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Via Email: [InfoQuality@cdc.gov](mailto:InfoQuality@cdc.gov)

Subject: Submission of Information Quality Appeal; Request for Reconsideration of Chesapeake Well Site Health Consultation correction request

Regarding: “ATSDR Health Consultation, Chesapeake ATGAS 2H Well Site, Leroy Hill Road, Leroy Township, Bradford County, Pennsylvania”

Publication Date: November 4, 2011

Website Location: <http://www.atsdr.cdc.gov/hac/pha/index.asp>

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“Portier Response to Request for Correction”

Publication Date: March 18, 2013

Website Location: <http://aspe.hhs.gov/infoquality/request&response/41b7.cfm>

This information quality appeal (“Appeal”) is submitted pursuant to the provisions of the HHS Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated to the Public and the Guidelines for Ensuring the Quality of Information Disseminated to the Public for the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry, as well as the underlying statute, Section 515 of the Treasury and General Government Appropriations Act for Fiscal Year 2001 (Public Law 106-554; HR-5658) (hereinafter, the "Data Quality Act"), and the related directives of the Office of Management and Budget, 67 Fed.Reg. 8452 (Feb.22, 2002), and the U.S. Department of the Interior.<sup>1</sup> This Appeal relates to Chesapeake’s January 23, 2012 Request for Correction

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<sup>1</sup> This Appeal is timely filed. The initial deadline to file an appeal pursuant to the HHS guidelines was April 18, 2013. However, ATSDR agreed to an extension of the deadline to May 16, 2013. Chesapeake is filing this formal Appeal to preserve its rights under the Administrative Procedure Act and the Data Quality Act while informal discussions continue.

regarding the above-referenced Health Consultation and ATSDR's response to that Request dated March 18, 2013.

### **Standards for Appeal and Underlying Correction Request**

The Data Quality Act ("DQA"), also known as the Information Quality Act, directs that federal agencies "issue guidelines ensuring and maximizing the quality, objectivity, utility and integrity of information (including statistical information) disseminated" by those agencies and that such guidelines provide "administrative mechanisms allowing affected persons to seek and obtain correction" of such information. This Appeal and the underlying Request for Correction rely on three applicable documents:

1. HHS Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated to the Public (the HHS Guidelines);
2. Guidelines for Ensuring the Quality of Information Disseminated to the Public for the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (the CDC/ATSDR Guideline); and
3. Office of Management and Budget Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies, 67 Fed.Reg. 8452 (Feb. 22, 2002) (the OMB Guidelines).

The CDC/ATSDR Guidelines implementing the DQA's directive incorporate by reference the standards of information quality set forth in the OMB Guidelines and the HHS Guidelines including the "information quality definitions" published in these guidelines. The CDC/ATSDR Guidelines, which expressly apply to Public Health Consultations, provide further agency-specific details on the criteria that the ATSDR applies in determining the quality of information products to be disseminated.

Accordingly, we look to the criteria and definitions specified in the cited guidelines as the basis for identifying information meriting the challenges made in this appeal and the underlying Request for Correction. The criteria relevant to information quality include utility and objectivity, as defined and detailed in the OMB Guidelines, 67 Fed.Reg. at 8453, and the HHS Guidelines, Section D.2.

With regard to "utility," the OMB Guidelines state that "when transparency is relevant for assessing the information's usefulness from the public's perspective, the agency must take care to ensure that transparency has been addressed in its review." 67 Fed.Reg. at 8459. The HHS Guidelines echo this language in Section D.2. The degree of transparency required is also specified: "[w]ith regard to analytic results related thereto, agency guidelines shall generally require sufficient transparency about data and methods that an independent reanalysis could be undertaken by a qualified member of the public." 67 Fed.Reg. at 8460.

With regard to "objectivity," the OMB Guidelines direct that this applies specifically and separately to both the presentation and substance of the information being disseminated. Criteria for presentations include a requirement that information is "accurate, clear, complete, and unbiased," 67 Fed.Reg. at 8453, and specify that information be presented within its proper context. The HHS Guidance incorporates the same language. The substance of the information

is further required to be reliable. The guidelines state that “data should have full, accurate, transparent documentation, and error sources should be identified and disclosed to users.” 67 Fed.Reg. 8459. The definitions in the HHS Guidance track this language as well. Objectivity is further specified to require the use of sound scientific methods – “the original and supporting data shall be generated, and the analytic results shall be developed, using sound statistical and research methods.” 67 Fed.Reg. 8459. The HHS Guidance contains a comparable commitment.

