



CITY OF POMONA

COUNCIL REPORT

August 1, 2022

To: Honorable Mayor and Members of the City Council

From: James Makshanoff, City Manager

Submitted By: Chris Diggs, Water Resources Director

SUBJECT: PUBLIC HEARING - DRAFT 2022 WATER QUALITY PUBLIC HEALTH GOALS REPORT

RECOMMENDATION:

It is recommended that the City Council take the following actions:

1. Conduct a public hearing to accept comments to the attached Draft 2022 Water Quality Public Health Goals Report; and
2. Upon the conclusion of the public hearing, direct staff to incorporate appropriate comments received into the Final 2022 Water Quality Public Health Goals report (Report).

EXECUTIVE SUMMARY:

Pursuant to the Safe Drinking Water Act public water systems having water quality measurements exceed a Public Health Goal (PHG) must prepare a Report. Pursuant to this requirement staff submitted the attached Report to the State Water Resources Control Board (SWRCB) Division of Drinking Water (DDW). To complete the reporting requirement, a public hearing is to be held to receive public comment, which is to be included in the Report. This public hearing fulfills the DDW requirement.

FISCAL IMPACT:

There is no fiscal impact with the proposed action.

PUBLIC NOTICING REQUIREMENTS:

A notice of the Report was published on July 11, 2022 and July 15, 2022, in the Inland Valley Daily Bulletin, see Attachment No. 2.

PREVIOUS RELATED ACTION:

None

DISCUSSION:

This item is to inform the public of the various drinking water standards and goals set by both the DDW and United States Environmental Protection Agency (USEPA). PHGs established by the Office of Environmental Health Hazard Assessment (OEHHA) are not a regulatory standard, instead they are levels of a chemical in drinking water that do not pose a significant health risk. However, state law requires that when a Maximum Contaminant Level (MCL) is established, it should be as close to the PHG as possible, given the technological and financial limitations to do so. The Report includes the sampling results over the past three years and lists only chemicals that exceeded a PHG.

To establish a PHG, OEHHA collects all health data available for a given chemical. Once the data is collected and analyzed, OEHHA then determines the cancer risks with the assumption that a person drinks water with that chemical in it every day for 70 years. Based on that criteria, OEHHA uses a one-in-one million risk level, that being, not more than one person out of a million developing cancer if, as stated a person drinks water with that chemical in it every day for 70 years.

As mentioned, there are several factors that are included in the development of a MCL, and it's these MCLs that drinking water providers must comply with. As long as drinking water complies with all MCLs, it is considered safe to drink, even if some chemicals exceed PHG levels. A PHG represents a health protective level for a chemical that drinking water providers should strive to achieve if it is feasible to do so. However, a PHG is not a boundary line between a "safe" and a "dangerous" level of a chemical, and drinking water can still be considered acceptable for public consumption even if it contains a chemical at levels exceeding a PHG.

The City's local water included chemicals with levels higher than those set as PHGs, including: arsenic, tetrachloroethylene (PCE), trichloroethylene (TCE), 1,2-Dibromo-3-chloropropane (DBCP) also known as dibromochloropropane, 1,2,3-Trichloropropane (1,2,3-TCP), hexavalent chrome, coliform bacteria, and radionuclides, including gross alpha, gross beta, combined radium, and uranium. The City is required to list the public health risks associated with each chemical outlined in the Draft PHG Report, acknowledge the best water treatment technology available to date, and include an estimate of the costs required to treat water to the level of the PHGs.

The following list briefly describes what must be addressed in the Public Health Goal Report:

- 1) Identify each chemical detected that exceeds the PHG;
- 2) Provide the numerical public health risk;
- 3) Identify the category of risk to public health;
- 4) Describe the "best available technology" (BAT), if available to remove or reduce chemical;
- 5) Estimate the total cost and the cost per customer to utilize the BAT described to reduce the concentration of the chemical; and
- 6) Briefly describe what action, if any, is intended to reduce the concentration of the chemical.

Both State and Federal regulators adopt BATs, which are the most effective methods available for removing a chemical. Because engineering designs are not required, costs are estimated for each given technology.

Finally, once all the comments from the Council and the public have been received, Staff will incorporate them where appropriate and send the final document to the State as required.

Prepared by:

Nick Capogni
Water Quality Supervisor

ATTACHMENT:

Attachment No. 1 – Draft Public Health Goals Report for June 2019
Attachment No. 2 – Public Notice