Ambient Air Monitoring Data Reports

COPAMS ATX Data Retrieval - Parameter Comparison

Data for site: (Arendtsville)
Selection Time Period: 1/01/2006 00:00 to 9/24/2006 23:59
Parameter for Site: Particulate PM-2.5 (24-Hour)
Units: UG/M3

Rank	Average	Date	Hour
1	53.0	8/1	23
2	45.9	8/2	23
3	37.7	7/31	23
4	37.2	8/7	23
5	35.5	7/11	23
6	35.3	7/20	23
7	35.3	8/26	23
8	34.2	7/21	23
9	33.4	6/18	23
10	32.7	6/1	23
11	31.8	8/3	23
12	31.5	7/29	23
13	31.4	7/10	23
14	30.7	7/4	23
15	30.2	5/30	23
16	29.9	7/2	23
17	29.8	7/25	23
18	28.8	7/18	23
19	28.6	6/19	23
20	28.1	7/12	23

Run Report Again

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Ambient Air Monitoring Data Reports

COPAMS ATX Data Retrieval - Parameter Comparison

Data for site: (Harrisburg)
Selection Time Period: 1/01/2006 00:00 to 9/24/2006 23:59
Parameter for Site: Particulate PM-2.5 (24-Hour)
Units: UG/M3

Rank	Average	Date	Hour
1	60.1	8/1	23
2	53.3	8/2	23
3	51.7	5/26	23
4	50.8	2/16	23
5	44.5	6/18	23
6	43.8	7/11	23
7	40.5	6/1	23
8	40.2	7/18	23
9	40.0	7/21	23
10	38.9	7/29	23
11	38.8	8/3	23
12	37.5	5/30	23
13	37.3	2/15	23
14	36.8	3/30	23
15	36.1	6/19	23
16	35.3	7/12	23
17	35.1	7/4	23
18	34.9	7/2	23
19	34.8	1/13	23
20	34.3	7/20	23

Run Report Again

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Ambient Air Monitoring Data Reports

COPAMS ATX Data Retrieval - Parameter Comparison

Data for site: (Lancaster)
Selection Time Period: 01/1/2006 00:00 to 10/3/2006 23:59
Parameter for Site: Particulate PM-2.5 (24-Hour)
Units: UG/M3

Rank	Average	Date	Hour
1	54.6	8/2	23
2	52.0	8/1	23
3	50.4	7/12	23
4	47.5	7/11	23
5	46.9	5/26	23
6	46.1	2/15	23
7	44.9	2/16	23
8	43.8	6/18	23
9	43.2	5/30	23
10	42.6	7/21	23
11	42.6	3/30	23
12	40.9	6/19	23
13	39.7	8/3	23
14	39.5	6/24	23
15	39.5	2/23	23
16	39.0	7/29	23
17	38.8	7/18	23
18	38.0	7/4	23
19	37.8	9/9	23
20	37.5	7/10	23

Run Report Again

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Ambient Air Monitoring Data Reports

COPAMS ATX Data Retrieval - Parameter Comparison

Data for site: (York)
Selection Time Period: 1/01/2006 00:00 to 9/24/2006 23:59
Parameter for Site: Particulate PM-2.5 (24-Hour)
Units: UG/M3

Rank	Average	Date	Hour
1	61.2	8/1	23
2	55.2	8/2	23
3	50.7	8/28	23
4	48.4	7/21	23
5	46.6	7/11	23
6	42.5	5/26	23
7	41.4	7/12	23
8	41.1	7/10	23
9	40.9	6/1	23
10	39.8	3/30	23
11	39.2	8/3	23
12	38.5	7/18	23
13	38.2	7/4	23
14	37.2	6/24	23
15	36.9	9/8	23
16	36.7	2/16	23
17	36.5	7/31	23
18	35.5	7/15	23
19	35.0	7/20	23
20	34.7	8/7	23

Run Report Again

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Ambient Air Monitoring Data Reports

COPAMS ATX Data Retrieval - Parameter Comparison

Data for site: (Reading - Temporary Site)
Selection Time Period: 1/01/2006 00:00 to 9/24/2006 23:59
Parameter for Site: Particulate PM-2.5 (24-Hour)
Units: UG/M3

Rank	Average	Date	Hour
1	47.2	8/2	23
2	46.2	5/26	23
3	45.4	7/11	23
4	43.9	7/12	23
5	43.0	7/4	23
6	42.8	8/1	23
7	41.2	6/18	23
8	39.5	6/19	23
9	38.3	7/21	23
10	37.0	8/7	23
11	36.8	7/18	23
12	36.5	5/30	23
13	35.8	8/3	23
14	34.7	6/1	23
15	34.7	9/9	23
16	33.0	5/31	23
17	32.6	7/10	23
18	32.3	7/29	23
19	31.5	7/2	23
20	29.9	9/8	23