Based on the various definitions, the following set of criteria and subcategories has been identified as follows:

- Utility
  - Transparency is sufficient for reproducibility
  - Information is presented in a manner that is useful to the public
- Objectivity – presentation and substance must be:
  - Accurate
  - Clear
  - Complete
  - Unbiased
  - Based on sound scientific reasoning

The CDC/ATSDR Guidelines, incorporating language from the OMB Guidelines, further specify that when risk to health, safety, and the environment are the focus of information, “agencies shall either adopt or adapt the quality principles applied by Congress to risk information used and disseminated pursuant to the Safe Drinking Water Act Amendments of 1996,” including:

(1) using

- (a) “the best available,”
- (b) “peer-reviewed science and supporting studies,”
- (c) “conducted in accordance with sound and objective scientific practices”; and

(2) ensuring that the presentation of information about risk effects is

- (a) “comprehensive,”
- (b) “informative,” and
- (c) “understandable.”

Notably, the OMB Guidelines also make clear that greater rigor in meeting these objectives is required where a particular report is likely to be deemed “influential.” Where “the agency can reasonably determine that dissemination of the information will have or does have a clear and

substantial impact on important public policies or important private sector decisions,” that information is “influential” pursuant to the OMB and HHS Guidelines and is therefore subject to the OMB Guidelines principle of “the more important the information, the higher the quality standards to which it should be held.” 67 Fed.Reg. at 8452. By virtue of the nature of the information and conclusions included in the Consultation and the intense public, media, regulatory, and legislative focus on natural gas exploration and production activities, not to mention the Consultation’s broad recommendations that obviously carry the intent of influencing public policy, Chesapeake asserted in the underlying Request for Correction that the information being challenged meets the criterion of being “influential” information. Indeed, under OMB’s Final Information Quality Bulletin for Peer Review (Dec. 14, 2004), the Consultation should even be considered a “Highly Influential Scientific Assessment” subject to that bulletin’s extensive peer review process as the Consultation’s Recommendations, especially Recommendation 5, could if required involve costs in excess of \$500 million a year and since the science underlying the Consultation and the conclusions it reached are novel, controversial, and precedent-setting. **ATSDR’s Response to the Request does not address this assertion and, as a result, is insufficient and inadequate.**

As noted above, Chesapeake submitted a Request for Correction regarding the Health Consultation on January 23, 2012. ATSDR issued six interim responses seeking additional time before issuing a final response to the Request for Correction on March 18, 2013 (the “Response”). In its Response, ATSDR rejected the vast majority of Chesapeake’s requested corrections.

As for the standards for this Appeal, under the CDC/ATSDR Guidelines, “[i]f the individual submitting the complaint does not agree with CDC’s decision (including the corrective action, if any), the complainant may send a written hard copy or electronic request for reconsideration within 30 days of receipt of the agency’s decision.<sup>2</sup> The appeal must state the reasons why the agency response is insufficient or inadequate. Complainants must attach a copy of their original request and the agency’s response to it.” The broader HHS Guidelines use substantively identical language.

### **Basis for Appeal**

Before turning to specific grounds for this Appeal, Chesapeake appreciates greatly ATSDR’s many qualifications and clarifications presented in the Response to our Request for Corrections. We appreciate, for example, ATSDR’s clear recognition in the Response that its Health Consultation did not rely on the much broader set of data that were available to the U.S. Environmental Protection Agency (“EPA”) , Pennsylvania Department of Environmental Protection (“PADEP”), Chesapeake, the public, and ATSDR itself, instead focusing almost exclusively on the very limited single sampling event that EPA specifically asked ATSDR to review. While we find it curious that ATSDR would not utilize all available data in determining

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<sup>2</sup> As noted above, in the present matter, ATSDR granted Chesapeake an extension of time to file this Appeal until May 16, 2013.

potential public health risks, we commend ATSDR for confirming that hundreds of additional groundwater sample results were not utilized by agency staff in reaching its conclusions and subsequent recommendations and in developing its public health action plan.

