

# PIPELINE

Oregon Drinking Water News

Department of Human Services, Drinking Water Program

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<http://oregon.gov/DHS/ph/dwp/>

## DRINKING WATER STAFFING UPDATE

*Lots of recent changes here in the drinking water program! Refer to the updated organization chart on page 10 to follow all this.*

Mary Alvey, Manager of our Data Management and Compliance Assurance Unit, retired from state service at the end of February. Mary's career with the "Health Division" began in September 1977, after working at Multnomah County. Mary inspected food service establishments, tourist facilities, and public pools and spas. She joined the drinking water program as the Monitoring and Compliance Manager in 1986, right after Primacy. Mary oversaw the development of the first safe drinking water computer database and the drinking water website, and managed operator certification and county drinking water contracts. She served on national workgroups and earned a national reputation. We all wish Mary the very best on the occasion of her retirement!

Engineers Tom Charbonneau and Gary Burnett were recently recognized for 20 years of service in the drinking water program! If you're counting, they came to work in March 1984, and they've seen it all. Congratulations to both of our senior engineers!

Welcome to Diane Stockton, our new Manager of the Data Management and Compliance Assurance Unit! Diane has over 20 years of experience in the municipal, industrial, and consulting sectors working in environmental regulatory compliance and project management. She holds degrees in Business and Chemistry.

Ron Hall was recently promoted to Manager of the Protection, Planning, and Certification Unit. Ron

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## 2005 LEGISLATURE IS UNDERWAY

*by Dave Leland*

The 2005 Legislature started in earnest in January. This year, there are a number of drinking water bills in play. The following is a brief summary of each bill and its current status, beginning with the House bills and ending with the Senate bills. I also include an update on the drinking water program budget, and recent program restructuring.

### **HB 2171 — Drinking Water Program Funding.**

Authorizes Department of Human Services to impose fee on water suppliers for costs of conducting sanitary surveys. This bill is the linchpin for implementing the recommendation of the Task Force on Drinking Water Program Workload and Funding (see Spring 2004 PIPELINE). A public hearing was held before the House Water Committee on February 23. Testimony in support of the bill was given by the Department, Task Force Chair Roger Jordan of Dallas, Task Force member Dan Bradley of Oak Lodge Water District,

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## OREGON WATER SYSTEMS BENEFIT FROM \$100 MILLION LOAN FUND

by Roberto Reyes-Colon

A federal-state partnership that began in 1996 to improve drinking water safety has brought millions in federal loan funds and state matching funds to Oregon communities.

Most of the water systems are small, although those in Springfield, Pendleton and Woodburn have also received loans.

So far over \$100 million in loans have been committed to public water systems in over 50 communities that will bring safer drinking water to more than 200,000 people. Many additional communities are lining up to use the rest of the money.

The program is the Safe Drinking Water Revolving Loan Fund. Authorized by Congress in 1996, it made \$9.6 billion available nationwide through 2003. In Oregon, DHS administers the fund through a partnership with the Oregon Economic and Community Development Department (OECDD).

The fund allows water suppliers to make improvements, many times involving major construction projects that would not have otherwise been possible. The bottom line is that these communities will be better able to comply with federal Environmental Protection Agency (EPA) drinking water quality standards.

Drinking water safety improvements include installing new or improved water treatment plants, constructing new wells and storage tanks and replacing miles of pipeline. Several of the projects have been completed and as communities repay their loans, funds are made available to other communities.

Our success is based on the specific expertise both OECDD and DHS bring to the program. Working together, we make low-interest loans to water systems throughout the state, helping improve drinking water safety and bringing money into the community.

OECDD provides 20 percent in state matching funds and awards and manages the loans to Oregon communities. Community water suppliers submit their water improvement applications to DHS, where a priority list is developed.

Every year, Oregon applies to the EPA for its annual allotment of loan funds. This is our seventh year of funding under the current legislation. We fully expect Congress to reauthorize the loan fund next year, because it has been such a successful program nationwide.

Information about the loan fund is on the Web at [www.oregon.gov/DHS/ph/dwp/srlf.shtml](http://www.oregon.gov/DHS/ph/dwp/srlf.shtml), or by calling (971) 673-0422. A complete list of drinking water projects funded in Oregon is shown in the table beginning on the next page.

