

Mount, Gail

From: Kenneth Morehead <kfmk@me.com>
Sent: Monday, January 18, 2016 10:38 AM
To: Statements
Subject: DOCKET NO. E100, SUB 141

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

Greetings,

I respectfully request that the Public Utilities Commission OPPOSE smart meter opt-out tariffs.

In my practice I see patients who are sensitive to Electromagnetic Fields (EMF's). These people are the "canaries in the coal mine." And while they are aware of their sensitivity, the rest of us are harmfully impacted by the increasing EMF exposure we experience every day.

Many of us have increased risk of immune dysfunction as a result of EMF exposure, even without obvious symptoms associated with exposure.

The savings in monitoring meters will be more than offset by the financial costs of increasing need for medical care, with many insidious pathologies that are difficult to diagnose or for which there is no way to positively identify the degree to which EMF exposure is a causal factor. In any case, it will be too late.

The unborn and children are the most at risk.

Please put the health of our population first. No short term cost savings is worth impairing our health. If we're to compete with China and India, we'd best to try to do so from a hospital bed. Choosing policies that support the vitality of our population is critical as we move into the 21st Century.

Thank you,

Ken Morehead

PS: Perhaps an APP that makes it possible for us to text or email photos of our meter to Duke Energy could save enormous expense, eliminate the need for expensive smart meter upgrades and use existing technology to address meter readings. The cost savings over installing Smart Meters should seem appealing with no increase in EMF exposure beyond our current levels.



Kenneth Fielding Morehead
MSOM, LAc, DOM(NM), DAONB
Oriental Health Solutions, LLC
"Expect Great Results"
907 Broad St.
Durham, NC 27705, USA
919-286-9595

<http://www.orientalhealthsolutions.com>

kmorehead@orientalhealthsolutions.com

Note: Email has been helpful for many of our patients as a way to check in for quick answers to simple questions and to have brief consultations between visits. However, when significant time is involved in evaluating and responding to these consultation requests, we now charge \$10.00 for every 5 min increment for these services. This allows us to continue offering email as an option for patient communication. This fee applies only to patients' health related questions between office visits. There is no charge for brief questions with simple answers (such as yes, no, etc.), for supplement/herb orders or other administrative tasks. In addition, for herbal formula refills we request a minimum of a 24 hour notice. Thanks for understanding.

Confidentiality Notice: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient please notify us immediately. Thank you for your understanding.

Mount, Gail

From: Becky <beckykrein@gmail.com>
Sent: Sunday, January 17, 2016 7:33 PM
To: Statements
Subject: DOCKET NO. E-100, SUB 141

FILED**JAN 19 2016**

Clark's Office
N.C. Utilities Commission

Subject: DOCKET NO. E100, SUB
141

January 17, 2016

Dear North Carolina Utilities Commission and Public Staff:

I am writing this letter to urge that the Public Utilities Commission oppose any smart meter opt-out tariffs proposed by Duke Energy and that you require Duke Energy to offer a tariff-free opt out option.

The Bioinitiative Report 2012, which can be accessed at www.bioinitiative.org, is a report compiled by a team of 29 international scientists reviewing approximately 1800 recent studies on the effects of radiofrequency (RF) radiation. These scientists conclude that the following effects of RF radiation are evidenced at exposure levels much lower than current FCC regulations: sperm DNA damage; leakage of the blood-brain barrier (leading to neuron damage); increased risk of brain cancer; increased risk of childhood leukemia; decreased melatonin production leading to increased risk of breast cancer and Alzheimer's Disease. Effects and potential damage seem most profound on "the developing fetus, the infant, children, the elderly, those with pre-existing chronic diseases, and those with developed electrical sensitivity (EHS)." (<http://www.bioinitiative.org/conclusions>)

There is clear and adequate evidence of harm.

An Advance Meter Infrastructure (AMI) meter, otherwise known as a "Smart Meter", was installed on our home against our wishes in October of 2014. As has been reported by many, our household has experienced disturbed sleep, ringing ears, headaches and eye pain. The meter is positioned about 2 feet from where we must stand to use our stove and kitchen sink. As measured by my Cornet ED78S radiofrequency meter, the AMI electric meter emits strong, short spikes of radiation every 7 to 15 seconds day and night. I wrote 2 letters requesting Duke Energy to remove the offending AMI meter, but was flatly denied.