Furthermore, we very much appreciate ATSDR's acknowledgements that most of the constituents discussed in the Consultation are naturally occurring. We greatly appreciate ATSDR's explanation that "ATSDR did not attempt to attribute conclusively the presence of the chemicals detected in the private wells at this site to a definitive source," that the changes in RW04 in particular were merely "suggestive," and that "[f]inal determinations regarding sources of contamination are beyond the scope of the health consultation requested by EPA, and are left to the appropriate federal, state, and local authorities." And finally, we appreciate ATSDR's acknowledgment that the additional groundwater sampling conducted at the site in question has fulfilled the Consultation's Recommendation #4 for further sampling of the residential wells.

Despite these acknowledgements, however, it is Chesapeake's contention that ATSDR failed to directly respond to many of the specific technical questions raised in the Request for Correction concerning the Health Consultation. In its Response, ATSDR repeatedly qualified the limits of the Consultation to the limited amount of data provided by the EPA without acknowledging the impact such data limitations place on the over-reaching conclusions and recommendations presented in the document. ATSDR suggests its duty was only to be responsive to EPA's narrow request while also claiming that its mission is to broadly inform the public accurately about potential health risks. According to ATSDR's own Public Health Assessment Guidance Manual - Updated January 2005 (ATSDR Manual) used to develop Health Consultations and Assessments, the agency's stated mission begins "To serve the public by using the best science ...". We are surprised that a federal agency with such a mission would insist on limiting the scope of its review to the express terms of an early request by a sister agency rather than take into account the substantially broader available data sets that had been submitted to the EPA and PADEP well in advance of the Consultation's publication in determining public health risks at this site.

Chesapeake is filing this information quality Appeal to give ATSDR an opportunity to correct its errors in the Health Consultation or make a retraction to ensure the public has accurate, useful, and comprehensive information as required by the Data Quality Act. Chesapeake incorporates and restates all of the requests for correction from the January 23, 2012 Request into this Appeal, and submits these additional comments for ATSDR's consideration.

**Hagemeier Comment 1/Wilkins Comment 1 – ATSDR should edit or remove Conclusion 1 and other statements implying any source determination to clearly reflect ATSDR's role and to make more explicit the data limitations underlying Conclusion 1 and similar statements elsewhere in the Consultation.**

According to the Consultation, Conclusion 1 is based on "[t]he available environmental data and information for RW04...." (Consultation p. iii). This is not accurate. ATSDR did not account for hundreds of other samples, relying almost exclusively on a single sampling event with seven samples to come to its conclusions and recommendations. ATSDR's attempt to paper over this

critical misstatement is unpersuasive. In the Response, ATSDR significantly changes its characterization of the data universe. While Conclusion 1 of the Consultation states without qualification that ATSDR looked at the available environmental data, the Response instead suggests that ATSDR “used the *appropriate*, available data *relevant for the scope of the request* made to the agency for this public health review.” (Response p. 3) (emphasis added). Revising Conclusion 1 to expressly reflect these heavy caveats and the government’s selection of an artificially narrowed dataset is necessary to ensure the clarity and quality of the statement.

However, Conclusion 1 would still be flawed even with those edits. That Conclusion finds that the data “suggest that the groundwater near this site is impacted by natural gas activities.” (Consultation p. iii). ATSDR repeats this claim in the Consultation, alleging that “[t]he presence of dissolved methane at 6,200 µg/L together with ethane at 2.6 µg/L in well RW04 suggests the groundwater has been impacted by natural gas activities.” (Consultation p. 16). ATSDR leaps to these conclusions based on a single sampling event. These conclusions are critically flawed for three key reasons.

First, making a source determination is outside the scope of ATSDR’s authority. We appreciate ATSDR’s admission of this limitation in the Response, where it notes that “ATSDR did not attempt to conclusively attribute the presences of chemicals detected in the private wells at this site to a definitive source” and that ATSDR “recognizes the expertise and authority of EPA... to determine... the sources of contamination.” (Response p. 1). By attempting to link natural gas activities to groundwater issues based on a single sampling event, ATSDR has gone well beyond the scope of EPA’s request and falls short of its claimed mission of informing the public of perceived health risks by basing a suggested source determination on information that was far from comprehensive or adequate to that purpose.

Second, Conclusion 1 is confusing to the public. On one hand, ATSDR states that the data “do not conclusively indicate” anything. On the other, ATSDR links groundwater impact to natural gas activities. These findings cannot co-exist. The fix is simple – Conclusion 1 should be revised to remove any statement suggesting a source determination or it should be eliminated in its entirety.