Run Report Again

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Ambient Air Monitoring Data Reports

COPAMS ATX Data Retrieval - Parameter Comparison

Data for site: (Norristown)
Selection Time Period: 01/1/2006 00:00 to 10/3/2006 23:59
Parameter for Site: Particulate PM-2.5 (24-Hour)
Units: UG/M3

Rank	Average	Date	Hour
1	65.9	8/2	23
2	54.2	8/1	23
3	53.6	8/3	23
4	49.6	6/19	23
5	47.5	7/12	23
6	44.5	7/21	23
7	44.4	7/11	23
8	43.9	7/18	23
9	41.5	8/7	23
10	41.4	7/30	23
11	41.3	8/25	23
12	40.5	9/9	23
13	39.1	5/30	23
14	38.3	5/26	23
15	37.7	7/29	23
16	37.1	7/10	23
17	36.2	6/18	23
18	35.5	8/14	23
19	35.0	9/19	23
20	34.7	7/4	23

Run Report Again

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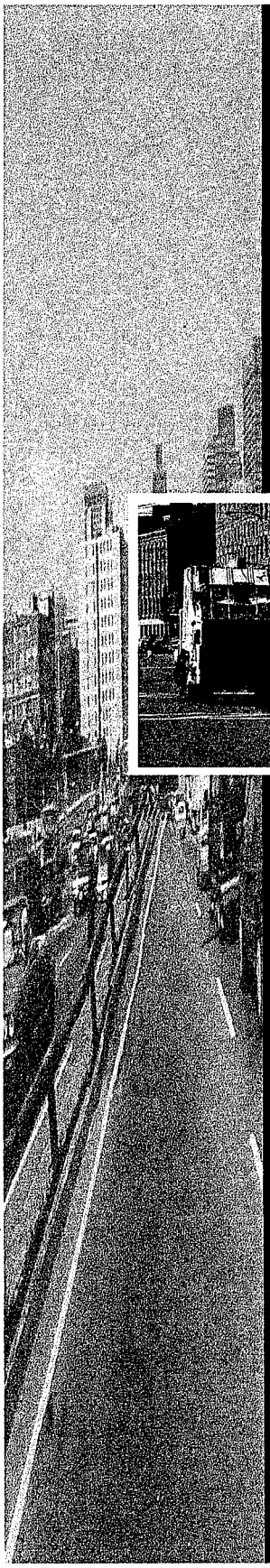


DIESEL EXHAUST IN THE UNITED STATES

- WHAT ARE THE HEALTH EFFECTS?
- WHO IS AT RISK?
- WHAT CAN YOU DO?

EPA

What can owners/ operators do?