Although the proposed tariff in NC has not been publicized, I am aware that the tariff Duke Energy is proposing for opt out in Ohio is penalizing and outrageous. When a powerful group requires an individual to regularly pay money for the promise that he/she will not be harmed, that is the definition of extortion. Such action should not be legal in the United States of America. A tariff is also un-American in that it creates two classes--the haves who can protect themselves and the have-nots who will suffer. In this case, those most affected--pregnant women, children, and the elderly--will often be those least able to afford to keep themselves and their unborn children safe.

Current FCC standards for RF radiation exposure were developed based solely on "thermal" effects, yet increasing evidence shows significant biological harm from levels determined to be "nonthermal". Standards

for this chronic exposure have not yet been developed. An EPA letter (found here: http://www.emrpolicy.org/litigation/case_law/docs/noi_epa_response.pdf) states "The FCC does not claim that their exposure guidelines provide protection for exposures ...that are chronic/prolonged and nonthermal," and "Federal Health and Safety Agencies have not yet developed policies concerning possible risk from long-term, nonthermal exposures." In view of the lack of applicable standards, the precautionary principle should apply.

We, the ordinary people, need your help. As individuals we cannot fight the largest electric company in the world. The health and well being of many people are in your hands. Please decide for us.

Sincerely,

Becky Krein

Mount, Gail

From: Lisa Jillani <ljillani@carolina.rr.com>
Sent: Monday, January 18, 2016 12:06 PM
To: Statements
Cc: tim.dodge@psncuc.nc.gov
Subject: DOCKET NO. E-100, SUB 141

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

I am writing to you to oppose any tariffs that may arise from rejecting the use of a smart meter in my home. It has been proven by several reputable sources that smart meters pose a health risk. Two out of 4 of my family members have weak immune systems, and the smart meter will further endanger their well being. We are a one-small-income family and cannot afford a fee to opt out of the smart meter. It was recently installed in our home without my permission, as well. We would like it removed, but we should not have to pay to have this done or incur a monthly fee to avoid its threat to our health.

Lisa Jillani
Mint Hill, NC

This email has been checked for viruses by Avast antivirus software.
<https://www.avast.com/antivirus>

Mount, Gail

From: Amber Passini <amberpassini@gmail.com>
Sent: Monday, January 18, 2016 8:43 AM
To: tim.dodge@psncuc.nc.gov; Statements
Subject: smart meters

FILED

JAN 19 2016

Clark's Office
N.C. Utilities Commission

E100 SUB 141

Dear Chairman Finley and Public Staff:

I am writing to urge you to oppose smart meter opt-out tariffs. People opt-out of smart meter installation for several reasons, with health being the primary reason. The utility industry uses inapplicable health safety standards, which I will explain below, and flawed reasoning to promote smart meter safety. As a physician, I strongly urge you to reject smart meter opt-out tariffs. Such tariffs penalize the people who can least afford it - those whose health suffers from electromagnetic exposures.

If you would like a whole packet with articles and links to articles on the dangers of smart meters please don't hesitate to email me back and I will be sure to have that information sent to you.

Thank you for taking this matter seriously.

Sincerely,

Amber Passini, MD

Mount, Gail

OFFICIAL COPY

From: ellen whitaker <whitaker.guitar@gmail.com>
Sent: Tuesday, January 19, 2016 10:54 AM
To: Statements
Subject: Subject: DOCKET NO. E100, SUB 141

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

To whom it may concern,

Given the immense research showing detrimental health effects of electromagnetic radiation, and the fact that hundreds of thousands of people suffer uncomfortable and debilitating symptoms from exposure to such radiation emitted by "Smart meters", there should be no opt-out fee or tariffs if we want to protect ourselves from being bombarded with these signals.

I suffer from Electromagnetic Hypersensitivity (EHS) and the emissions from wireless devices make me physically ill and interfere with my cognitive function. I have gone to great lengths and great expense to shield one room of my home, so that there is one place that I can be comfortable. I bought a brand new analog meter and offered to read it myself, with them checking it once or twice a year to make sure I was doing it properly. but Duke Energy would not allow it.

After a year of back and forth emails and phone calls, Duke replaced the wireless meter with a phone-read digital meter (not the analog meter I bought and wanted them to use) and are charging me \$45 extra per month for it. I believe this is unethical if not illegal, given that I should have access to electricity just as people without EHS do, without being charged more for it, or disabled by the meter.