Finally, while ATSDR opines on the changes in concentrations between pre-drilling and post-incident samples and reaches unsupported conclusions concerning the potential cause of these changes, Conclusion 1 does not contain any information whatsoever concerning potential public health hazards from drinking the water from RW04. In fact, it appears that Conclusion 1’s sole purpose is to tenuously identify a single presumed source for the changes seen in the limited data ATSDR chose to review. Based on page 9-7 of the ATSDR Manual, “The first conclusion should emphasize the main thrust of the public health assessment and address the key issues presented in the Purpose and Health Issues section.” While the changes in concentrations in RW04 were worth investigating – and, of course, they were thoroughly investigated by EPA, PADEP, and Chesapeake before the Consultation was published – the absence of any discussion about potential public health hazards is suggestive of an intention to try to invent a causal connection with natural gas activities rather than informing the public about public health issues. As pointed out on page 17 of the Request for Correction, ATSDR also failed to consider a second groundwater sample collected by EPA on July 6, 2011 from well RW04 which was

considerably different from the sample ATSDR relied on and almost identical to the initial baseline sample from this well. Consideration of this sample would likely have led to a different conclusion regarding well RW04 if ATSDR had actually utilized the best available information.

As written, these portions of the Consultation badly fail DQA standards respecting accuracy, clarity, completeness, sound scientific reasoning, use of the best available science, and the presentation of comprehensive, informative, and understandable information, and run afoul of ATSDR's own guidance. ATSDR's Response is insufficient and inadequate because it fails to correct false statements in the Consultations about the use of available data and fails to correct the Consultation's unfounded claim about groundwater impacts from natural gas activities.

*Suggested Edit (if not removed)*

ATSDR is unable to confirm an exposure pathway between the ATGAS incident and RW04. EPA and Chesapeake Energy have conducted further investigations at this site.

**Hagemeier Comment 2/Wilkins Comment 3 – ATSDR should use consistent units of measurement and should correct the Consultation accordingly.**

Throughout the Consultation, ATSDR reports safe levels of constituents in parts per million while reporting actual levels of constituents in parts per billion. This practice needlessly confuses the public and makes it appear that the constituent level is dangerous when it is not.

ATSDR admits that its use of inconsistent units “may indeed be challenging for the lay person.” (Response p.5). Yet ATSDR suggests its “primary audience for [the Consultation] was EPA, and their scientists and engineers have experience and expertise in understanding these conversions.” *Id.* This contradicts ATSDR's statements *in this very same section* that their purpose was to inform the public of health risks. ATSDR said the “purpose of the document... was to highlight possible risks that could exist for [the] residents or could be of relevance for other private well users in similar circumstances.” (Response p.4). The Consultation was publically available, and indeed was announced to the public with much fanfare. This document was not quietly exchanged between government scientists. The Data Quality Act is designed to protect the public from exactly the type of confusing and opaque unit switching that ATSDR admits “may indeed be challenging for the lay person.” In fact, one of ATSDR's stated goals, as found on page 1-3 of the ATSDR Manual is to “[d]evelop and provide reliable, understandable information for affected communities and tribes and for other stakeholders.” ATSDR should correct the use of units so that they are consistent throughout the Consultation and provide transparent scientific information to the public to best meet their stated mission and goals. By rejecting this Request, the Response is insufficient and inadequate because this failure in the Consultation violates DQA standards by admittedly not presenting information useful to the public, by not being clear, and by not ensuring that the presentation of information in the Consultation was informative and understandable.

**Hagemeier Comment 2/Wilkins Comment 10 – ATSDR should retract the Consultation as it failed to perform an adequate exposure pathway analysis that could support any linkage between detected concentrations and oil and gas activities.**

As we noted in the initial Request for Correction:

The potential transport of released material into groundwater was investigated thoroughly by Chesapeake's third party consultants and discussed extensively in several reports submitted to the PADEP. These reports support the conclusion that no transport of materials to groundwater used for drinking had occurred as a result of the release. Therefore, a completed exposure pathway does not exist. Indeed, given the physical properties of the materials released, the terrain and geology of the area, and the short time between the incident and the testing in question, it seems likely that a completed exposure pathway could not exist. ATSDR did not adequately consider these factors and apply proven science on exposure pathways to support its speculation. The absence of such a discussion impairs the completeness, objectivity, and accuracy of the Consultation. (Request p.21-22).