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**Safe drinking water loans awarded**

<b>Water supplier</b>		<b>County</b>	<b>Project description</b>	<b>Loan amount (\$)</b>
City of Bandon	2,790	Coos	Upgrade water filtration plant	500,000
City of Gold Beach	2,160	Curry	New water filtration plant	500,000
City of Talent	5,010	Jackson	Connect to Medford Water Commission, abandon local intakes	2,000,000
City of Warrenton	8,000	Clatsop	New water filtration plant	4,657,000
Youngs River-Lewis and Clark Water District	2,000	Clatsop	New water filtration plant	2,190,000
City of Glendale	770	Douglas	Upgrade water filtration plant	244,825
City of Amity	1,315	Yamhill	New water filtration plant	1,618,084
City of Carlton	1,525	Yamhill	New water filtration plant	2,238,625
City of Yamhill	1,126	Yamhill	Upgrade water filtration plant	1,750,000
City of Vale	1,505	Malheur	Construct new wells, install disinfection	1,174,203
City of Sandy	5,500	Clackamas	Upgrade water filtration plant, new storage	1,876,133
City of Wasco	380	Sherman	Upgrade entire water system	628,000
City of Lafayette	1,700	Yamhill	Reduce lead and copper levels	110,000
City of Lowell	1,050	Lane	Upgrade water filtration plant	223,000
Chenowith Water Coop	2,076	Wasco	Disinfection, iron removal	364,900
Fun River Improvement District	76	Lincoln	Upgrade treatment, improve water pressure	101,972
Valley View Water District	975	Multnomah	Upgrade pipelines to improve pressure	692,750
City of Burns	3,200	Harney	Disinfection treatment, upgrade storage	846,431
City of Banks	875	Washington	Upgrade pipelines, add storage to improve pressure	700,000
City of Pendleton	16,200	Umatilla	Water treatment plant, intake, pump station	5,900,000
Burlington Water District	429	Multnomah	Replace leaking water pipelines	1,070,000
Port of Tillamook Bay	250	Tillamook	Upgrade pipelines to improve pressure	785,000

*(Continued on page 4)*

*Safe drinking water loans awarded — continued from page 3*

<b>Water supplier</b>		<b>County</b>	<b>Project description</b>	<b>Loan amount (\$)</b>
Odell Water Company	355	Hood River	Nitrate removal	1,515,000
City of Drain	1,140	Douglas	Upgrade water filtration plant, replace pipelines	2,479,603
City of Prairie City	1,195	Grant	New water filtration plant	1,700,000
City of Waldport	3,200	Lincoln	Upgrade water filtration plant	769,900
Town of Canyon City	775	Grant	Construct new spring intake, replace storage tank	49,341
Springfield Utility Board	51,674	Lane	New water treatment plant, ultraviolet light disinfection	4,000,000
City of Westfir	330	Lane	Water intake, new storage tank	833,564
Heceta Water District	4,500	Lane	New water treatment plant	1,754,508
City of Columbia City	1,665	Columbia	2 new wells, reservoir for disinfection treatment	2,990,500
City of Woodburn	20,000	Marion	Treatment plant for arsenic, iron, manganese	4,000,000
City of Cove	594	Union	New well, reservoir, and pipelines	1,671,000
Corbett Water District	2,910	Multnomah	New reservoir for disinfection treatment	1,500,000
SW Lincoln County Water District	3,000	Lincoln	Replace raw water supply pipeline	117,649
City of Dayton/ Lafayette	1865	Yamhill	New water treatment plant and reservoir	3,983,000
City of Scappoose	5,126	Columbia	New well, disinfection, and reservoir	4,000,000
City of Powers	700	Coos	Emergency intake replacement	413,000
Neahkahnie Water	600	Tillamook	Replace water mains, add storage	230,000
Agate/Apache Water Co.	1,600	Deschutes	New reservoir, replace old pipeline	3,505,000
City of Heppner	1,475	Morrow	New reservoir, new well	2,968,255
Oakland Water System	954	Douglas	Treatment plant, intake, new pumps, new reservoir, distribution line	4,000,000

*(Continued on page 5)*

*Safe drinking water loans awarded — continued from page 4*

<b>Water supplier</b>		<b>County</b>	<b>Project description</b>	<b>Loan amount (\$)</b>
City of Mosier	255	Wasco	Repair well, develop second well, chlorination, metering	843,000
City of Seneca	220	Grant	Reconstruct well house, new transmission lines, distribution and storage	848,000
City of Joseph	1,060	Wallowa	New well, waterline replacements	1,181,300
City of North Plains	1,600	Washington	Avoid organic chemical contamination, new transmission lines, connect to city of Hillsboro	2,630,000
City of Mill City	1,800	Linn	New reservoir, upgrade water treatment plant, upgrade water mains	4,000,000
City of Adrian	150	Malheur	Waterline replacements, storage	500,000
City of Richland	175	Baker	Improve treatment, metering, new controls, booster pumps	98,600
City of Sweet Home	7,800	Linn	Improve treatment	4,000,000
City of St. Helens	13,000	Columbia	New water treatment plant	4,000,000
City of Dayville	160	Grant	New treatment plant, new source, reservoir	492,655
City of Ukiah	255	Umatilla	Add new reservoir, distribution improvements, upgrade pumps, metering	1,072,200
Neskowin Reg. Water WD	290	Tillamook	Water treatment plant upgrade	835,366
Chenoweth PUD	3,600	Wasco	Intertie with Columbia Crest	1,358,270
City of Cottage Grove	10,000	Lane	Replace water treatment plant, replace transmission pipelines	4,000,000
City of Oakridge	3,500	Lane	Replacement of distribution lines	3,309,383
<b>Total as of 5/31/2005</b>	<b>205,165</b>			<b>\$101,820,047</b>