Even those who are not made acutely ill from the radiation, as I am, are becoming aware of the research linking such exposures to cancers, disruptions of melatonin production, destruction of sperm, etc. People are being harmed by these meters. People have a right to say NO to assaults on their health.

It is unconscionable for Duke Energy to charge people extra money NOT to be harmed! Please rule that opting out of smart meters should be easy and free.

Thank you for your time and attention.

Sincerely,
Ellen

Ellen S. Whitaker
www.EllenWhitakerGuitar.com

—Sent from a cable-connected computer with the WiFi turned OFF
—Please visit <http://citizensforsafetechnology.org/health-effects,6,0>

Mount, Gail

From: Dorothy Potter Snyder <letsspeakspanish@gmail.com>
Sent: Tuesday, January 19, 2016 11:54 AM
To: Statements
Subject: Letter against D O C K E T N O . E 1 0 0 , S U B 1 4 1

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

Re: Docket No.. E100, Sub 141

I oppose any smart-meter opt-out tariffs imposed on customers by Duke Energy or, indeed, any other utility company, and oppose Duke forcing wireless technology on its customers in this way as proposed in Docket No. E100, Sub141. It is unfair to force customers to change to a wireless technology that it neither wishes nor needs, and that serves the convenience of Duke Energy at the possible expense of the public's health. It is unfair for customers to be penalized for wishing to keep the analog, wired technology that was part of our original contract with Duke Energy.

The public confidence in Duke Energy has been perhaps irreparably damaged because of the company's history of irresponsible, cynical behavior regarding its public trust: environmental disasters created and then covered up by the company, a proven record of overcharging (*cheating*) its customers, and consisting breaking of regulations regarding "pruning" trees out of season and thus destroying our important urban forests — these are just some of the ways the company has demonstrated to the public how very little it cares about our well-being or for operating in a manner that would be consistent with the law or ethical behavior.

As representatives who hold the public trust consider how they will vote regarding Docket No. E100, Sub 141, they should understand that the public is watching them carefully. Collusion with Duke Energy and its strong-arm tactics will have political consequences.

Sincerely,

--

Dorothy Potter Snyder
The Art of Language
office: 919-237-2931
Writer: dorothypotter.com
Teacher/Translator: dorothypotterspanish.com

Mount, Gail

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

From: Becky <beckykrein@gmail.com>
Sent: Monday, January 18, 2016 10:18 AM
To: Statements
Subject: DOCKET NO. E-100, SUB 141

Subject: DOCKET NO. E100,SUB 141

January 17, 2016

Dear North Carolina Utilities Commission and Public Staff:

I am writing this letter to urge that the Public Utilities Commission oppose any smart meter opt-out tariffs proposed by Duke Energy and that you require Duke Energy to offer a tariff-free opt out option.

The Bioinitiative Report 2012, which can be accessed at www.bioinitiative.org, is a report compiled by a team of 29 international scientists reviewing approximately 1800 recent studies on the effects of radiofrequency (RF) radiation. These scientists conclude that the following effects of RF radiation are evidenced at exposure levels much lower than current FCC regulations: sperm DNA damage; leakage of the blood-brain barrier (leading to neuron damage); increased risk of brain cancer; increased risk of childhood leukemia; decreased melatonin production leading to increased risk of breast cancer and Alzheimer's Disease. Effects and potential damage seem most profound on "the developing fetus, the infant, children, the elderly, those with pre-existing chronic diseases, and those with developed electrical sensitivity (EHS)." (<http://www.bioinitiative.org/conclusions>)

There is clear and adequate evidence of harm.

An Advance Meter Infrastructure (AMI) meter, otherwise known as a "Smart Meter", was installed on our home against our wishes in October of 2014. As has been reported by many, our household has experienced disturbed sleep, ringing ears, headaches and eye pain. The meter is positioned about 2 feet from where we must stand to use our stove and kitchen sink. As measured by my Cornet ED78S radiofrequency meter, the AMI electric meter emits strong, short spikes of radiation every 7 to 15 seconds day and night. I wrote 2 letters requesting Duke Energy to remove the offending AMI meter; but was flatly denied.

