

Virginia Department of Health
Meth Lab Cleanup Guidelines Work Group Meeting
October 9, 2014

D-R-A-F-T Summary

List of Attendees at Central Location

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|---------------------|----------------------|--------------------------|
| Patrick Bolling-VDH | Jim Bowles-VDH | Dwight Flammia-VDH |
| Lance Gregory-VDH | Todd Grubbs-VDH | Rebecca LePrell-VDH |
| Jaysa Cecil-VDH | Leslie Romanchik-DEQ | Laura Farley-VA Realtors |
| Vernon Hodge-DHCD | | |

List of Attendees at Remote Locations

Heather Lyall Chad Bowman

1. Introductions

The meeting opened with brief introductions of work group members. Mr. Bowles stated the purpose for the work group is to review the Virginia Department of Health's (VDH) Guidelines for Cleanup of Residential Property Used to Manufacture Methamphetamine (the Guidelines) and determine the necessary revisions to comply recent amendments to Va. Code Section 32.1-11.7. These recent amendments essentially require VDH to apply the Guidelines to all buildings, and to determine a method for certifying that the methamphetamine level is at or below the post cleanup target level.

Mr. Bowles then outlined the process for the work group. The work group will draft proposed Guidelines for the State Health Commissioner's for approval. The draft Guidelines will then go to the Board of Health for final approval. Mr. Bowles emphasized that the Guidelines are voluntary; VDH does not have regulatory authority regarding the cleanup of properties used to manufacture methamphetamine.

A hand-out of comments from Joseph Mazzuca was presented to the group (see attached).

2. Review Legislation

The workgroup discussed the recent amendments to Va. Code Section 32.1-11.7 and provided their initial thoughts on the direction for the work group. Mr. Bowles commented that VDH's initial thought is that the work group will develop procedures for a private sector third party to complete sampling and provide a "certification" to the owner. However, VDH does not have authority to license or certify specific companies to conduct clean up. Work group members had general agreement that the Guidelines would set the procedures and criteria for certifying that methamphetamine levels are at or below the target level, and only provide recommendations for who an appropriate third party might be to provide certification.

Work group members also discussed other sections of the Code of Virginia related to methamphetamine production, such as disclosure requirements in Va. Code Section 55-225.17 and 55-248.12:3.

There was general discussion on the scope of sampling, sampling protocols, sampling cost, and the appropriateness of the laboratories performing the test. The work group discussed different means for conducting third party sampling, including the use of certified industrial hygienist or homeowners purchasing kits and submitting samples with an outside party certifying that the sample was collected appropriately. Several members stated that the cost of sampling should be a major consideration. Each of these items related to sampling will require further discussion among the work group.

3. Define Deliverables

The work group identified the following task/deliverables:

- Review the Guidelines to assure that they apply to all structures, not just residential properties.
- Develop recommended post testing protocol.
- Establish recommendations for who should provide certification that a site is at or below the post cleanup target level.
- Develop a template certification checklist/letter.
- Review existing cleanup checklist in the Guidelines.
- Develop special considerations for hotels and motels.

One work group member also recommended that VDH confer with counsel to determine whether the amendments to Va. Code Section 32.1-11.7 allow VDH to set specific requirements for who can certify a site as being at or below the post cleanup target level, rather than just making recommendations.

Another work group member recommended that VDH set a lower post cleanup target level than the level currently provided in the Guidelines; 1.5 µg/100cm². There was general consensus among members present at the meeting that the current level is an appropriate health based standard.

There was also general consensus among members present that whoever performs the certification would provide a copy to the owner.

4. Assignments

- Review of the Guidelines – Mr. Bowles, Mr. Tuttle and Ms. Lyall.
- Develop recommended testing protocols – Mr. Bowman.
- Recommendation for certification providers – work group.
- Create a template certification checklist/letter – Mr. Gregory.
- Review existing cleanup checklist – Mr. Bowles.
- Special consideration for hotels/motels – Ms. LePrell and Dr. Flammia

5. Schedule Next Meeting

The next meeting is tentatively scheduled for about Nov. 19, 2014.