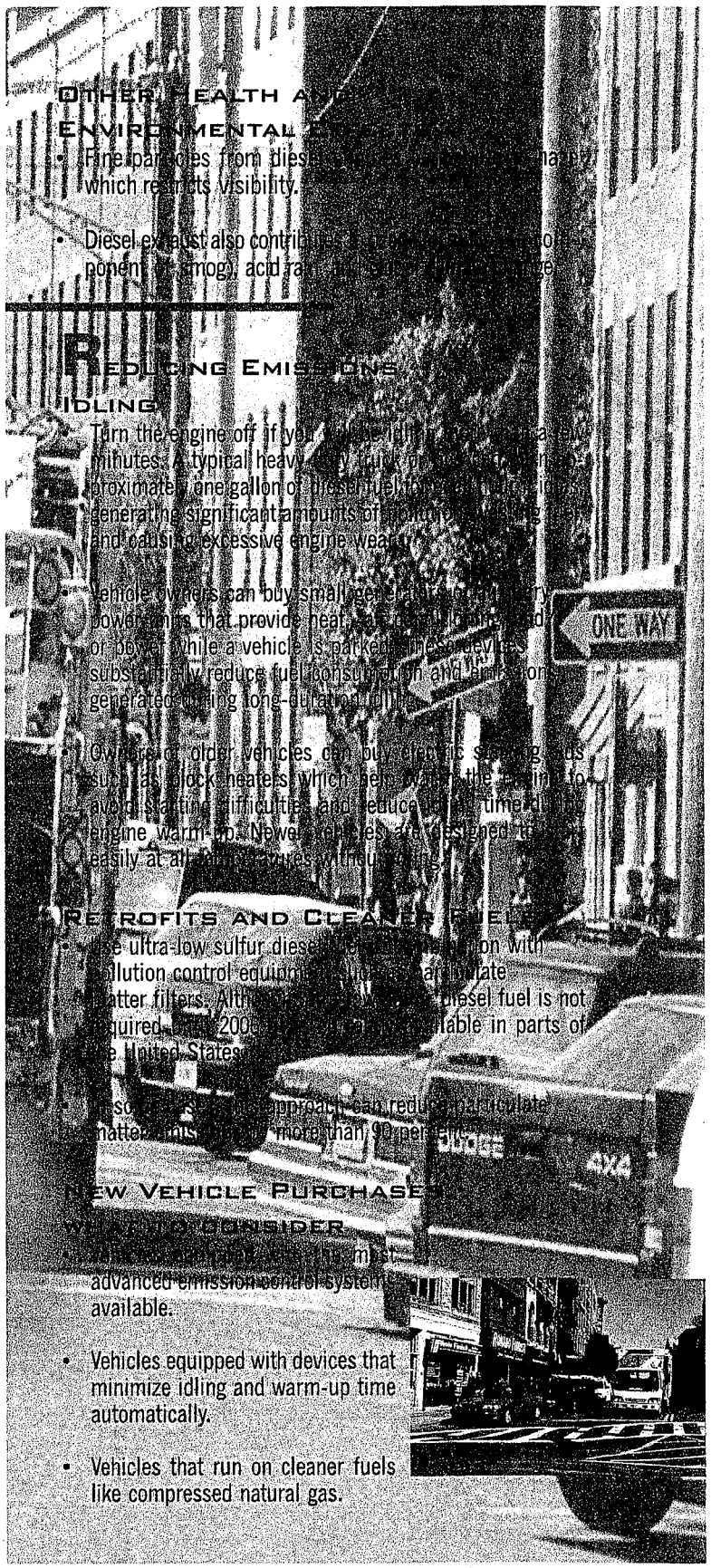
1. Turn off engines when vehicles are stopped for more than a few minutes.
2. Retrofit engines with pollution control devices and use cleaner burning fuel.
3. When purchasing new vehicles, buy the lowest emitting vehicles available.
4. Keep engines well tuned and maintained.
5. For more details visit: www.epa.gov/otaq/retrofit or, www.epa.gov/ne/eco/diesel or call 1-734-214-4636.

Diesel exhaust & your health

- Diesel [illegible] tains tiny particles [illegible] e particulate m[illegible] or "fine" particles [illegible] that several th[illegible] ould fit in the pe[illegible] this sentence. D[illegible] ne of the largest [illegible] particulate m[illegible] other than natural causes su[illegible] fires.
- F[illegible] particles in the air are a serious public health problem. They [illegible] a significant health risk because they can pass through the nose and throat and become lodged in the lungs. [illegible] particles can cause lung [illegible] and premature death. They can also aggravate respiratory conditions such a[illegible] Diesel [illegible] cancer [illegible]
- Nation[illegible] and es[illegible] such [illegible] caus[illegible] ever[illegible]

Who [illegible] risk [illegible]

- Peop[illegible] diseas[illegible] ratory [illegible] most sensitive [illegible] of fine par[illegible] children and the elde[illegible]
- In general, child[illegible] more sensitive to air pollution because they breathe 50 percent more air pe rpound of body weight than do adults.



Other Health and Environmental Effects

- Fine particles from diesel [illegible] which restricts visibility.
- Diesel exhaust also contri[illegible] ponent of smog, acid ra[illegible]

Reducing Emissions

Idling

- Turn the engine off if your [illegible] minutes. A typical heavy-duty truck [illegible] proximately one gallon of diesel fuel [illegible] generating significant amounts of [illegible] and causing excessive engine wear.
- Vehicle owners can buy small generators [illegible] powertrains that provide heat, air conditioning and/or power while a vehicle is parked. These devices substantially reduce fuel consumption and emissions generated during long-duration idling.
- Owners of older vehicles can buy electric starting aids such as block heaters which help warm the engine to avoid starting difficulties and reduce the time required to engine warm-up. Newer vehicles are designed to start easily at all temperatures without [illegible]

Retrofits and Cleaner Fuels

- Use ultra-low sulfur diesel [illegible] on with pollution control equipment [illegible] particulate matter filters. Although [illegible] diesel fuel is not required [illegible] 2006, [illegible] available in parts of the United States.
- [illegible] approach can reduce particulate matter emissions by more than 90 percent.

