of a COPC to be received from other sources not considered in this risk assessment.

2.10.2. Non-threshold chemicals (carcinogens)

Incremental lifetime cancer risk (ILCR) and lifetime cancer risk (LCR) estimates resulting from direct air inhalation were calculated described in Eqs. (3) and (4):

$$ILCR = [Air]_{project\ alone} \times UR \quad (3)$$

$$LCR = [Air]_{all\ sources} \times UR \quad (4)$$

Where $[Air]_{project\ alone}$ represents the predicted annual average ground-level air concentration from the Project Alone (μg/m^3), $[Air]_{all\ sources}$ represents predicted annual average ground-level air concentrations from all sources, and *UR* represents COPC-specific unit risk (μg/m^3)$^{-1}$.

For the multi-pathway risk assessment, ILCR/LCR estimates resulting from a lifetime of exposure through multiple pathways were calculated using Eqs. (5) and (6):

$$ILCR = \sum LADD_{project\ alone} \times CSF \quad (5)$$

$$LCR = \sum LADD_{all\ sources} \times CSF \quad (6)$$

Where $\sum LADD_{project\ alone}$ represents the sum of average daily dose via multiple pathways from the project alone (μg/kg/day), $\sum LADD_{all\ sources}$ represents the sum of average daily dose via multiple pathways from the all sources (μg/kg/day), and CSF represents the cancer slope factor (μg/kg/day)$^{-1}$.

In this risk assessment, an ILCR of 1-in-1,000,000 was considered acceptable, as outlined in relevant provincial guidelines (MOE, 2005). As no regulatory guidance exists for LCRs, this value was compared with the typical observed cancer incidence in the Canadian population, which is 38% for women and 44% for men (Canadian Cancer Society, 2007).

3. Results and discussion

3.1. Risk characterization: Existing conditions

Human health risks resulting from baseline exposures to individual COPC in the baseline scenario (prior to construction of the facility) were estimated using the results of the baseline ambient air monitoring and the baseline soil and biota sampling (Supporting Information, Section S6).

3.1.1. Inhalation risk assessment: Non-carcinogens

For criteria air contaminants (CACs, for which regulatory limits already exist), no baseline case acute (1-hr or 24-hr) or chronic (annual) CR risk estimates exceeded the regulatory benchmark (CR = 1), therefore no adverse health risks were expected from exposure to baseline air concentrations of these compounds (Table 4). Additionally, baseline case CACs (including NO_2, SO_2, $PM_{2.5}$, and PM_{10}) were also compared to WHO benchmarks for informational purposes and no exceedances were observed (Table 4). Similar results were noted for the baseline traffic case, in which estimated offsite vehicle emissions were added to the measured baseline ambient air conditions, except for a slight exceedance (CR = 1.1) for annual nitrogen dioxide compared to the WHO benchmark (Supporting information Section S8). However, the concentration of nitrogen dioxide measured in the baseline ambient air monitoring program in the LRASA was similar to that observed in other urbanized areas such as Toronto, Hamilton, and Windsor (Supporting information, Section S7), therefore this observation does not represent a unique property-specific risk. For non-criteria air contaminants (for which no relevant criteria were identified) baseline case concentrations were also shown not to exceed the acute (1-hr or 24-hr) or chronic (annual) CR regulatory benchmark (Table 5).

3.1.2. Inhalation risk assessment: Carcinogens

For non-criteria air contaminants assessed as possible carcinogens, the estimated lifetime cancer risk (LCR) values associated with their baseline ambient air concentrations were calculated (Supporting information Section S8). Because there are no acceptable benchmarks for comparison of LCR values, the implications of baseline results for each receptor group and scenario are not discussed in detail. However, to put these values in context, the maximum LCR associated with an individual baseline ambient air concentration for a COPC addressed in this study was 3.1 x 10^{-3} % (Supporting information Section S8), while the typical observed cancer incidence in the Canadian population is 38% for women and 44% for men (Canadian Cancer Society, 2007).

3.1.3. Multi-pathway risk assessment: Non-carcinogens

For all non-carcinogens, baseline chronic risk estimates (via multiple exposure pathways) were expressed as HQ values (Tables 6, 7, and Supporting Information Section S8). For most receptors and COPC, the predicted hazard quotients did not exceed the regulatory benchmark of 0.2 for the Baseline Case. However, some exceedances were noted for resident and farmer infants and toddlers. Also, addition of the swimming or hunting/angling exposures to the toddler receptor also led to some exceedances. Therefore, these cases were examined further.