METH LAB CLEANUP[®] COMPANY

Meth Lab Cleanup LLC (MLCC) comments for submittal pertaining to proposed changes to;

Virginia Department of Health,

Guidelines for Cleanup of Residential Property Used to Manufacture Methamphetamine

August 6, 2013

MLCC has been in and specializes in the clandestine drug lab remediation business since 2003 on a national basis and has facilitated thousands of assessments, sampling events and consultations across the nation to date. Aside from being a certified contractor in all regulated states that require certification, we are also approved training providers in all regulated states that require certification. When MLCC was started only two states and one county in the U.S. were regulated. MLCC has played a major role in regulatory development in almost all states since 2004 of which there are now 25. This does not include local level regulations which we have also participated in. Our president and founder, Julie Mazzuca holds an MS in Hazardous Waste Management and is a Certified Registered Professional Industrial Hygienist with over 18 years of previous experience in the hazardous waste federal arena prior to starting this company. MLCC is considered the leader in this industry in the U.S. and abroad. .

These comments are in consideration of the proposed changes to the guidelines and for the purpose of ease of review have been broken down into categories of the areas we feel need to be addressed and comments regarding what we feel is appropriate.

Current Guidelines;

The current Guidelines have likely been to a degree helpful to the public when faced with this issue. They are not however conducive to current industry standards and practices as they are in all other regulated states. Because there is no certification or training requirements of contractors or consultants the industry in VA is very inconsistent and lacks uniformity. This is very confusing to the public. Additionally, the likelihood of a successful "homeowner" remediation is based on our experience not likely to be achieved appropriately.

We do not see how the draft changes will reduce cost to the public or provide a higher level of public confidence. MLCC is in full agreement that the current guidelines need serious revision, however, we are not in agreement that any proposed changes will benefit the public or lead to a program that is suited to the industry as it is on a national basis. We are of the opinion that the state should seriously consider establishing

regulations as twenty five other states have.

Based on the likelihood the state will not establish regulations we would like to offer some recommendations for consideration and possible implementation to better the current program.

Standards;

The proposed changes should include a standard that is more stringent. Understanding the current “recommended” standard is in line with the CA standard, we feel it is necessary to point out that CA is the only state that allows such a high amount of meth contamination for former meth lab sites. Moving forward, we would like to point out that the “studies” referenced were not actual studies performed with the cooperation of actual human beings living in former clandestine drug lab sites (meth labs) and are instead all based on assumption and speculation. These studies are based on dose rates which have been established for the prescribed use of the drug for many human behavioral deficiencies, dietary needs and other reasons. These studies use terms such as “dose rates of methamphetamine” when in fact the active prescribed ingredient is Desoxyn (methamphetamine hydrochloride), the pharmaceutical grade or name for methamphetamine. This was an intentional deviation of the truth.

Desoxyn is the active ingredient in Ritalin prescribed for ADD. In fact, the CAL EPA was, under the legislative requirement, not only develop a "Health Based Standard" but to also follow up with another study of other contaminants associated with the illicit manufacture of the drug such as red phosphorous, iodine and others. They have failed to do so to date. In our recent inquiries to California regarding this matter we were told they were not going to proceed with the additional studies for funding issues and that they were "happy" with what they had. This is completely irresponsible.

Additionally, the author of the CA study, during an interview with ABC News 7 San Francisco in November, 2011 admitted on public television that the reason they changed the standard was because the contractors could not meet the old standard. This interview can be accessed on the internet. The state of CA does not currently have a training and certification requirement for contractors, which is part of the problem. It is important to consider that the prescribed drug is not manufactured illegally and is manufactured in controlled environments and is as close to 100% pure as possible. The illegally manufactured drugs are not and do have the potential to be contaminated with other toxins and contaminants from a number of chemicals associated with the illicit manufacturing process's currently being used.