New Vehicle Purchase: What to Consider

- [illegible] the most advanced emission control systems available.
- Vehicles equipped with devices that minimize idling and warm-up time automatically.
- Vehicles that run on cleaner fuels like compressed natural gas.

What is Government Doing?

- Diesel engines are a durable and economical source of power. EPA and states are taking important steps to advance cleaner diesel engines.

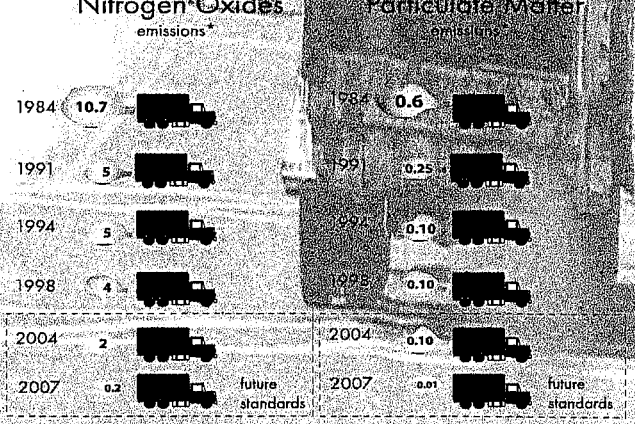
- EPA is requiring reductions of diesel pollution from new heavy-duty diesel trucks and buses. In 2006, diesel fuel will contain 97 percent less sulfur. This ultra-low sulfur diesel fuel in combination with advanced pollution control technology will mean that in 2007, new trucks and buses rolling off the production lines will be up to 95 percent cleaner than today's models.

- EPA has issued emission standards for new, non-road diesel engines, such as construction and farm equipment, and is working to strengthen these standards in the future.

- Engines within the existing fleet will not be subject to the new regulations, yet may remain in operation for another 25-30 years. Therefore, EPA and states are working to:

  1. Retrofit existing diesel vehicles with pollution controls.
  2. Implement emission testing programs for diesel vehicles.
  3. Create and implement anti-idling programs.
  4. Promote cleaner fuels like ultra-low sulfur diesel and compressed natural gas.

EPA Standards for New Trucks and Buses



* EPA's emission standards for trucks and buses are based on the amount of pollution emitted per unit of energy (expressed in grams per brake horsepower hour).

EPA420-F-02-048 September 2002

Visit our website at www.epa.gov

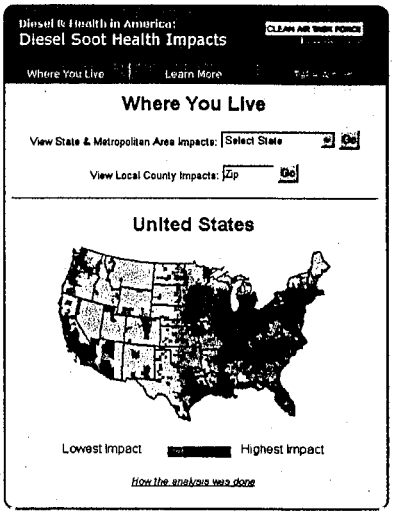
Diesel and Health in America:
The Lingering Threat

CLEAN AIR TASK FORCE

February 2005

Find out about the risks
of breathing diesel exhaust
where you live:

www.catf.us/goto/dieselhealth



CLEAN AIR **TASK FORCE**

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February 2005

Fine Particles Increase Hospital Admissions for Heart Failure and Cardiovascular Disease

March 7, 2006

Short-term exposure to fine particulate matter—the microscopic particles that pollute the air—increased hospital admissions for cardiovascular and respiratory disease among Medicare participants, according to a study of 204 U.S. urban counties conducted by researchers at the **Johns Hopkins Bloomberg School of Public Health** and Yale University's environment school. In 2002, for every 10 µg/m3 increase in particulate matter, the researchers calculated 11,000 additional cardiovascular and respiratory disease hospitalizations. Increased risk for cardiovascular disease hospitalizations, as a result of increased levels of particulate matter, was highest in counties located in the eastern United States. The study authors created a reproducible approach for tracking the health risks of air pollution nationwide. The study is published in the March 8, 2006, edition of the *Journal of the American Medical Association*.

Particulate matter is an airborne mixture of solid particles and liquid droplets. The solid particles come in numerous shapes and sizes and may be composed of different chemical components. Fine particles, defined as 2.5 micrometers or less in size (approximately 1/30th the diameter of a human hair), can penetrate deep into the body's respiratory system. Airborne particles come from a variety of sources, including coal-burning power plants, factories, automobiles, tilled fields, stone crushing and the burning of wood. Other particles may be formed in the air when sunlight and water vapor react with gases emitted from burning fuels.

