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Re: *Leach, **et** al. **v.** E.I. duPont de Nemours and Company et al.*
(Circuit Court of Kanawha Cty, WV, Civil Action No. 01-C-2518)
Public Health Concern Involving Drinking Water in Wood County, West Vireinia

Ladies and Gentlemen:

Our law firm is currently working with two other law firms in West Virginia in the representation of numerous individuals who have brought a class action lawsuit against E.I. duPont de Nemours and Company ("DuPont") and the Lubeck Public Service District of Wood

County, West Virginia ("LPSD") in connection with the contamination of human drinking water supplies with hazardous materials, including ammonium perfluorooctanoate (a/k/a APFO/FC-143), originating from DuPont's Washington Works in Wood County, West Virginia. (An extra copy of the complaint is attached.) As indicated in the Complaint, our clients are concerned that there is a current, imminent and substantial threat to their health based upon the past and current presence of excessive levels of, among other materials, APFO in local drinking water supplies, We have asked the Circuit Court in Kanawha County, West Virginia to order, among other things, appropriate medical monitoring to thoroughly assess, evaluate and quantify this threat to human health.

It has recently come to our attention that your agencies may be working with representatives of DuPont and/or the LPSD to evaluate the nature and extent of the current threat to human health arising from the APFO contamination, and that your agencies may be in the process of trying to agree with DuPont and/or the LPSD on the selection of a "safe" level for APFO in human drinking water supplies.

As indicated in the attached *summary* chart, exhaustive, detailed analysis of the health studies conducted to date with respect to APFO using standard USEPA risk assessment methodology and DuPont's own data confirm that no "acceptable" level of APFO in human drinking water can be scientifically or realistically justified at any level any higher than 0.2 parts per billion (ppb) of APFO. As indicated in the attached chart, the factors used in deriving this 0.2 ppb level are based upon the exact same data and analysis that has been used by DuPont and the 3M Company in previous, similar attempts to determine a "safe" level for APFO and PFOS in drinking water.

As you most-likely are already aware, APFO levels have consistently and continuously exceeded 0.2 ppb in the LPSD drinking water supply since at least 1984, with DuPont's own lab confirming APFO levels as high as 3.9 ppb in the early 1990s. Given the continuing presence of APFO in human drinking water supplies in Wood County, West Virginia at levels exceeding 0.2 ppb, we request that your agencies confirm as soon as possible what steps are being taken to address this imminent health threat. In that regard please let us know if any of your agencies are considering the selection of any APFO drinking water standard or goal any higher than 0.2 ppb so that we can discuss the basis upon which you believe any such alternative number can be justified under existing data and risk guidance, and the extent to which you can assure our clients that there is no threat to human health at any such higher level. Please also let us know if you have any questions on any aspect of any of the information set forth in the attached chart.

We **look** forward to receiving any information any of your agencies can share with us regarding your agencies' position in this matter. Thank you.

Very truly yours,

Robert A. Bilott

RAB/mdm
Attachments
cc: R. Edison Hill, Esq.
Larry **A.** Winter, Esq.
Gerald J. Rapien, Esq.

CONTAIN NO CBI

Drinking Water Health Advisory determination for Ammonium Perfluorooctanoate(APFO)

The calculations below are based on a 26-week capsule toxicity study with APFO in Cynomolgus Monkeys (Unaudited Draft Report by Covance Labs, 10/7/99) conducted for DuPont and 3M. There were 22 organisms in 4 dose groups (including a control group receiving gelatin capsules). The list below details the number of study animals in each group. Note that 1 monkey from the low dose and 1 from the high dose groups were sacrificed prematurely due to their "moribund condition". Also, 3 more of the high-dose monkeys were removed from the study due to similar signs of toxicity as experienced by the monkey that was sacrificed from this group (so only 2 high-dose monkeys were carried through to the end of the study). Seventeen (17) monkeys total were carried through to the duration of the study.

Group	No. Animals
1 (control)	6
2 (low-3mg/kg/day)	4
3 (Mid - 10 mg/kg/day)	6
4 (High - 20/30 mg/kg/day)	6

RfD Calculation

RfD = NOAEL/UF

LOAEL (mg/kg/day)	MF	UF	RfD (ug/kg-day)
3	10	100,000	0.03

LOAEL comment: At both 3 and 10 mg/kg/day, test material-related organ weight changes were observed. Also, a test animal was near death (not eating, paralysis in hind limbs) at the 3 mg/kg/day dose level and was sacrificed prematurely. In light of this observation, the 3 mg/kg/day is considered the LOAEL.

UF Note: UF determined as 10 (interhuman) x 10 (primate to human) x 10 (chronicity) x 10 (incomplete database) x MF. MF is 10 (because of limited data issues).

DWEL Calculations

DWEL = RfD * 70kg/2L/day

RfD (mg/kg/day)	BW (kg)	H2O IR (L/day)	DWEL (ug/L)
0.03	70	2	1.1

Lifetime DWHA Calculatioq

DWHA = DWEL * RSC (i.e., Relative Source Contribution/EPA default = 0.2)

LOAEL (mg/kg/day)	DWEL (ug/L)	RSC	DWHA (ug/L)
3	1.1	0.2	0.2