



RIVERSIDE PUBLIC UTILITIES

Board Memorandum

BOARD OF PUBLIC UTILITIES

DATE: JUNE 27, 2022

SUBJECT: 2022 PUBLIC WATER SYSTEM REPORT ON PUBLIC HEALTH GOALS

ISSUE:

Accept the 2022 Public Water System Report on Public Health Goals as required under California Health and Safety Code Section 116470(c).

RECOMMENDATIONS:

That the Board of Public Utilities:

1. Conduct a public hearing to receive public input related to the 2022 Public Water System Report on Public Health Goals; and
2. Accept the 2022 Public Water System Report on Public Health Goals as required under California Health and Safety Code Section 116470 (c).

BACKGROUND:

The State Water Resources Control Board Division of Drinking Water (DDW) uses public health goals (PHG) to develop health-based drinking water regulatory limits known as Maximum Contaminant Levels (MCLs). MCLs are developed to protect public health while considering applicable treatment technology, cost of treatment, and analytical capability. The MCL is the highest level of a contaminant allowed in drinking water that provides protection from increased health risk. The MCL is an enforceable level that all public water systems must meet. PHGs are not enforceable levels.

California Health and Safety Code section 116470 (b) requires that every three years, public water systems serving more than 10,000 service connections that detect one or more contaminants in drinking water that exceed the applicable public health goal, shall prepare a brief written report in plain language that does all of the following:

- (1) Identifies each contaminant detected in drinking water that exceeds the applicable public health goal.
- (2) Discloses the numerical public health risk, determined by the office, associated with the maximum contaminant level for each contaminant identified in paragraph (1) and the

numerical public health risk determined by the office associated with the public health goal for that contaminant.

- (3) Identifies the category of risk to public health, including, but not limited to, carcinogenic, mutagenic, teratogenic, and acute toxicity, associated with exposure to the contaminant in drinking water, and includes a brief, plainly worded description of these terms.
- (4) Describes the best technology, if any, available on a commercial basis to remove the contaminant or reduce the concentration of the contaminant. The public water system may, solely at its own discretion, briefly describe actions that have been taken on its own, or by other entities, to prevent the introduction of the contaminant into drinking water supplies.
- (5) Estimates the aggregate cost and the cost per customer of utilizing the technology described in paragraph (4), if any, to reduce the concentration of that contaminant in drinking water to a level at or below the public health goal.
- (6) Briefly describes what action, if any, the local water purveyor intends to take to reduce the concentration of the contaminant in public drinking water supplies and the basis for that decision.

DISCUSSION:

Because Riverside Public Utilities (“RPU”) serves far more than 10,000 customers, it must report any contaminants accordingly. RPU staff has prepared the required report, addressing all of the required elements (Attachment 2). California Health and Safety Code section 116470(c) requires that an agency preparing such a report shall hold a public hearing for the purpose of accepting and responding to public comment on the report and allows that public hearing to be part of any regularly scheduled meeting.

Public health goals are set exclusively on health risk without consideration to treatment feasibility, treatment costs, and analytical capability to detect the contaminant. The PHG level is determined by calculating the health risk based on long-term animal laboratory exposure studies. Maximum contaminant level goals (“MCLGs”) are the federal equivalent to the PHG. The PHG and MCLG represent the lowest level of a contaminant in drinking water that is believed to have no adverse health effect. In many instances, the PHG level is a theoretical calculation that cannot be tested or measured using available analytical equipment or methods.

The public water system report on PHGs only needs to address contaminants that are found at a level exceeding a PHG or a MCLG. The requirements under the legislation are unique to California and are in addition to the Consumer Confidence Report distributed to consumers each year. It is important to realize that:

1. Drinking water in full compliance with existing water quality standards may expose customers to some level of risk, although very low in comparison with other sources of health risk.
2. There can be significant costs and technology limitations associated with water treatment to reduce contaminants below their respective PHG.
3. No large public water system can meet all PHGs and MCLGs.

During the reporting period from 2019 to 2021, six constituents were found above their applicable PHG or MCLG. These constituents are summarized in Table 1 below and fully explained in the report attached (Attachment 2). The range of costs to reduce each constituent to a level below their applicable PHG or MCLG is estimated at \$480 - \$3,023 per customer per year. Given the significant financial burden on customers for treating the water, when the effectiveness of the treatment processes to provide any significant reductions in constituent levels is uncertain, no treatment action is proposed but will continue to be closely monitored and factored into the departments long-term water treatment strategy.

Table 1. PHG or MCLG Exceedance

Constituent, unit	MCL or (AL)	RPU Average/ (Range)	DLR Detecti on Limit	PHG or MCLG	Health Risk Category	Numeric Risk @ PHG	Numeric Risk @ MCL	Sources	BAT
Arsenic, ppb	10	<2/ (ND-3.7)	2	0.004 ppt	Cancer	1×10^{-6} (one per million)	2.5×10^{-3} (2.5 per thousand)	Erosion of natural deposits	IX
Gross Alpha, pCi/L	15	<3/ (<3-4.6)	3	0	Cancer	0	up to 1 $\times 10^{-3}$ for ^{210}Po	Erosion of natural deposits	IX & RO
Perchlorate, ppb	6	<2/ (ND-2.4)	2*	1	Endocrine and developmental toxicity	NA	NA	Industrial	IX
Radium 228, pCi/L	5	ND/ (ND-2.4)	1	0.019	Cancer	1×10^{-6} (one per million)	3×10^{-4} (3 per ten thousand)	Erosion of natural deposits	RO
Uranium, pCi/L	20	6.4/ (4.3-11)	1	0.43	Cancer	1×10^{-6}	5×10^{-5} (five per hundred thousand)	Erosion of natural deposits	IX
Copper 90% Household Tap, ppb	1300	440/ (<50-840)	50	300	Gastro-intestinal effects	NA	NA	Natural/ Home plumbing	TT

MCL= Maximum Contaminant Level, PHG = Public Health Goal, MCLG = MCL Goal, BAT = Best Available Technology, IX= Ion Exchange, TT = Treatment Technique, ppb = part per billion, ppt,= part per trillion, pCi/L = Picocurie per liter, RO = Reverse Osmosis

*The perchlorate DLR was reduced from 4 ppb to 2 ppb in 2021.

PHGs are not enforceable standards and RPU's Water Quality meets all State and federal regulations.

STRATEGIC PLAN ALIGNMENT:

This item contributes to **Strategic Priority 4 - Environmental Stewardship** and **Goal 4.2 – Sustainably manage local water resources to maximize reliability and advance water reuse to ensure safe, reliable and affordable water to our community.**

This item aligns with each of the five Cross-Cutting Threads as follows:

1. **Community Trust** – By being transparent and communicating information to RPU customers. RPU's water meets all State and federal regulations.
2. **Equity** – PHG notification informs all customers supplied by RPU water.
3. **Fiscal Responsibility** – RPU wants to provide highest quality water at the lowest

responsible cost to our customers.

4. **Innovation** – RPU looks to innovative best available technologies to treat our water supply.
5. **Sustainability & Resiliency** – RPUs water supply must meet all State and federal regulations, keeping engaged with PHG's and their potential future impact facilitates meaningful conversations on the best course of action to preserve our water resources for our generation and the next.

FISCAL IMPACT:

There is no fiscal impact associated with this item.

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Approved by: Kris Martinez, Assistant City Manager

Approved as to form: Phaedra A. Norton, City Attorney

Certifies availability
of funds: Edward Enriquez, Interim Assistant City Manager/Chief Financial Officer/
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Attachments:

1. Public Hearing Notice
2. Public Health Goal Report
3. Presentation