"By linking geographical locations and the health information of roughly all Medicare enrollees to the national air pollution and weather monitoring network, and to the U.S. census data, we can now routinely estimate health effects of air pollution nationally and regionally," said the study's lead author, Francesca Dominici, PhD, associate professor in the Department of Biostatistics at the Bloomberg School of Public Health.

The researchers estimated associations between day-to-day changes in hospital admission rates for cardiovascular and respiratory outcomes (heart failure, heart rhythm disturbances, cerebrovascular events, peripheral vascular disease, ischemic heart disease, chronic obstructive pulmonary disease and respiratory infection), as compared to fine particulate matter levels for 204 U.S. urban counties from 1999 to 2002. The study included 11.5 million Medicare enrollees who lived, on average, 5.9 miles from fine particulate matter monitors. The study authors used same day hospitalizations for injuries as control measurements.

Dominici and her colleagues found that a 10 µg/m3 increase in particulate matter was associated with a 1.28 percent increase in the risk of admission for heart failure. Cook County, which includes Chicago, can be used as an example. The area has an annual average fine particle level of 16 µg/m3 and a high level of 56 µg/m3. For each 100 hospital admissions for heart failure, the study results showed approximately one extra hospital admission associated with each 10 µg/m3 daily fine particulate matter increase. Therefore, on days with the highest fine particle levels, the study results predicted five extra hospital admissions for each 100 hospital admissions.

The oldest group of study participants also experienced higher risks of ischemic heart disease, heart rhythm disturbances, heart failure and chronic obstructive pulmonary disease associated

with high particulate matter level days. As expected, the researchers did not find any association between levels of fine particulate matter and injuries.

"Our study makes available all of the relevant material, software and methodology that support the principal findings. Reproducibility is critical for large studies with significant implications such as this one," said Roger D. Peng, PhD, co-author of the article and an advocate for making research reproducible by others.

Previously, researchers at the Bloomberg School of Public Health reported an association between particulate matter levels and mortality nationwide. Other research studies at the School showed associations between particulate matter and premature death from cardiopulmonary causes, hospitalization for respiratory or cardiovascular diseases and exacerbation of respiratory diseases.

"This study shows an ongoing threat to health from airborne particles. The sources of particles contributing to the observed risks need to be identified so that control strategies can be targeted efficiently. Research is shifting toward the difficult task of identifying the characteristics of particles that determine their toxicity," said Jonathan M. Samet, MD, senior author of the study and chair of the Bloomberg School of Public Health's Department of Epidemiology.

Samet, Dominici and colleagues last month received an $8 million Science to Achieve Results grant from the U.S. Environmental Protection Agency to establish a new center at the Bloomberg School to study the health effects of particulate matter.

More information on the Medicare Air Pollution Study 1999-2002 can be found at www.biostat.jhsph.edu/MCAPS.

Q&A: The Hazards of Fine Particulate Matter

Kenna Lowe, with the Bloomberg School's Office of Communications and Public Affairs, spoke to Francesca Dominici, PhD, associate professor in the Department of Biostatistics and lead author of the study, to learn more.

Kenna Lowe: With regard to your study results, what should people be concerned with?

Francesca Dominici: Our study provides new and strong evidence that fine particulate matter levels still adversely impact daily hospital admission rates for cardiovascular and respiratory diseases in the United States. Among the 204 counties included in our study, in 2002, there were 1.4 million hospitalizations for cardiovascular and respiratory diseases. For every 10 μg/m3 increase in particulate matter, we calculated 11,000 additional cardiovascular and respiratory disease hospitalizations. This means that a reduction in fine particulate matter levels should provide health benefits in terms of lower hospital admissions for the elderly.

This was the largest study ever conducted to assess the increased risk of hospital admissions for cardiovascular and respiratory diseases associated to exposure to fine particles at a national and regional scale. Our study included 11.5 million Medicare enrollees during 1999-2000.

KL: Let's back up a bit. What exactly is fine particulate matter?

FD: Particulate matter is an airborne mixture of solid particles and liquid droplets. These solid particles come in numerous shapes and sizes and may be composed of different chemical components. Fine particles measure 2.5 micrometers or less in size. They are approximately 1/30th the diameter of a human hair and can penetrate deep into the body's respiratory system. More information can be found at *www.epa.gov/air/particlepollution/basic.html.*

KL: Is there a standard limit for particulate matter concentration in the United States?