3.1.3.1. Resident infant. For the resident infant receptor, the multi-pathway assessment indicated that potential risks may exist from exposure to baseline concentrations of PCBs and dioxins/furans (Table 6, HQ values of 11 and 3.8, respectively). The identified risk from these compounds was entirely related to the ingestion of breast milk, for which the COPC concentrations had been predicted based on exposure of the infant's mother to measured or estimated background COPC concentrations in relevant exposure media (i.e., soil) and food items (e.g., produce, poultry, etc.). However, in the results of the baseline sampling program, concentrations of PCBs, dioxins and furans were frequently below detection limit for these exposure media and food items (Supporting Information, Section S6). In these cases, the method detection limit (MDL) was substituted for the contaminant concentration in order to provide a 'worst-case scenario' estimate of exposure. However, it is possible that actual contaminant concentrations were significantly lower than the MDL (or not present at all). Therefore, the HQ values for PCBs and dioxins/furans that were calculated in this assessment for the resident infant receptor may represent a significant overestimation of the actual risk.

Table 4
Concentration Ratio (CR) Values for Baseline and 140,000 tpy for Criteria Air Contaminants at the Maximum Ground Level Concentration. A bolded cell indicates exposure for that particular scenario and COPC exceeded the selected benchmark.

COPC	Concentration Ratio (CR) Values					Concentration Ratio (CR) Values –WHO Benchmarks[f]				
	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project
1-Hour										
Ammonia[a]	-	0.0006	0.0006	0.006	0.006	-	-	-	-	-
Carbon Monoxide (CO)	0.07	0.001	0.07	0.01	0.08	-	-	-	-	-
Hydrogen Chloride (HCl)[a]	-	0.04	0.04	0.44	0.44	-	-	-	-	-
Hydrogen Fluoride (HF)[a]	-	0.01	0.01	0.13	0.13	-	-	-	-	-
Nitrogen Dioxide (NO_2)	0.16	0.11	0.27	0.18	0.34	0.32	0.22	0.54	0.36	0.68
Particulate Matter - PM_{10} [a, b, e]	-	-	-	-	-	-	-	-	-	-
Particulate Matter - $PM_{2.5}$ [b, e]	-	-	-	-	-	-	-	-	-	-
Particulate Matter - Total[b, e]	-	-	-	-	-	-	-	-	-	-
Sulfur Dioxide (SO_2)	0.03	0.02	0.05	0.29	0.32	-	-	-	-	-
24-Hour										
Ammonia[a]	-	0.003	0.003	0.03	0.03	-	-	-	-	-
Carbon Monoxide (CO)[c]	-	-	-	-	-	-	-	-	-	-
Hydrogen Chloride (HCl)[a]	-	0.02	0.02	0.23	0.23	-	-	-	-	-
Hydrogen Fluoride (HF)[a, c]	-	-	-	-	-	-	-	-	-	-
Nitrogen Dioxide (NO_2)	0.29	0.03	0.32	0.05	0.34	-	-	-	-	-
Particulate Matter - PM_{10} [a, e]	-	0.01	0.01	0.11	0.11	-	0.01	0.01	0.11	0.11
Particulate Matter - $PM_{2.5}$ [e]	0.68	0.02	0.70	0.18	0.86	0.82	0.02	0.84	0.21	**1.0**
Particulate Matter - Total[e]	0.29	0.004	0.30	0.04	0.34	-	-	-	-	-
Sulfur Dioxide (SO_2)	0.07	0.006	0.08	0.10	0.17	0.15	0.01	0.17	0.22	0.38
Annual										
Ammonia[a]	-	7.8E-05	7.8E-05	0.0001	0.0001	-	-	-	-	-
Carbon Monoxide (CO)[d]	-	-	-	-	-	-	-	-	-	-
Hydrogen Chloride (HCl)[a]	-	0.0007	0.0007	0.0010	0.0010	-	-	-	-	-
Hydrogen Fluoride (HF)[ad]	-	-	-	-	-	-	-	-	-	-
Nitrogen Dioxide (NO_2)	0.62	0.003	0.62	0.003	0.62	0.93	0.005	0.93	0.005	0.93
Particulate Matter - PM_{10} [a, d, e]	-	-	-	-	-	-	0.0008	0.0008	0.001	0.001
Particulate Matter - $PM_{2.5}$ [d, e]	-	-	-	-	-	0.98	0.002	0.98	0.002	0.98
Particulate Matter - Total[e]	0.35	0.0003	0.35	0.0004	0.35	-	-	-	-	-
Sulfur Dioxide (SO_2)	0.20	0.002	0.21	0.003	0.21	-	-	-	-	-

[a] Baseline Data Not Available.
[b] 1-hr TRV Not Available.
[c] 24-hr TRV Not Available.
[d] Annual TRV Not Available.
[e] Particulate Matter results include contribution of Secondary Particulate.
[f] "-" indicates WHO benchmark not available.