## ACCREDITED LABORATORIES AND EPA APPROVED METHODS

*by Irene Ronning*

Currently, in order to meet federal and state regulations for the monitoring of public drinking water, potable water must be tested in certified/accredited laboratories using EPA-approved methods. In Oregon, drinking water testing laboratories are accredited by the Oregon Environmental Laboratory Accreditation Program (ORELAP), which is recognized by the National Environmental Laboratory Accreditation Program (NELAP) and approved by the EPA's Office of Ground Water and Drinking Water. However, not all methods for which a lab is ORELAP accredited are necessarily EPA-approved.

ORELAP accredits laboratories to national standards thereby making it easier for accredited labs to conduct business in other states where they may have different testing requirements. In order for Oregon labs to meet the testing needs of these clients with different analytical requirements, ORELAP will accredit labs for methods that are not EPA approved for the monitoring of public drinking water. For example, ORELAP will accredit labs for EPA Method 524.2 for DBCP and EDB even though only EPA Method 504.1 has been EPA approved for drinking water analysis. ORELAP also will accredit laboratories for arsenic, selenium and thallium by EPA method 200.7, a method that is EPA approved for many metals such as aluminum, cadmium and copper, but not those listed previously. Additionally, ORELAP allows laboratories to use methods for which they are not accredited as long as their clients are aware of and agree to such testing and the fact that the method used is not included in a lab's scope of accreditation is clearly indicated on the final test report.

However, ORELAP accredited laboratories are held responsible to meet the testing needs of the client whenever they accept samples for analysis. This means that the labs must use the correct EPA-approved methods when testing public drinking water to meet federal and state requirements for the drinking water monitoring program. However,

it is the responsibility of the clients, such as public drinking water systems, to inform the laboratories of their testing needs and not assume that an accredited laboratory will automatically use EPA-approved methods to test all samples delivered to the lab without somehow informing the lab that the results are to going to be reported to the Oregon Drinking Water Program. Therefore, both the accredited laboratory and the client share the responsibility of making sure that the correct methods are used so that public water systems are not cited for non-compliance and, perhaps, unintentionally putting the drinking water consuming public at risk due to improper testing.

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## CROSS CONNECTION PROGRAM

*by Kate Mattimore*

### **Certification Renewal June 2005**

All active Cross Connection Specialist and Backflow Assembly Tester certifications expire June 30, 2005. Sign up for a class now if you have not completed the required update training for your renewal. Revisions to Oregon Administrative Rules now require Specialists to obtain 0.6 CEU in cross connection related training (previous requirement was 0.5 CEU). Please contact the Program Coordinator if you are short 0.1 CEU and want to participate in a free training opportunity. Testers must now provide proof of annual test gauge calibration performed in the same month each year. For information call Kate Mattimore.

### **Reminder: Annual Summary Reports for**

**2004** are past due after March 31, 2005. The Cross Connection Program website has forms and instructions at <http://www.healthoregon.org/crossconnection> or call (503) 731-4007.

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*Legislature — continued from page 1*

and EPA Oregon Operations Office Director Socorro Rodriguez. The Manufactured Housing Communities of Oregon (MHCO) testified in opposition. The Department then met with MHCO and reached agreement on fee levels. The committee held a work session on March 23, and moved the bill to the Ways and Means Committee with a “do pass” recommendation.

**HB 2025 – Fluoridation.** Requires water supplier serving more than 10,000 people to fluoridate water supply. Allows certain water suppliers to receive state financial assistance for initial costs of fluoridation. Appropriates moneys from General Fund to Department of Human Services for reimbursing water suppliers for initial costs of fluoridation. Public hearing before the House Water Committee extended through most of February, with extensive testimony in both support and opposition. The Department supports the bill. At a work session on February 23, the bill passed the House Water Committee with amendment. The amendment requires fluoridation if funds become available from sources outside of the water supplier’s local funding and revenue. The bill passed in the House in March.