FD: The United States Environmental Protection Agency (EPA) regulates particulate matter by setting a standard and allowing each state to determine how to achieve that standard. The recently proposed National Ambient Air Quality Standard (NAAQS) for fine particulate matter is 35 μg/m3 for a 24-hour average; the annual average should not be more than 15 μg/m3. Many regions, including parts of the eastern United States and California, exceed these standards. More information can be found at *www.epa.gov/air/particlepollution/actions.html.*

KL: What are some of the sources of fine particulate matter?

FD: Airborne particles come from a variety of sources, including coal-burning power plants, factories, automobiles, agricultural activities, stone crushing and the burning of wood. Other particles may be formed in the air when sunlight and water vapor react with gases emitted from burning fuels.

KL: Now, let's get back to your study results. How often was there a 10 μg/m3 increase in fine particulate matter? Also, how often did the daily level of fine particulate matter exceed the proposed NAAQS?

FD: It is important to explain first that, on bad days, fine particulate matter levels are between 60 to 100 μg/m3. The average daily measurement of fine particulate matter during our study was 13.4 μg/m3.

Among the 204 counties included in our study, we found that, on average, approximately 20 percent of the time, the daily fine particulate matter level exceeded the annual average by more than 10 μg/m3 or approximately once every five days. We also found that, on average, approximately three percent of the time, the daily fine particulate matter level exceeded the proposed NAAQS standard—meaning that our estimated risks are associated with levels of fine particles that were below the proposed standard of 35 μg/m3 for a 24-hour period.

KL: Why did you find higher risks for cardiovascular hospital admissions in the East part of the United States as compared to the West?

FD: The geographical variability of the estimated risks across the country may reflect the complexity of airborne particulate matter, which is made up of a rich mixture of primary and secondary particles. Combustion sources—vehicles, power generation and industry—are major contributors to urban particulate matter and vary by geographic location. Identifying factors that might explain east/west differences in risks and particulate matter components with higher toxicity is a very complex research question that we are just starting to explore.

KL: The study results showed a 1.28 percent increase in the risk for admission for heart failure as it related to increased fine particulate matter levels. How much of a concern is that really?

FD: What we found was that a 10 µg/m3 increase in particulate matter was associated with a 1.28 percent increase in the risk of admission for heart failure. To further answer this question, I'll use Cook County, which includes Chicago, as an example. It has average fine particulate matter levels of 16 µg/m3. For each 100 admissions, Cook County had approximately one extra hospital admission for heart failure associated with each daily 10 µg/m3 increase in the level of fine particulate matter. However, this percent increase is tied to a particular increase of fine particulate matter. If a larger increase in fine particulate matter pollution were to occur, we would have a larger increase in hospital admissions. The same goes for a decrease in particulate matter levels; if there was a smaller increase in pollution levels, there would be fewer additional hospitalizations.

KL: What else should the readers know about your study?

FD: As you may know, scientific evidence is strengthened when the findings are replicated by different researchers. Some of my same colleagues who worked on this particular study are also promoting reproducibility of epidemiologic studies as a new minimum requirement for all researchers. This study is an example of a reproducible epidemiological study (Peng et al 2006). The dataset that we used to produce these study results—which includes county names and location, air pollution data, weather data, county-specific estimates of health risk and software developed to construct county-specific daily time series data—is available online at *www.biostats.jhsph.edu/MCAPS.* Other scientists can reproduce some of the study results, apply the study's methodology to their own data or apply their methodology to our data.

More information on the Medicare Air Pollution Study 1999-2002 can be found at www.biostat.jhsph.edu/MCAPS.

Public Affairs media contacts for the Johns Hopkins Bloomberg School of Public Health: Kenna Lowe or Tim Parsons at 410-955-6878 or paffairs@jhsph.edu.

Additional study authors from the Bloomberg School of Public Health are Roger D. Peng, PhD, Luu Pham, Aidan McDermott, PhD, Scott L. Zeger, PhD, and Jonathan Samet, MD. Michelle L. Bell, PhD, with the Yale School of Forestry and Environmental Studies, also coauthored the study.

The study was supported by grants from the U.S. Environmental Protection Agency, the National Institute for Environmental Health (NIEHS), the NIEHS Center in Urban Environmental Health and the Health Effects Institute through a Walter A. Rosenblith New Investigator Award.

Public Affairs media contacts for the Johns Hopkins Bloomberg School of Public Health: Kenna Lowe or Tim Parsons at 410-955-6878 or paffairs@jhsph.edu. *Photographs of Francesca Dominici are available upon request.*

"When you can't breathe, nothing else really matters!"