3.1.3.2. Resident toddler. The multi-pathway assessment for exposure of the toddler resident receptor to COPC indicates that potential risks may exist from exposure to baseline concentrations of PCBs (HQ = 0.49), arsenic (HQ = 0.32) and thallium (HQ = 0.25) (Table 6). For PCBs, it was determined that the majority of risk was associated with ingestion of homegrown produce and fruit. However, as was previously noted in the discussion of the risk of PCBs to resident infants, the PCB concentrations in these media in the baseline sampling program were below detection limits and were replaced with the value of the MDL in the risk assessment. Therefore, the HQ value for PCB exposure for the toddler resident likely overestimates the actual risk.

For arsenic, risk to the toddler resident receptor was attributed to incidental ingestion of soil. In contrast to PCBs, arsenic was widely detected in soil in the baseline sampling program. However the maximum detected soil arsenic concentration (8 mg/kg) used in the risk characterization was within the range of concentrations previously reported in natural, uncontaminated soils in Canada (Wang and Mulligan, 2006) and was less than the current Ontario Ministry of the Environment regulatory soil chemical standard of 11 mg/kg for arsenic at sensitive sites (MOE, 2004b). Therefore, this soil is not likely to cause any undue risk to human receptors within the LRASA. The elevated HQ values observed for the resident toddler receptors for arsenic can likely be attributed to conservative model assumptions applied throughout the risk assessment process.

For thallium, the relevant exposure pathways that contributed to the potential risk to resident toddlers were incidental soil ingestion and produce and fruit ingestion. However, none of the soil, produce, or fruit samples collected during the baseline sampling program had detectable levels of thallium. Therefore, the risk assessment for thallium was based entirely on the substitution of the method detection limit (1 mg/kg) for the undetected values and likely provides a significant overestimation of risk. In addition, the detection limit (1 mg/kg) was less than the Ontario Ministry of the Environment regulatory soil chemical standard for sensitive sites of 2.5 mg/kg (MOE, 2004b). This also suggests that the elevated HQ values observed in this assessment for thallium for the resident toddler are likely due to conservative model assumptions applied throughout the risk assessment process.

3.1.3.3. Farmer Infant. The multi-pathway assessment for exposure of the farmer infant receptor to COPC also suggested potential risks may exist from exposure to baseline concentrations of PCBs, dioxins/furans, and 1,2,4-trichlorobenzene (Table 6, HQ values of 118, 20, and 0.21, respectively). However, as was noted for the resident infant receptor, PCBs and the majority of dioxins/furans were not detected in any media relevant to exposure of farmers (i.e., soil, home-grown produce, or farm-raised livestock) (Supporting Information, Section S6). Furthermore, 1,2,4-trichlorobenzene was also not detected in any samples collected in the baseline sampling program (Supporting Information, Section S6). Therefore, these HQ values may also represent a significant

Table 5
Concentration Ratio (CR) Values for Baseline and 140,000 tonnes per year operating scenarios at the Maximum Ground Level Concentration. Each value represents the maximum observed CR value for an individual COPC within each chemical class. A bolded cell indicates exposure for that particular scenario and COPC exceeded the selected benchmark.

COPC	Concentration Ratio (CR) Values – 140,000 tpy													
	1-hour					24-hour				Annual				
	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project
Metals	0.04	0.03	0.04	0.25	0.27	0.03	0.01	0.04	0.14	0.16	0.12	0.003	0.12	0.004	0.12
Chlorinated Polycyclic Aromatics	0.001	0.0003	0.001	0.003	0.004	0.005	0.0006	0.005	0.006	0.01	0.002	9.0E-06	0.002	2.0E-05	0.002
Chlorinated Monocyclic Aromatics	0.0006	7.5E-05	0.0007	0.0008	0.001	0.0001	5.2E-07	0.0001	5.0E-06	0.0001	0.002	3.0E-06	0.002	1.0E-05	0.002
Polycyclic Aromatic Hydrocarbons (PAH)	0.01	6.9E-05	0.01	0.0007	0.01	0.07	0.0002	0.07	0.002	0.07	0.002	1.0E-06	0.002	2.0E-06	0.002
Volatile Organic Chemicals (VOC)	0.55	0.005	0.55	0.05	0.56	0.41	0.002	0.41	0.02	0.41	0.18	0.0002	0.18	0.0005	0.18

overestimation of the actual risk due to the substitution of the MDL for non-detect values.