Although the proposed tariff in NC has not been publicized, I am aware that the tariff Duke Energy is proposing for opt out in Ohio is penalizing and outrageous. When a powerful group requires an individual to regularly pay money for the promise that he/she will not be harmed, that is the definition of extortion. Such action should not be legal in the United States of America. A tariff is also un-American in that it creates two classes--the haves who can protect themselves and the have-nots who will suffer. In this case, those most affected--pregnant women, children, and the elderly--will often be those least able to afford to keep themselves and their unborn children safe.

Current FCC standards for RF radiation exposure were developed based solely on "thermal" effects, yet increasing evidence shows significant biological harm from levels determined to be "nonthermal". Standards for this chronic exposure have not yet been developed. An EPA letter (found here:

http://www.emrpolicy.org/litigation/case_law/docs/noi_epa_response.pdf) states "The FCC does not claim that their exposure guidelines provide protection for exposures ...that are chronic/prolonged and nonthermal," and "Federal Health and Safety Agencies have not yet developed policies concerning possible risk from long-term, nonthermal exposures." In view of the lack of applicable standards, the precautionary principle should apply.

We, the ordinary people, need your help. As individuals we cannot fight the largest electric company in the world. The health and well being of many people are in your hands. Please decide for us.

Sincerely,

Becky Krein

Duke Energy Customer

8729 Totteridge Drive

Charlotte, NC 28277

OFFICIAL COPY

Mount, Gail

From: Karen Ziegler <karenzig@nc.rr.com>
Sent: Tuesday, January 19, 2016 12:06 PM
To: Statements
Subject: Wireless meters

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

Re DOCKETNo.E100,SUB141

Please do not charge extra for people to opt out of wireless meters!!!!

This is important and yet another way to squeeze money out of the most powerless people among us.

Mount, Gail

From: Deb Greene <debg@cozad.com>
Sent: Tuesday, January 19, 2016 12:40 PM
To: Statements
Subject: DOCKETNO.E100,SUB143-141

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

To Whom It May Concern,

I'm writing regarding the imposition of punitive tariffs for people with EHS sensitivity who resist the installation of smart meters. As a physician, I've read the research and I know that there is no such thing EHS sensitivity. However, I work in mental health and it is a fairly common delusion. Like most delusions it responds to neither evidence nor medication. And these people do suffer. Just because something isn't real, it doesn't mean that it cannot cause suffering. One of the hallmarks of schizophrenia is hearing voices. Approximately 50% of schizophrenics realize that the voices are not real, 50% believe that they are, but all of them suffer. The patients I've known with so-called EHS sensitivity also suffer; they honestly and truly believe that the technology is causing irreparable harm.

I'm not writing to try to convince you that that EHS sensitivity exists, as I guess many people who believe that they have the disorder will no doubt do. I'm writing because belief in the disorder is a mental illness, a form of delusional disorder, and a quite intractable one. I understand the necessity of recouping the costs of having a manually read meter and I believe that a charge of \$45 dollars a month is already levied for the meters. To impose additional charges seem heartless at best, and at worst discriminatory. Mental illness is a disability. And though I doubt any of your citizens would legally pursue an ADA complaint, levying charges punitively against the mentally ill still doesn't seem right. Please realize that they are not doing this because they want to be annoying, they are honestly suffering.

Deborah R. Greene, MD, MPH

OFFICIAL COPY

Mount, Gail

From: J. Hardy LeGwin <jhlegwin@gmail.com>
Sent: Monday, January 18, 2016 2:18 PM
To: Statements
Subject: DOCKET NO. E100, SUB 141
Attachments: PUC Ltr 2016-01-18.pdf

FILED

JAN 19 2016

Clerk's Office
N.C. Utilities Commission

The enclosed PDF contains my contents with respect to the subject Docket item.

Thank you for your consideration.

J. Hardy LeGwin
Asheville, NC

J. Hardy LeGwin
308 Sondley Drive
Asheville, NC 28805

January 18, 2016

To: Edward S. Finley, Jr., Chairman [finley@ncuc.net]
North Carolina Utilities Commission
4325 Mail Service Center
Raleigh, NC 27699-4300, USA

Re: Docket No. E-100, SUB 141

Dear Chairman Finley and Public Staff;

I am writing to convey my concern over the Duke Energy plan to add additional costs for those customers who either refuse to have a smart meter installed on their homes or who would like to have the smart meter replaced with an analog meter. In addition, they want to add additional monthly fees to those who would like to opt out of the smart meter installation. The Commission should oppose any opt-out tariffs and additional monthly fees as proposed by Duke Energy.