In 1970 Congress passed the Clean Air Act that required each state to achieve air quality standards as set by the Environmental Protection Agency (EPA) in 1977. Although improvement has been achieved nationwide with respect to air quality, Cumberland County does not comply with current standards for ozone and fine particulate matter.

The American Lung Association (ALA) ranks Cumberland County's atmosphere as the 24th most polluted area in the United States, comparable to New York City.*

Due to the concentration of truck traffic in Cumberland County, fine particle pollution from diesel exhaust is much higher than in most places and is astronomical along the "Miracle Mile" in Middlesex Township.

Diesel exhaust is a mixture of particulate matter, gases and chemical compounds containing 40 known environmental contaminants. Fine particulate matter (PM2.5) consists largely of carbon (soot) to which other chemical substances bind. As we breathe, these tiny particles carrying toxic substances enter our lungs and are deposited in the deepest recesses of our lung tissue. Some of these toxic substances can cause cancer or other adverse health effects.

Breathing diesel emissions containing these fine particles can result in exacerbation of lung disease, i.e. asthma and emphysema, and can precipitate heart attacks. Populations bat particular risk include infants, children and the elderly with pre-existing heart and lung disease. In addition diesel exhaust is know to contain three carcinogens that cause lung and bladder cancer. According to ALA reports, scientists estimate that 50,000 to 100,000 people die each year as a result of air pollution. Studies have shown that children exposed to diesel exhaust exhibit abnormal lung development which appears to be permanent.

The construction of additional distribution parks will undoubtedly bring more diesel trucks into the area and will have public health implications. Carlisle already is a "hot spot" of diesel pollution.

We acknowledge that the trucking industry is vital to our way of life and to the economy. We have benefitted from it as much as anyone and do not advocate eliminating the trucking industry. However, we also believe that proper and insightful environmental planning is essential for our community';s future and its health and well-being.

As the American Lung Association states: "When you can't breathe, nothing else really matters!"

*Based on 24-hour PM 2.5 measurements.

The above was authored by Dr. Philip Cory, Pulminologist, and agreed to by the following doctors:

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THE AIR WE BREATHE

In 1970, Congress passed the Clean Air Act that required each state to achieve air quality standards as set by the Environmental Protection Agency (EPA) by 1977. Although improvement has been achieved nationwide with respect to air quality, Cumberland County does not comply with current standards for ozone and fine particulate matter.

The American Lung Association (ALA) ranks Cumberland County's atmosphere as the 24th most polluted area in the United States, comparable to New York City.*

Due to the concentration of truck traffic in Cumberland County, fine particle pollution from diesel exhaust is much higher than in most places and is astronomical along the "Miracle Mile" in Middlesex Township.

Diesel exhaust is a mixture of particulate matter, gases and chemical compounds containing 40 known environmental contaminants. Fine particulate matter (PM2.5) consists largely of carbon (soot) to which other chemical substances bind. As we breathe, these tiny particles carrying toxic substances enter our lungs and are deposited in the deepest recesses of our lung tissue. Some of these toxic substances can cause cancer or other adverse health effects.

Breathing diesel emissions containing these fine particles can result in exacerbation of lung disease, i.e. asthma and emphysema, and can precipitate heart attacks. Populations at particular risk include infants, children and the elderly with pre-existing heart and lung disease., In addition, diesel exhaust is known to contain three carcinogens that cause lung and bladder cancer. According to ALA reports, scientists estimate that 50,000 to 100,000 people die each year as a result of air pollution. Studies have shown that children exposed to diesel exhaust exhibit abnormal lung development which appears to be permanent.

The construction of additional distribution parks will undoubtedly bring more diesel trucks into the area and will have public health implications. Carlisle already is a "hot spot" of diesel pollution.

We acknowledge that the trucking industry is vital to our way of life and to the economy. We have benefited from it as much as anyone and do not advocate eliminating the trucking industry. However, we also believe that proper and insightful environmental planning is essential for our community's future and its health and well-being.

As the American Lung Association slogan states:

"When you can't breathe, nothing else really matters!"

*Based on 24-hour PM 2.5 measurements.

The foregoing is authored by Dr. Phil Carey and agreed to by

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DEP HELPS LAUNCH TRUCK-IDLING ALTERNATIVE TO CUT POLLUTION, SAVE FUEL

New Technology Installed at Four Pennsylvania Truck Stops;

CARLISLE -- Environmental Protection Secretary Kathleen A. McGinty today officially flipped the switch to inaugurate anti-idling technology at a truck stop near Carlisle, Cumberland County. The secretary also presented IdleAir Inc. with a $40,000 grant to support the implementation of the pollution control equipment at other sites in Pennsylvania, bringing the Rendell Administration's total investment in this technology to $940,000.