3.1.3.4. Farmer Toddler. HQ values greater than 0.2 were observed for the farmer toddler receptor for total PCBs, bromoform, carbon tetrachloride, chloroform, dichloromethane, 1,2,4,5-tetrachlorobenzene, 1,2,4-trichlorobenzene, antimony, arsenic, beryllium, thallium, and dioxins/furans (Table 6). When the risks to the farmer toddler from each COPC were apportioned into their respective exposure pathways, it was observed that ingestion of dairy was the primary exposure pathway associated with risks to the farmer toddler (>65% of total exposure for all chemicals except for arsenic for which only 47% of exposure was related to ingestion of dairy). However, none of these chemicals were actually detected in dairy products in the baseline sampling program and risk assessment was performed using the method detection limit. Therefore, as has been observed for other receptors and COPC in this assessment, the hazard quotients resulting from this substitution likely represent overestimations of the true risk. Furthermore, as toddler-specific ingestion rates for food items produced on farms were not available, child-specific ingestion rates were adopted from US EPA (2005) as a conservative measure that may also have resulted in an overestimate of exposure since ingestion rates are typically proportional to body weight (Health Canada, 2007).

The farmer toddler also received a significant proportion of its exposure to arsenic via soil and dust ingestion (26%). As was previously discussed with respect to the resident toddler, the maximum soil arsenic concentration used for risk characterization in this assessment (8 mg/kg) is within the expected range for uncontaminated soils in Canada and is also less than the Ontario Ministry of the Environment regulatory soil chemical standard for sensitive sites (MOE, 2004b). Therefore, it is not considered likely that soil and dust ingestion will pose significant undue risk with respect to arsenic exposure for any of the human receptors in the LRASA.

3.1.3.5. Additional Risks Related to Swimming and Hunting/Angling. Additional risks from exposure to surface water while swimming, wading or playing in surface water bodies, as well as from engaging in hunting and angling activities within the LRASA were assessed (Table 7). Results of the swimming exposure assessment indicate that the incremental risks associated with exposure to surface water are between one to six orders of magnitude less than the acceptable multi-pathway HQ benchmark of 0.2 (Table 7). When this additional exposure pathway was added to an existing receptor (e.g., the resident Toddler), the only HQ exceedances noted were for COPC that exceeded the regulatory guideline prior to addition of the swimming pathway (Table 7). In contrast, results of the hunter/angler assessment suggested that this pathway alone may be sufficient to increase COPC exposure above the regulatory guideline for arsenic, cadmium, total PCBs and dioxins/furans (Table 7, HQ values of 0.43, 0.46, 0.67, and 0.38, respectively). Some of these contaminants were not detected in small mammals or fish collected in the baseline sampling program (Supporting Information, Section S6), therefore some of the perceived risk may relate to the replacement of non-detect values with the method detection limit. Furthermore, the concentrations of COPC that were detected in fish (PCBs, arsenic, cadmium, and certain dioxins/furans) and small mammals (arsenic and cadmium), were similar to what would be expected at other areas across Ontario and are therefore not unique to this project (Supporting Information, Section S7).

3.1.4. Multi-pathway risk assessment: Carcinogens

The baseline case multi-pathway assessment also provided oral/dermal lifetime cancer risk (LCR) estimates for all carcinogenic COPC for the defined multi-pathway receptors and for the incremental exposures resulting from recreational swimming and/or hunting/angling (Supporting Information, Section S8). As discussed in Section 3.1.2, there is no acceptable benchmark for comparison of LCR values, as

they represent an individual's lifetime cancer risks associated with all potential exposures to a given carcinogenic COPC within the environment. However, the maximum LCR observed under baseline conditions for these COPC was 0.03%, which is much lower than the typical observed rates of cancer in Canada (38% for women and 44% for men) (Canadian Cancer Society, 2007).

3.2. Risk characterization: Construction case

For consideration of the construction case, it was assumed that construction activities would occur intermittently, during daylight hours, over a period of approximately 30 months. The primary concerns related to these activities with respect to human health were considered to be dust emissions from construction activities and exhaust emissions from fuel combustion by vehicles on the site. In addition, construction activities such as welding, use of solvents, sand blasting and painting may also affect air quality in the construction area. However, relative to the anticipated operational emissions, construction emissions will be minor, short-term and transitory. Therefore, it was expected that the assessment of operational scenarios (Sections 3.3-3.4) will be protective of any potential health risks that could arise during periods of construction and this case was not assessed in detail.