A smart meter was installed on our home without notice and without our knowledge. My wife is sensitive to electromagnetic fields, so it was quite concerning that this was done without our knowledge. When we questioned the local Duke Energy office, they stated that the meter was not a smart meter. I am a certified Building Biologist and Environmental Consultant. As such I have equipment with which I can measure radio frequency (RF) radiation. I conducted measurements of the RF being emitted from our meter and it was far and above the level at which non-thermal, biological effects can occur.

Because of my wife's exposure to increasing amounts of RF, she is limited in normal life activities. We have created a safe haven for her in our home. The smart meter installation has added financial and physical burdens to our family. We should not have to absorb further additional costs in order to protect our health. As a government agency the Commission should help us protect ourselves from an industry mandated device that does nothing for us or for the mission of providing electrical service to us, but only adds to the companies profits.

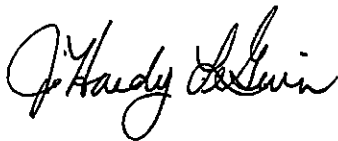
The FCC standards that Duke Energy relies on to imply that smart meters are safe are not intended to be applied to smart meters. In an Environmental Protection agency letter dated July 16, 2002 ⁽¹⁾, the EPA acknowledged that the current FCC guidelines for exposure to RF were developed based on thermal heating of human tissues and do not apply to chronic, non-thermal exposure situations. Since that letter was written there has been much scientific

research showing that chronic exposure to electromagnetic energy from equipment such as WiFi, smart meters, cell towers and power lines can have serious and debilitating effects on humans.

The United States Access Board, a federal agency responsible for developing and maintaining accessibility guidelines and standards, "recognizes that multiple chemical sensitivities and electromagnetic sensitivities may be considered disabilities under the ADA if they so severely impair the neurological, respiratory or other functions of an individual that it substantially limits one or more of the individual's major life activities. The Board plans to closely examine the needs of this population, and undertake activities that address accessibility issues for these individuals." ⁽²⁾

In summary, I oppose any tariffs and additional fees for those wishing to opt-out of the smart meter program. I also would like to urge the Commission to require Duke Energy to provide analog meters for those who wish to opt out of the program.

Respectfully,

A handwritten signature in cursive script, reading "J. Hardy LeGwin".

J. Hardy LeGwin

(1) See attached EPA letter dated July 16, 2002

(2) <https://www.access-board.gov/research/completed-research/indoor-environmental-quality/introduction?highlight=WyJlbGVjdHJvbWFnbmV0aWMiLCJlbGVjdHJvbWFnbmV0aWNhbGx5I>
l0=



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

JUL 16 2002

OFFICE OF
AIR AND RADIATION

Ms. Janet Newton
President
The EMR Network
P.O. Box 221
Marshfield, VT 05658

Dear Ms. Newton:

This is in reply to your letter of January 31, 2002, to the Environmental Protection Agency (EPA) Administrator Whitman, in which you express your concerns about the adequacy of the Federal Communications Commission's (FCC) radiofrequency (RF) radiation exposure guidelines and nonthermal effects of radiofrequency radiation. Another issue that you raise in your letter is the FCC's claim that EPA shares responsibility for recommending RF radiation protection guidelines to the FCC. I hope that my reply will clarify EPA's position with regard to these concerns. I believe that it is correct to say that there is uncertainty about whether or not current guidelines adequately treat nonthermal, prolonged exposures (exposures that may continue on an intermittent basis for many years). The explanation that follows is basically a summary of statements that have been made in other EPA documents and correspondence.

The guidelines currently used by the FCC were adopted by the FCC in 1996. The guidelines were recommended by EPA, with certain reservations, in a letter to Thomas P. Stanley, Chief Engineer, Office of Engineering and Technology, Federal Communications Commission, November 9, 1993, in response to the FCC's request for comments on their Notice of Proposed Rulemaking (NPRM), Guidelines for Evaluating the Environmental Effects of Radiofrequency Radiation (enclosed).