Below is a list of state standards for consideration. Based on the predominant method of manufacturing in your jurisdiction we would recommend a 0.5 ug standard. This recommendation is based on our experience with not only the target analyte but also the other contamination residues that are prevalent in these methods and sites.

| Regulated States | Standard | Sampling Requirements | Technology Based Standard |
|-------------------------|--------------------------------|--|----------------------------------|
| Arkansas | 0.05/100cm ₂ | 400/cm ₂ per room + Fixtures | Yes |
| Arizona | 0.10/100cm ₂ | Per Consultant | Yes |
| North Carolina | 0.10/100cm ₂ | Per Consultant | Yes |
| West Virginia | 0.10/100cm ₂ | Per Consultant | Yes |
| Kentucky | 0.10/100cm ₂ | 400/cm ₂ per room + Fixtures | Yes |
| Tennessee | 0.10/100cm ₂ | Per Consultant | Yes |
| Indiana | 0.50/100cm ₂ | 400/cm ₂ per room + Fixtures | Yes |
| Michigan | 0.50/100cm ₂ | Per Consultant | Yes |
| Minnesota - Lab Site | 0.10/100cm ₂ | Per Consultant with approval | Yes |
| Minnesota - Use Site | 1.50/100cm ₂ | Per Consultant with approval | Yes |
| Oklahoma | 0.10/100cm ₂ | Per Consultant | Based State Disclosure Law |
| Oregon | 0.50/1FT ₂ | 3Ft ₂ , Discrete Only, Floors Only | Yes |
| Washington | 0.10/100cm ₂ | Per Consultant | Yes |
| Idaho | 0.10/100cm ₂ | 300/cm ₂ In lab room - 100/cm ₂ all other | Yes |
| Hawaii | 0.10/100cm ₂ | Per Consultant | Yes |
| Alaska | 0.10/100cm ₂ | Per Consultant | Yes |
| New Mexico | .75/100cm ₂ | Per Consultant | Yes |
| Montana | 0.10/100cm ₂ | Per Consultant with approval | Yes |
| South Dakota | 0.10/100cm ₂ | Per Consultant | Yes |
| Nebraska | 0.10/100cm ₂ | 600/cm ₂ per room | Yes |
| Colorado | 0.10 - 0.50/100cm ₂ | 500/cm ₂ per room | Yes & Health Based |
| Wyoming | 0.75/100cm ₂ | Per Consultant | yes |
| Utah | 1.00/100cm ₂ | 300/cm ₂ per room | Health Based Standard |
| California | 1.50/100cm ₂ | Per Local Health Department Approval | Health Based Standard |

Decontamination

We are of the opinion that the current provision of the guideline regarding the decontamination process and requirements is appropriate to a degree of basic protocol and may result in a more standardized approach and safer living conditions. However, without experience and appropriate training it is not likely an unqualified person or contractor could perform a successful remediation.

We are not of the opinion that the current decontamination recommendations can be enforced or that they are likely to be utilized by homeowners or contractors providing this service without regulation. In most cases they will just paint it and make the problem worse.

Sampling

We feel this is the area of most concern. The current guideline does not include any specific language or recommendation regarding the amount of sampling. We would recommend including language to guide consultants and homeowners in the appropriate amount of sampling. The chart above describes the sampling requirements in some states. We recommend based on the predominant method of manufacture sampling be performed in accordance with IN, KY and AR sampling requirements to ensure adequate and successful remediation has been achieved.

Summary,

Overall, the current guidelines include a lot of information that seems to be appropriate for a guideline only. As mentioned before, we would strongly encourage a regulation that includes training, sets standards and certification as fit for use etc. Also please note that the EPA guidelines have not been adopted by any regulated state to date.

Also, for clarification, the current guidelines address the current California Health Based Standard as being adopted in 2007. This is incorrect. The initial CA regulation and standard in 2007 was 0.1ug, the current 1.50 ug standard was not implemented until 2009.

Please also review the second attachment. These are our comments submitted to the state of Washington who was also considering adopting the CA standard. WA is of course strictly regulated and has decided the studies are not complete and do not enforce the claims made as have many other states who were considering that standard.

MLCC is happy to respond to any questions any of the department or stakeholders may have at any time.

Sincerely,

Joseph Mazzuca, CEO of Operations September 16, 2014
Meth Lab Cleanup Company
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