3.3. Risk characterization: Operational scenarios (140,000 tonnes per year)

3.3.1. Inhalation risk assessment: Non-carcinogens

For CACs, predicted maximum 1-hour, 24-hour and annual air concentrations for predicted operational scenarios at 140,000 tonnes per year (i.e. Project Alone Case, Project Case, Process Upset Case or Process Upset Project Case) did not exceed their relevant exposure limits (Table 4); therefore, no adverse health risk is expected from potential exposure to CACs. Additionally, when predicted CAC concentrations were compared to WHO benchmarks for informational purposes, no exceedances were noted for any of the considered assessment scenarios, except for $PM_{2.5}$ in the Process Upset Project Case (CR = 1.01, Table 4). The exceedance of fine particulate matter is driven by baseline concentrations as the CR for baseline conditions alone is 0.82, while the CR for process upset conditions is only 0.21 (Table 4). However, the baseline concentration of $PM_{2.5}$ in this area is similar to other urban areas in Ontario (Supporting Information, Section S7). In addition, frequency analysis of the baseline monitoring performed as part of this assessment showed that 24-hour $PM_{2.5}$ concentrations exceeding the WHO benchmark of 25 $\mu g/m^3$ are very rare (Supporting Information, Section S9). No exceedance was noted in comparison to the selected 24-hour $PM_{2.5}$ Canada-Wide Standard (Table 4).

In addition, for the CACs, the Traffic Case (which combined emissions from offsite and onsite traffic with the anticipated onsite stationary source emissions for the facility) was contrasted with the baseline traffic case. In this case, the predicted 1-hour, 24-hour and annual air concentrations for the CAC at 140,000 tonnes per year did not exceed their relevant exposure limit for either the Baseline Traffic Case, or the Traffic Case (Supporting Information, Section S8). Therefore, no adverse health risk is expected from potential exposure to CACs due to the combined effect of facility emissions at 140,000 tonnes per year and local vehicular traffic. When compared to WHO benchmarks for informational purposes, an exceedance was noted for annual nitrogen dioxide (CR = 1.2) for both the baseline traffic case and the traffic case (Supporting Information, Section S8). However, as discussed in Section 3.1.1, this exceedance was driven by baseline concentrations, which were within a normal range for an urban area in Ontario (Supporting Information, Section S7). Therefore, this does not represent an unusual level of risk associated with this location.

For remaining COPC, none of the predicted maximum 1-hour, 24-hour or annual air concentrations exceeded their relevant exposure limit for any of the operational scenarios (Table 5).

3.3.2. Inhalation risk assessment: Carcinogens

For all carcinogenic COPC, chronic incremental lifetime cancer risks (ILCR) values were calculated for the 140,000 tonnes per year Project Alone Case and Process Upset Case at the maximum predicted ground level concentration (Supporting Information, Section S8). As outlined in Section 2.10.2, an ILCR less than or equal to 1-in-1,000,000 (i.e., 1×10^{-6}) signifies that the incremental lifetime cancer risk is less than the regulatory benchmark (*i.e.*, the assumed safe level of exposure); therefore, no adverse risk is expected. Conversely, an ILCR greater than 1×10^{-6} indicates that the potential for an elevated level of risk may be present and suggests further investigation should be pursued to confirm the identified risk. In this assessment, none of the predicted ILCR exceeded the regulatory benchmark for the carcinogenic COPC in either the Project Alone Case or Process Upset Case (Supporting Information, Section S8). Therefore, it is not expected that concentrations of carcinogenic COPC from the facility at 140,000 tonnes per year will pose any individual adverse carcinogenic risk to the health of human receptors via inhalation.

3.3.3. Multi-pathway risk assessment: Non-carcinogens

For most receptors, COPC, and operational scenarios, the HQ values did not exceed the regulatory benchmark of 0.2 (Tables 6, 7). The only exceedances noted were for operational scenarios that also incorporated the baseline conditions (i.e., the Project Case and Process Upset Project Case). In these cases, the source of the exceedance was always the baseline case. For instance, for the local resident infant and toddler receptors neither the Project Alone Case nor the Process Upset Case ever represented more than approximately 0.5% of the Project Case or Process Upset Project Case risk, respectively. Similarly, for the farmer infant and toddler receptors, the Project Alone Case or Process Upset Case never represented more than approximately 2% of the Project Case or Process Upset Project Case risk, respectively.

As discussed in Section 3.1.3, the exceedances observed in the baseline conditions were related to a number of issues such as the use of laboratory method detection limits as environmental media concentrations and the conservative nature of risk assessment exposure calculations. In addition, some COPC concentrations actually exceeded relevant guidelines in specific media. However, the baseline COPC concentrations were found to be no different in the LRASA than in other similar areas of Ontario and are therefore not unique to this project.

3.3.4. Multi-pathway risk assessment: Carcinogens

Incremental lifetime cancer risks (ILCR) were estimated for all receptors under the Project Alone Case and Process Upset Case assessment scenarios (Supporting Information, Section S8). In addition, activity specific ILCR values were calculated with respect to hunting/angling and swimming and were added to that of the worst case resident receptor. None of the predicted ILCR values exceeded the accepted regulatory benchmark for the Project Alone Case or Process Upset Case; therefore, it is not expected that the facility will pose any additional adverse cancer risk to the health of local receptors at 140,000 tonnes per year.