Again, we greatly appreciate ATSDR's explanation that "ATSDR did not attempt to attribute conclusively the presence of the chemicals detected in the private wells at this site to a definitive source." (Response p.4). But this does not resolve the issue of the incomplete exposure pathway analysis. The acknowledgement that ATSDR did not attempt a conclusive pathway analysis is an admission that ATSDR did not undergo the type of comprehensive analysis required by the DQA and calls into question the integrity of the document. Here, as in other sections of the response, ATSDR engages in after-the-fact narrowing of their broad conclusions. ATSDR now alleges they "appropriately considered exposure pathways *relevant to the scope* of [the] health consultation." (Response p.11) (emphasis added). This equivocation does not substitute for a public correction of ATSDR's failure to undergo a comprehensive exposure pathway analysis. The Response to this failure of the Consultation is insufficient and inadequate because this failure prevents the Consultation from being accurate, complete, based on sound science, and having used the best available science.

**Hagemeier Comment 3/Wilkins Comment 2 – The Consultation's explanation of naturally occurring background concentrations of most of these "contaminants" is inadequate and should be corrected.**

Again, we very much appreciate ATSDR's statements in the Response acknowledging that most of the constituents discussed in the Consultation are naturally occurring. However, the Consultation still lacks clarity and accuracy when it comes to informing the general public about that fact. ATSDR claims that by "providing information on background median concentrations," ATSDR has adequately indicated that arsenic, barium, calcium, chloride, iron, magnesium, manganese, potassium, and sodium are naturally occurring. (Response p.7). However, to the extent Table 1 references background concentrations, it does not cure the deficiencies of Table 3. Indeed, the fact that two tables say different things is proof of a lack of clarity that will confuse the public. In any event, Table 1 does not provide information regarding bromide, lithium,



methane/ethane, or radionuclides. This failure means that the Consultation cannot be considered a comprehensive, clear, accurate, or understandable document, rendering the Response insufficient and inadequate.

**Wilkins Comment 9 – ATSDR’s selective attribution of causation to before and after concentration comparisons casts doubt about its conclusions, especially Conclusion 1, which should be sharply modified or retracted.**

ATSDR did not appropriately consider and explain all of the available data pre and post incident. Instead, ATSDR overstated the impact of and relied entirely upon the small amount of data that could potentially be interpreted to indicate some minor possible impact while completely ignoring the majority of data pointing the other direction. Because of this misinterpretation, ATSDR leapt to Conclusion 1. A full, comprehensive analysis of all the data available to ATSDR at the time of the Consultation shows that these data merely demonstrate the natural variability of naturally-occurring constituents and differences in sampling execution and nothing more. ATSDR should revise the Consultation to reflect that comprehensive scientific analysis and correct that premature and mistaken conclusion.

ATSDR’s Response on this point is inherently contradictory. While ATSDR on one hand says “[t]he health consultation did not determine the cause of changes in water quality,” it states *in the same paragraph* that the changes in drinking water quality after natural gas activity were “suggestive.” (Response p.10). The Consultation should remove any such reference to causation, particularly where the basis of that conclusion is inaccurate and arises from a non-comprehensive analysis of a limited data set. Furthermore, as stated earlier, ATSDR has not provided any public health risk analysis in Conclusion 1, opting instead to suggest a tenuous connection between the ATGAS incident and water quality changes seen in the limited data sets from RW04.

The Response is insufficient and inadequate because it fails to address the Consultation’s shortcomings relative to relevant DQA standards including accuracy, completeness, sound scientific reasoning, use of the best available information, and sound scientific practices.

**Wilkins Comments 11 and 21 – ATSDR should retract portions of the report that involved the selective inclusion of questionable worst case sampling results.**

ATSDR appears to have selected the sampling result that is most suggestive of a possible environmental impact whenever possible. In particular, ATSDR claimed to have found a “10-fold [increase in methane] compared to the pre-blowout concentrations.” (Consultation p. iii). But that finding was based on the worst possible sample in an artificially limited dataset. ATSDR attempts to hide behind a single sentence in the Consultation that indicated ATSDR used a maximum value to account for some limitations of the study. (Consultation p. 2). Of note, while several other conclusions repeat that qualifier within the text of the conclusion, Conclusion 1 does not. Hiding the ball from the public in regards to what samples are being used when and why those samples are being used is not transparent and it does not provide clear, reliable, accurate, or comprehensive information to the public.

