

consumption, and body weights. Default body weights and consumption values as used by the USEPA Office of Water are used to calculate DWLOCs: 2 liter (L)/70 kg (adult male), 2L/60 kg (adult female), and 1L/10 kg (child). Default body weights and drinking water consumption values vary on an individual basis. This variation will be taken into account in more refined screening-level and quantitative drinking water exposure assessments. Different populations will have different DWLOCs. Generally, a DWLOC is calculated for each type of risk assessment used: Acute, short-term, intermediate-term, chronic, and cancer.

When EECs for surface water and ground water are less than the calculated DWLOCs, EPA concludes with reasonable certainty that exposures to flumioxazin in drinking water (when considered along with other sources of exposure for which EPA has reliable data) would not result in unacceptable levels of aggregate human health risk at this time. Because EPA considers the aggregate risk resulting from multiple exposure pathways associated with a pesticide's uses, levels of comparison in drinking water may vary as those uses change. If new uses are added in the future, EPA will reassess the potential impacts of flumioxazin on drinking

water as a part of the aggregate risk assessment process.

1. *Acute risk.* Using the exposure assumptions discussed in this unit for acute exposure, the acute dietary exposure from food to flumioxazin will occupy 6% of the aPAD for females 13 years and older. In addition, despite the potential for acute dietary exposure to flumioxazin in drinking water, after calculating DWLOCs and comparing them to conservative model estimated environmental concentrations of flumioxazin in surface water and ground water, EPA does not expect the aggregate exposure to exceed 100% of the aPAD, as shown in the following Table 2:

TABLE 2.—AGGREGATE RISK ASSESSMENT FOR ACUTE EXPOSURE TO FLUMIOXAZIN

Population subgroup	aPAD (mg/kg)	% aPAD (Food)	Surface water EEC (ppb)	Ground water EEC (ppb)	Acute DWLOC (ppb) ^a
Females (13–50 years old)	0.003	4.6	2.4	6.3	86

^a DWLOC = Drinking Water Level of Comparison = (PAD - dietary exposure) × 1,000 µg/mg × body weight ÷ consumption. Standard body weights are 70 kg adult males, 60 kg adult females, 10 kg infants and children. Standard consumption values are 2 L/day for adults and 1 L/day for infants and children. DWLOC values are rounded to 2 significant figures.

2. *Chronic risk.* Using the exposure assumptions described in this unit for chronic exposure, EPA has concluded that exposure to flumioxazin from food will utilize 4% of the cPAD for the U.S. population, 12% of the cPAD for children 3–5 years old, the subpopulation at greatest exposure and

11% of the cPAD for children 1–2 years old. There are no residential uses for flumioxazin that result in chronic residential exposure to flumioxazin. In addition, despite the potential for chronic dietary exposure to flumioxazin in drinking water, after calculating DWLOCs and comparing them to

conservative model estimated environmental concentrations of flumioxazin in surface and ground water, EPA does not expect the aggregate exposure to exceed 100% of the cPAD, as shown in the following Table 3:

TABLE 3.—AGGREGATE RISK ASSESSMENT FOR CHRONIC EXPOSURE TO FLUMIOXAZIN

Population subgroup	cPAD (mg/kg)	% cPAD (Food)	Surface water EEC (ppb)	Ground water EEC (ppb)	Chronic DWLOC (ppb) ^a
U.S. Population	0.002	4	2.4	6.3	68
All Infants (<1 year old)	0.00	6	2.4	6.3	18
Children (1–2 years old)	0.002	11	2.4	6.3	19
Children (3–5 years old)	0.002	12	2.4	6.3	19
Females (13–49 years old)	0.002	3	2.4	6.3	58
Children (6–12 years old)	0.002	9	2.4	6.3	67
Youths (13–19 years old)	0.002	4	2.4	6.3	68
Adults (50+)	0.002	3	2.4	6.3	69

^a DWLOC = Drinking Water Level of Comparison = (PAD - dietary exposure) × 1000 µg/mg × body weight ÷ consumption. Standard body weights are 70 kg adult males, 60 kg adult females, 10 kg infants and children. Standard consumption values are 2 L/day for adults and 1 L/day for infants and children. DWLOC values are rounded to 2 significant figures.

3. *Short-term risk.* Short-term aggregate exposure takes into account residential exposure plus chronic exposure to food and water (considered to be a background exposure level). Flumioxazin is not registered for use on any sites that would result in residential exposure. Therefore, the aggregate risk

is the sum of the risk from food and water, which were previously addressed.

4. *Determination of safety.* Based on these risk assessments, EPA concludes that there is a reasonable certainty that no harm will result to the general population, and to infants and children

from aggregate exposure to flumioxazin residues.

V. Other Considerations

A. Analytical Enforcement Methodology

Adequate enforcement methodology is available to enforce the tolerance