3.4. Risk characterization: Operational scenarios (400,000 tonnes per year)

For comparison purposes, a human health risk assessment was also performed that considered the possible expansion of the facility to its maximum design operating capacity of 400,000 tonnes per year. This assessment was performed using identical methods and assumptions as those described for the 140,000 tonnes per year assessment, except that the facility related emissions were increased. Most of the conclusions of this assessment were similar to those identified for operational scenarios at 140,000 tonnes per year (i.e., most observed risks were related to existing baseline conditions rather than facility-related emissions). However, in the Process Upset Case,

Table 6
Summary of Multi-Pathway Risk Assessment Hazard Quotient (HQ) Results for Baseline and 140,000 tonnes per year operating scenarios for a. the worst-case resident infant and toddler and b. farmer infant and toddler receptors. Each value represents the maximum observed HQ value for an individual COPC within each chemical class. A bolded cell indicates exposure for that particular scenario and COPC exceeded the selected benchmark.

a.

	Worst-case resident infant					Worst-case resident toddler				
	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project
PAHs										
Maximum observed	6.3E-06	3.4E-11	6.3E-06	9.6E-11	6.3E-06	2.0E-05	5.7E-10	2.0E-05	1.6E-09	2.0E-05
PCBs										
Aroclor 1254 (Total PCBs)	**10.8**	0.0003	**10.8**	0.0008	**10.8**	**0.49**	3.4E-05	**0.49**	9.6E-05	**0.49**
VOCs										
Max	0.0002	1.0E-12	0.0002	2.8E-12	0.0002	0.03	2.7E-09	0.03	7.6E-09	0.03
Chlorinated Monocyclic Aromatics										
Maximum observed	0.003	1.2E-08	0.003	3.4E-08	0.003	0.06	1.2E-07	0.06	3.5E-07	0.06
Inorganics										
All except Arsenic and Thallium	0.02	4.0E-05	0.02	5.9E-05	0.02	0.07	0.0002	0.07	0.0004	0.07
Arsenic	0.10	5.0E-07	0.10	7.3E-07	0.10	**0.32**	3.2E-06	**0.32**	4.6E-06	**0.32**
Thallium	0.05	0.0004	0.05	0.0006	0.05	**0.25**	0.002	**0.25**	0.003	**0.26**
Dioxins/Furans and Lead										
2,3,7,8-TCDD Equivalent	**3.8**	0.002	**3.8**	0.004	**3.8**	0.17	0.0002	0.17	0.0006	0.17
Lead	0.04	0.0002	0.04	0.0002	0.04	0.12	0.0005	0.12	0.0007	0.12

b.

	Farmer infant					Farmer toddler				
	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project
PAHs										
Maximum observed	6.8E-06	4.7E-11	6.8E-06	1.3E-10	6.8E-06	5.8E-05	1.5E-09	5.8E-05	4.1E-09	5.8E-05
PCBs										
Aroclor 1254 (Total PCBs)	**117.5**	0.004	**117.5**	0.01	**117.5**	**4.2**	0.0001	**4.2**	0.0004	**4.2**
VOCs										
1,1,1-Trichloroethane	1.8E-07	1.6E-14	1.8E-07	4.6E-14	1.8E-07	0.0006	5.1E-11	0.0006	1.4E-10	0.0006
Bromoform	6.6E-05	4.4E-11	6.6E-05	1.2E-10	6.6E-05	**0.32**	1.9E-07	**0.32**	5.3E-07	**0.32**
Carbon Tetrachloride	0.003	4.0E-11	0.003	1.1E-10	0.003	**4.6**	6.3E-08	**4.6**	1.8E-07	**4.6**
Chloroform	3.1E-05	2.3E-13	3.1E-05	6.4E-13	3.1E-05	**0.32**	2.0E-09	**0.32**	5.6E-09	**0.32**
Dichloromethane	2.8E-05	2.1E-12	2.8E-05	6.0E-12	2.8E-05	**0.65**	4.9E-08	**0.65**	1.4E-07	**0.65**
Trichlorofluoromethane	5.9E-06	1.2E-11	5.9E-06	3.4E-11	5.9E-06	0.02	3.8E-08	0.02	1.1E-07	0.02
Chlorinated Monocyclic Aromatics										
Maximum observed (excepting 1,2,4,5-Tetrachlorobenzene and 1,2,4-Trichlorobenzene)	0.03	4.0E-08	0.03	1.1E-07	0.03	0.17	3.2E-07	0.17	9.0E-07	0.17
1,2,4,5-Tetrachlorobenzene	0.02	1.6E-08	0.02	4.4E-08	0.02	**0.40**	2.4E-07	**0.40**	6.8E-07	**0.40**
1,2,4-Trichlorobenzene	**0.21**	1.7E-10	**0.21**	4.8E-10	**0.21**	**20.1**	1.3E-08	**20.1**	3.7E-08	**20.1**
Inorganics										
Maximum observed (excepting antimony, arsenic, beryllium, and thallium)	0.02	4.2E-05	0.02	6.1E-05	0.02	0.18	0.0006	0.18	0.0009	0.18
Antimony	0.01	5.9E-06	0.01	8.6E-06	0.01	**0.24**	8.3E-05	**0.24**	0.0001	**0.24**
Arsenic	0.10	7.0E-07	0.10	1.0E-06	0.10	**0.57**	7.6E-06	**0.57**	1.1E-05	**0.57**
Beryllium	0.001	6.6E-07	0.001	9.6E-07	0.001	**0.42**	2.8E-06	**0.42**	4.1E-06	**0.42**
Thallium	0.05	0.0006	0.05	0.0008	0.05	**1.2**	0.01	**1.2**	0.02	**1.2**
Dioxins/Furans and Lead										
2,3,7,8-TCDD Equivalent	**20.3**	0.05	**20.3**	0.13	**20.4**	**0.72**	0.002	**0.72**	0.004	**0.73**
Lead	0.04	0.0002	0.04	0.0003	0.04	**0.20**	0.0010	**0.20**	0.001	**0.20**

