

Questions for Dr Andrew Buroni re his technical note .

- 1) You state in 2.6.2 of your note “ The existence of a hazard by itself does not constitute a risk, it is only when there is a hazard source, a receptor and a credible pathway that there is potential for a health risk”

In terms of pathway, the pathway to nearby receptors has been referred to as HIGHLY EFFICIENT throughout the appellants assessments, and the particulate pod commissioned by rule 6 group also evidences that there is a pathway between hazard, source and receptor ..

Do you agree that all three of the criteria you have stipulated are indeed present for the nearby residents and therefore there is a potential health risk considering my residents are EXTREMELY close to quarry workings which needs to be carefully assessed?

- 2) In 2.4.5 of your technical note, you state that “ the Air quality Assessment met both the original scoping opinion geared to meeting the regulatory requirements, and the scoping opinion supplement to better respond to risk perceptions... this included a dedicated “ Health Impact Assessment “ explaining how the worst case concentration projections lies well within air quality objectives.....”

The assessment mentioned above has simply concluded that because there is currently a PM 10 concentration of 8.89ug/m³ there is little risk that PM concentrations will exceed the target values.

There is then a conclusion made that because PM10 concentrations are not likely to exceed the target level “ the potential for emissions from the development of PM10 concentrations to affect human health receptors is predicted to be negligible “.

Are you stating that this unconnected reasoning translates as a Health Impact Assessment ?

Are you implying that remaining below annual Air Quality Objective Levels is sufficient to act as a Health Impact Assessment ?

In 2.6.7 of your report, you state that “ The assessment submitted has already concluded that changes in air quality are negligible, remain well within air quality objective thresholds which are informed by PROVEN DOSE RESPONSE RESEARCH... which are protective of health, and do not present any significant risk to the

achievement of air quality standards and objectives locally. That does not mean that any possible individual risk can be scientifically excluded, but rather that such risk has been assessed properly and has been appropriately assessed to fall within acceptable limits”.

Although it has been concluded that changes in Air Quality are likely to remain within Air Quality Objective thresholds

... due to the campaign working proposed by the appellant, short term peaks in PM will occur .

Has there been any analysis of the likely magnitude of the peaks ... their duration... and potential risk of adverse health impacts resulting from repeat ,short term exposures on nearby residents?

With regards to dose response studies my understanding is that they are generally used to inform decision makers regarding the likely effects of pollutants on a large population level.

I am aware that CRF calculations associated with health risks regarding air quality can be applied at specific sites, but there are challenges in using these methods.

Was the data used appropriate to the specifics of this site?

Also, can details of the data used be provided?

In 2.6.11 you refer to “ a quantitative exposure response assessment “.

In this assessment what increase, over the current baseline in PM levels were assumed?
