Dear Julia DeGagné,

Maul Foster and Alongi, Inc (MFA) is submitting the revised Cleaner Air Oregon (CAO) materials on behalf of Stimson Lumber Company (Stimson). The revised CAO materials are in response to the letter provided to Stimson on June 25, 2025 (response letter), regarding the updated CAO risk assessment submitted with the Construction Air Contaminant Discharge Permit (ACDP) application on April 25, 2025. The Construction ACDP application is for a proposed sawmill line at Stimson's Forest Grove Complex (the facility) in Gaston, Oregon.

The revised CAO materials contain all the requested changes in the response letter and, generally, do not require additional comment. However, there are three items in the response letter that Stimson and MFA would like to provide clarification on. These items are described below.

1.h.i.) Provide more specific molecular weight and vapor pressure data for the resin (BK 254A20) and adhesive (BK 276A30) if these are available from the manufacturer.

Bakelite, the vendor for both the resin and adhesive, was able to provide the vapor pressure for both products, as provided in the revised CAO materials. Bakelite communicated that the molecular weight for both products was a trade secret and not information that can be provided.

2.d.ii.) Provide documentation for the density of the AntiBlu M3 Treating Solution.

The density of the AntiBlu M3 treating solution is unavailable. MFA proposes to use the density of the AntiBlu M6 treating solution as a surrogate, as it is similar in chemical composition and uses the same water-to-concentrate ratio. The safety data sheet for the AntiBlu M6 has been provided.

3.d.v.) Update exposure locations that are childcare or schools so that they are evaluated for both worker and child exposure (for schools that are not also residences) or for both residential and child (for in-home daycares or grid receptors that are adjacent to residential areas).

MFA reviewed all five receptors identified as child exposure and determined that four would have an alternative exposure type of worker and one would have an alternative exposure type as residential. MFA assessed each receptor assuming the alternate exposure type. While in some cases the estimated chronic cancer and noncancer risk slightly increased relative to child exposure, it was well below the highest worker and residential cancer and noncancer risk estimated at locations adjacent to the facility.