slightly elevated potential risks above the government benchmarks for human health were noted that were not explained by baseline conditions. Maximum exposure to the 1 hour hydrogen chloride concentration at the commercial/industrial receptor location resulted in a CR of 1.0 (benchmark CR = 1.0) and exposure of farmer infant to breast milk of a mother living in close proximity to the facility under the Process Upset Case resulted in an infant dioxin and furan HQ of 0.22, which was slightly in excess of the government benchmark of 0.2. However, these slight exceedances of benchmark risk levels were seen only under upset conditions, it is possible that they may be prevented through the application of adequate engineering controls. Regardless, in the event that a 400,000 tonnes per year expansion of the facility is eventually contemplated, special consideration should be given at that time to ensure that Process Upset Conditions do not result in an undue risk to people living and working in the area surrounding the facility. Overall, the results suggest that a 400,000 tonnes per year facility could be safely sited in Clarington, Ontario using the pollution control technology suggested by Covanta.

Table 7
Summary of multi-pathway risk assessment hazard quotient (HQ) results for baseline and 140,000 tonnes per year operating scenarios for additional exposure via a. swimming and b. hunting/angling. The results of adding these exposure pathways to the worst case resident toddler are also shown. Each value represents the maximum observed HQ value for an individual COPC within each chemical class. A bolded cell indicates exposure for that particular scenario and COPC exceeded the regulatory benchmark.

a.

	Hazard quotients for swimming exposure alone (toddler)					Swimming exposure added to worst case resident toddler				
	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project
PAHs										
Maximum observed	1.2E-06	2.8E-11	1.2E-06	7.8E-11	1.2E-06	2.1E-05	5.7E-10	2.1E-05	1.6E-09	2.1E-05
PCBs										
Aroclor 1254 (Total PCBs)	0.03	6.8E-07	0.03	1.9E-06	0.03	**0.52**	3.5E-05	**0.52**	9.8E-05	**0.52**
VOCs										
Maximum observed	0.001	2.1E-08	0.001	5.8E-08	0.001	0.03	2.6E-08	0.03	7.3E-08	0.03
Chlorinated Monocyclic Aromatics										
Maximum observed	0.0007	1.1E-07	0.0007	3.0E-07	0.0007	0.06	2.3E-07	0.06	6.5E-07	0.06
Inorganics										
Maximum observed excepting arsenic, cadmium, and thallium	0.02	1.3E-05	0.02	1.9E-05	0.02	0.07	0.0002	0.07	0.0003	0.07
Arsenic	0.01	2.7E-06	0.01	3.9E-06	0.01	**0.33**	5.8E-06	**0.33**	8.5E-06	**0.33**
Cadmium	0.0003	2.6E-05	0.0003	3.8E-05	0.0003	0.03	0.0003	0.03	0.0004	0.03
Thallium	0.005	0.001	0.006	0.001	0.008	**0.26**	0.003	**0.26**	0.004	**0.26**
Dioxins/Furans and Lead										
2,3,7,8-TCDD Equivalent	0.003	2.8E-07	0.003	8.0E-07	0.003	0.17	0.0002	0.17	0.0006	0.17
Lead	0.0008	2.3E-05	0.0008	3.4E-05	0.0008	0.12	0.0005	0.12	0.0007	0.12

b.