"This technology not only has measurable effects on pollution reduction and energy security, but it also provides significant economic advantages," McGinty said while showcasing the equipment at the Petro truck stop along busy U.S. Route 11. "Reducing truck idling helps to improve air quality and conserve fuel, saving money for long-haulers already faced with rising diesel prices."

IdleAire's Advanced Truckstop Electrification (ATE®) technology provides heating, cooling and electricity to truckers who are resting. The system eliminates the need to keep rigs idling for hours at a time. The technology can be connected to the cab of a tractor-trailer using a simple $10 window adapter.

Estimates show one truck hooked up to IdleAire equipment for 10 hours --- which is the federally mandated rest period for every 11 hours a trucker spends behind the wheel --- would

eliminate 234 pounds of diesel emissions. If all 72 IdleAire spaces at the Petro truck stop were in use for a 10-hour period, the system would eliminate 16,848 pounds of diesel emissions that day.

Over the course of a year, the 72 spaces used just 10 hours a day would reduce diesel emissions by 6.2 million pounds, which is equivalent to eliminating almost 2 million truck-miles from Pennsylvania each year. The spaces are available 24 hours a day.

A 2004 study estimated as many as 13,000 trucks rest long-duration in Pennsylvania per day. Eliminating this idling would reduce nitrogen oxide, or NOx, by about 12 tons per day, or about 600 pounds per truck per year. NOx is a component of both ground-level ozone and fine particle pollution, each of which are associated with respiratory ailments.

"The health benefits of this technology are significant --- and so are the fuel savings," McGinty said. "Every gallon of fuel that isn't used because of anti-idling technology, at a time when goods aren't being moved, saves the trucker money and makes our country just a little less dependent on foreign energy sources."

Average big rigs use about one gallon of fuel per hour when idling. At a cost of about $2.95 per gallon, a trucker can save more than $3,700 per year on fuel costs alone by eliminating down-time idling. If the 72 spaces at the Petro truck stop near Carlisle are used 10 hours a day, that saves 262,800 gallons of diesel fuel each year.

The Rendell administration has provided $900,000 in grants to assist in the overall $5 million IdleAire installations at four locations in Pennsylvania. This funding includes $540,000 in Alternative Fuels Incentive Grants and $360,000 from the Pennsylvania Energy Harvest Grant Program. The federal Environmental Protection Agency also provided $100,000 from its SmartWay Transport grant program.

IdleAire provides filtered central heating and air conditioning, and a range of communications and entertainment options to the cab of a truck by a concentric hose with a service module that snap-locks into the vehicle's passenger window. Installation takes just a couple of minutes, and an IdleAire representative can show a new driver how to access various services via a color touch-screen interface in another few minutes.

The $40,000 Air Pollution Control Program grant awarded by DEP will help IdleAire cover the cost of window adapters, the only equipment needed to connect the units to truck cabs, and training for first-time users.

Aside form the 72 Petro units in Carlisle, Tennessee-based IdleAire also has installed 231 spaces at four other Pennsylvania facilities: TA facility in Harborcreek, Erie County (72 spaces); Frystown All-American, Frystown, Berks County (72 spaces); and a TA facility in Greencastle, Franklin County (87 spaces).

IdleAire is looking to install units at four other Pennsylvania locations this year.

"We are very pleased that the Rendell administration and Secretary McGinty recognized the benefits of IdleAire's technology to industry and the Pennsylvania community, and chose to help deliver those benefits more quickly and widely than would have occurred otherwise," IdleAire Chief Executive Officer Mike Crabtree said.

"Three of the four Pennsylvania grant sites are open and the fourth should open by Aug. 14," Crabtree said. "At all our locations across the country, IdleAire is providing an immediate reduction in diesel emissions, an immediate decrease in fuel consumption, lower costs for the trucking industry and better rested drivers."

IdleAir's technology is especially important in the Carlisle area. Carlisle sits at the crossroads of Interstate 81 and the Pennsylvania Turnpike, a location that has led to a

concentration of trucking industry and warehousing facilities along the Route 11 stretch that connects the two limited-access highways. Statistics show that nearly 12,000 people work in the trucking, warehousing and supporting industries at more than 160 different locations in Cumberland County.

Working in partnership with area residents and community groups, DEP is conducting a one-year ambient air quality study, now under way, focusing on fine particulate matter in the Carlisle area. The department is dedicating as much as $75,000 in services, including equipment, labor, lab work, analysis, evaluation and site preparation, toward the effort.

For more information, visit www.depweb.state.pa.us, Keyword: "Air Quality."

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