In its response, ATSDR cites for the first time a guidance document that explains why and when ATSDR can assume maximum ingestion. (Response p. 11). Asking the public to research a guidance document for the first time in the context of a Response to a Request for Correction is asking too much. Instead, ATSDR should retract the segments of the Health Consultation that present unnecessarily and unfairly alarming conclusions. At a minimum, ATSDR should make clear that the “10-fold increase” was based on the single highest sample of the narrow set of data ATSDR considered for the Consultation, much like they did for other conclusions in the Consultation. By failing to address the above-referenced breaches of DQA standards, the Response is insufficient and inadequate.

**Wilkins Comment 36 – ATSDR should remove Recommendations 4 because it is unreasonable for ATSDR to request additional data when it ignored huge volumes of existing data and to recommend extensive and costly sampling and studies based on questionable results from one sampling event that has been demonstrated to be unnecessary by subsequent sampling that was not considered by ATSDR**

Despite looking only at one sampling event while ignoring a vast amount of other readily available information, the Consultation recommended that “further sampling of the residential wells near this site be conducted to determine the current impacts to the local groundwater, to identify trends in chemical constituents, and to better assess chronic exposures to groundwater constituents related to natural gas drilling and hydraulic fracturing activities.” (Consultation p. v). This recommendation was inappropriate at the time the Consultation was published and remains so. There were dozens of sampling events for these wells available at that time that ATSDR chose to ignore. And as ATSDR acknowledges in the response, “[f]urther sampling of the wells near the Chesapeake ATGAS 2H well pad has been conducted by EPA.” (Response p. 24). Indeed, PADEP has granted formal closure and discontinued all monitoring requirements. There is no need for additional sampling and this Recommendation should be removed. We appreciate ATSDR’s acknowledgment in the response to our Request for Correction that Recommendation #4 has been satisfied.

**Wilkins Comment 37 and 38 – ATSDR should remove Recommendations 5 and 6 because it is unreasonable to recommend extensive and costly sampling and studies based on questionable results from one sampling event as it has been demonstrated to be unnecessary by subsequent sampling that was not considered by ATSDR.**

By ATSDR’s own admission, the data set used in the Health Consultation was only a small fraction of the data available at the time the Consultation was published. Conclusions and recommendations based on such limited data are suspect. Chesapeake is interested in sound science and, based on your agency’s mission statement, we trust ATSDR is as well.

The far-reaching implications found in Recommendation 5 appear to not be realized by ATSDR. There will be thousands of wells that will be drilled in the region overlaying the Marcellus Shale. To conduct the extensive studies and investigations envisioned by ATSDR for each and every

well that might be drilled could result in hundreds of millions of dollars being expended by industry or regulatory agencies.

While ATSDR and others (including Chesapeake) would agree that private groundwater well users generally should sample their water wells to ensure they are safe, ATSDR's language in Recommendation 6 suggesting that such sampling be performed "especially in close proximity to natural gas drilling activities" is inflammatory and not supported by the data available to the agency concerning the residential water wells near the ATGAS site. In fact, a thorough, unbiased review of this data would not support a claim suggesting that proximity to natural gas drilling should indicate a special need for sampling. By failing to modify or retract these flawed Recommendations which do not satisfy the relevant DQA standards for sound science, the Response is insufficient and inadequate.

**Wilkins Comments 4-8, 12-19, 24-35, 39-42.** As noted above, Chesapeake believes that ATSDR's responses to these sections of our Request for Correction are non-responsive and fail to overcome the criticisms presented. ATSDR should re-consider and accept these requests for correction. By failing to show how the Consultation satisfies the DQA standards cited in our Request, the Response is insufficient and inadequate.

## **CONCLUSIONS**

We appreciate ATSDR's efforts to this point to correct the Consultation and hope to continue a dialogue on these issues. But there are still many plain errors to correct that the Response fails to acknowledge or tries to paper over. We hope that through the Data Quality Appeal process we will be able to work with ATSDR to correct the remaining errors in the Consultation. Please do not hesitate to contact us with any questions as you consider this Appeal.