	Hazard quotients for hunter/angler exposure alone (toddler)					Hunter/angler exposure added to worst case resident toddler				
	Baseline	Project Alone	Project	Process Upset	Process Upset Project	Baseline	Project Alone	Project	Process Upset	Process Upset Project
PAHs										
Maximum observed	2.1E-05	3.4E-12	2.1E-05	9.6E-12	2.1E-05	4.1E-05	5.7E-10	4.1E-05	1.6E-09	4.1E-05
PCBs										
Aroclor 1254 (Total PCBs)	**0.67**	0.002	**0.67**	0.006	**0.68**	**1.20**	0.002	**1.20**	0.006	**1.20**
VOCs										
Maximum observed	–	6.2E-09	–	1.7E-08	–	0.03	6.2E-09	0.03	1.7E-08	0.03
Chlorinated Monocyclic Aromatics										
Maximum observed	0.06	8.3E-06	0.06	2.3E-05	0.06	0.11	8.4E-06	0.11	2.4E-05	0.11
Inorganics										
Maximum observed excepting arsenic, cadmium, and thallium	0.16	0.001	0.16	0.002	0.16	0.17	0.001	0.17	0.002	0.17
Arsenic	**0.43**	3.3E-05	**0.43**	4.7E-05	**0.43**	**0.75**	3.6E-05	**0.75**	5.2E-05	**0.75**
Cadmium	**0.47**	0.008	**0.47**	0.01	**0.48**	**0.49**	0.008	**0.50**	0.01	**0.50**
Thallium	0.17	0.002	0.17	0.003	0.17	**0.42**	0.004	**0.42**	0.006	**0.43**
Dioxins/Furans and Lead										
2,3,7,8-TCDD Equivalent	**0.38**	0.002	**0.38**	0.005	**0.38**	**0.54**	0.002	**0.54**	0.005	**0.55**
Lead	0.04	0.0006	0.04	0.0009	0.04	0.15	0.001	0.15	0.002	0.15

3.5. Risk characterization: Decommissioning and abandonment

Decommissioning and abandonment of the facility is not expected to occur for several decades. Similar to the construction case, it is expected that this process would entail short-term, localized emissions of air contaminants. While it is unlikely that these activities would significantly increase any potential risk to human health, it is expected that a more current assessment of these potential risks would be conducted prior to the commencement of decommissioning activities. Consequently, the prediction of risks to human health from decommissioning and abandonment were not undertaken in this assessment.

4. Uncertainty Analysis

As part of this risk assessment, it was necessary to make certain assumptions in order to be able to quantitatively evaluate the risks to human health from exposure to the Project. These assumptions inherently add an element of uncertainty to the risk assessment. Where variability and uncertainty are known to exist, it is standard risk assessment practice to make assumptions and select data that are likely to overestimate, rather than underestimate, potential exposure and effects. As a result, risk assessments tend to overstate the actual level of risk. Some of the conservative assumptions applied in this risk assessment include the use of method detection limits to represent chemical concentrations and use of child-specific ingestion rates to represent toddler rate of ingestion. A full accounting of the assumptions and uncertainties relied upon in this HHRA is provided in the Supporting Information (Section S10).

5. Conclusions

Overall, the results of the human health risk assessment indicate that it is not expected that the proposed project (i.e., construction, operation, and eventual decommissioning of a modern EFW thermal

treatment facility) will result in any adverse health risk to local residents, farmers or other receptors in the Local Risk Assessment Study Area at 140,000 tonnes per year. Although some risk has been identified through the assessment of Baseline Case concentrations, this risk can be attributed to conservative modeling assumptions that overestimate the actual risk present (e.g., use of method detection limits to represent chemical concentrations and use of child-specific ingestion rates to represent toddler rate of ingestion) and/or pre-existing natural or anthropogenic conditions that correlate to baseline risk. These pre-existing natural or anthropogenic conditions were generally shown not to differ from those of similar urbanized areas in Ontario.

Based on the success of this human health risk assessment and an accompanying ecological risk assessment (see Ollson et al., 2014), the regions of Durham and York were able to move forward with this project, and the described facility is currently under construction, with operational start-up anticipated in Fall 2014. This facility will be capable of processing 140,000 tonnes of post-diversion residual waste annually while recovering metals and energy.

Conflict of interest

The authors have no actual or potential conflicts of interest to declare.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at http://dx.doi.org/10.1016/j.scitotenv.2013.07.019.

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