The FCC's current exposure guidelines, as well as those of the Institute of Electrical and Electronics Engineers (IEEE) and the International Commission on Non-ionizing Radiation Protection, are thermally based, and do not apply to chronic, nonthermal exposure situations. They are believed to protect against injury that may be caused by acute exposures that result in tissue heating or electric shock and burn. The hazard level (for frequencies generally at or greater than 3 MHz) is based on a specific absorption dose-rate, SAR, associated with an effect

that results from an increase in body temperature. The FCC's exposure guideline is considered protective of effects arising from a thermal mechanism but not from all possible mechanisms. Therefore, the generalization by many that the guidelines protect human beings from harm by any or all mechanisms is not justified.

These guidelines are based on findings of an adverse effect level of 4 watts per kilogram (W/kg) body weight. This SAR was observed in laboratory research involving acute exposures that elevated the body temperature of animals, including nonhuman primates. The exposure guidelines did not consider information that addresses nonthermal, prolonged exposures, i.e., from research showing effects with implications for possible adversity in situations involving chronic/prolonged, low-level (nonthermal) exposures. Relatively few chronic, low-level exposure studies of laboratory animals and epidemiological studies of human populations have been reported and the majority of these studies do not show obvious adverse health effects. However, there are reports that suggest that potentially adverse health effects, such as cancer, may occur. Since EPA's comments were submitted to the FCC in 1993, the number of studies reporting effects associated with both acute and chronic low-level exposure to RF radiation has increased.

While there is general, although not unanimous, agreement that the database on low-level, long-term exposures is not sufficient to provide a basis for standards development, some contemporary guidelines state explicitly that their adverse-effect level is based on an increase in body temperature and do not claim that the exposure limits protect against both thermal and nonthermal effects. The FCC does not claim that their exposure guidelines provide protection for exposures to which the 4 W/kg SAR basis does not apply, i.e., exposures below the 4 W/kg threshold level that are chronic/prolonged and nonthermal. However, exposures that comply with the FCC's guidelines generally have been represented as "safe" by many of the RF system operators and service providers who must comply with them, even though there is uncertainty about possible risk from nonthermal, intermittent exposures that may continue for years.

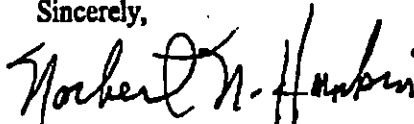
The 4 W/kg SAR, a whole-body average, time-average dose-rate, is used to derive dose-rate and exposure limits for situations involving RF radiation exposure of a person's entire body from a relatively remote radiating source. Most people's greatest exposures result from the use of personal communications devices that expose the head. In summary, the current exposure guidelines used by the FCC are based on the effects resulting from whole-body heating, not exposure of and effect on critical organs including the brain and the eyes. In addition, the maximum permitted local SAR limit of 1.6 W/kg for critical organs of the body is related directly to the permitted whole body average SAR (0.08 W/kg), with no explanation given other than to limit heating.

I also have enclosed a letter written in June of 1999 to Mr. Richard Tell, Chair, IEEE SCC28 (SC4) Risk Assessment Work Group, in which the members of the Radiofrequency Interagency Work Group (RFLAWG) identified certain issues that they had determined needed to be addressed in order to provide a strong and credible rationale to support RF exposure guidelines.

Federal health and safety agencies have not yet developed policies concerning possible risk from long-term, nonthermal exposures. When developing exposure standards for other physical agents such as toxic substances, health risk uncertainties, with emphasis given to sensitive populations, are often considered. Incorporating information on exposure scenarios involving repeated short duration/nonthermal exposures that may continue over very long periods of time (years), with an exposed population that includes children, the elderly, and people with various debilitating physical and medical conditions, could be beneficial in delineating appropriate protective exposure guidelines.

I appreciate the opportunity to be of service and trust that the information provided is helpful. If you have further questions, my phone number is (202) 564-9235 and e-mail address is hankin.norbert@epa.gov.

Sincerely,



Norbert Hankin
Center for Science and Risk Assessment
Radiation Protection Division

Enclosures:

- 1) letter to Thomas P. Stanley, Chief Engineer, Office of Engineering and Technology, Federal Communications Commission, November 9, 1993, in response to the FCC's request for comments on their Notice of Proposed Rulemaking (NPRM), Guidelines for Evaluating the Environmental Effects of Radiofrequency Radiation
- 2) June 1999 letter to Mr. Richard Tell, Chair, IEEE SCC28 (SC4) Risk Assessment Work Group from the Radiofrequency Radiation Interagency Work Group