**HB 2472 – Water System Regulation.** Conforms regulation of public water systems with those water systems that are regulated under Federal Safe Drinking Water Act. This bill changes the current state threshold for regulation of public water systems from 4 connections or 10 people per day to the EPA threshold of 15 connections or 25 people per day. The Department has identified about 1,000 of these very small non-EPA public water systems in Oregon, but does not currently devote staff time to them due to limited overall program resources. The Department is neutral on this bill. The House Water Committee held a public hearing on the bill on March 11. Subsequently, the water committee replaced all the language in this bill with the language of HB2025 above.

**SB 347 – Direct Lab Reporting.** Requires laboratory performing water sample analysis for water supplier to report results of analysis directly to the Department of Human Services and to water

supplier. This bill resulted from a recommendation to the Legislature given in the 2001 Secretary of State drinking water program audit report. The bill is assigned to the Senate Environment Committee. The Department supports the bill. Recognizing the differences of opinion that exist around direct lab reporting, the bill requestor gave stakeholders time to meet and suggest an amendment prior to any hearing on the bill. The League of Oregon Cities organized two meetings in February with participation by the Department, Special Districts Association of Oregon, and laboratories. A proposed amendment was developed by that group limiting direct reporting by labs to only validated compliance sample results that show a contaminant level that is above a maximum contaminant level established by the Department. A public hearing was held on this bill on April 8.

**SB 381 – Cross Connection.** Transfers authority for certifying persons who inspect water system cross connections or who test backflow prevention devices from Department of Human Services to Department of Consumer and Business Affairs. This bill is assigned to the Senate Business Committee. The Department opposes the bill.

**SB 539 – Fluoridation.** This bill is the Senate version of HB 2025, and is assigned to the Senate Environment and Land Use Committee. The Department supports the bill.

**SB 851 – Safe Drinking Water.** Requires that substances added to public water supply for purposes other than to treat water to make water safe or potable meet specific safety requirements including Safe Drinking Water Act requirements. This bill requires that certain water additives meet National Sanitation Foundation standards for impurities. The Department already requires this by rule for all drinking water additives used by water suppliers in Oregon. The bill adds additional additive testing and paper trail requirements beyond those of NSF that the Department believes are not necessary, so the Department opposes the bill. The bill is assigned to the Senate Environment and Land

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*Legislature — continued from page 7*

Use Committee. This bill and SB 852 primarily affect fluoridation of drinking water.

**SB 852 – Safe Drinking Water.** Requires that substances added to public water supply for purposes other than to treat water to make water safe or potable meet specific safety requirements including Food and Drug Administration approval. The bill is assigned to the Senate Environment and Land Use Committee. The Department opposes the bill. A public hearing on SB 851 and 852 was held on April 4.

## **Drinking Water Program budget**

Good news on the budget front for the drinking water program! The \$200,000 in current drinking water program general funds that were not included in the Governor’s recommended budget in December 2004 will be restored in Upcoming Ways and Means Committee work sessions from within the Department’s overall budget.

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## **Top2Bottom — Drinking Water Program restructuring**

*by Dave Leland*

During May and June 2004, the drinking water program conducted an internal “Top2bottom” review. These reviews are in progress in all programs within the Office of Public Health Systems, at the direction of the Office Administrator.

I set three desired outcomes for this process in the drinking water program:

- Team building
- Redefinition of the drinking water effort and rededication to that effort
- Recommendations for streamlining, efficiency, and structure

Our Top2bottom effort yielded both immediate results and a clear path for continued improvement. We modified the program’s functional structure by effective grouping of essential program functions. For example, the Data Management and Compliance Unit focuses exclusively on the essential data management and reporting functions.

The Protection, Planning and Certification Unit

handles our revolving loan fund work, contracts management, and certification and training. And our Technical Services Unit concentrates on field compliance work with water systems, technical assistance, drinking water protection, and plan review. We also addressed succession issues by creating opportunities for broader participation in program management, and for staff to act as lead workers to develop skills for future job assignments as managers. Finally, the new work units developed measurable objectives for tracking and reporting on program progress and accountability. Work units are now developing and documenting specific procedures to improve and streamline our work processes.

*See the resulting organization chart on page 10 for current staff roles and organizational location*

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*Staffing update — continued from page 1*

has nearly 30 years of technical and managerial experience in environmental health programs in the department. These include drinking water operator certification, food service protection, pools and spas, schools, lodging, clandestine drug lab cleanup, environmental toxicology, lead paint, and indoor air quality. He also worked overseas as a consultant in refugee camp sanitation in Thailand, Iraq and Rwanda. Ron worked in the drinking water program in 1981-1992, and again from 2002 to present.

And welcome Tom Mitchell, who is managing the county drinking water contracts and assisting

county staff. Tom comes to us from the Clandestine Drug Lab Cleanup Program, where he assured that dwellings and buildings impacted by illegal drug production operations were cleaned up to protect the health and safety of future occupants.

Engineers Andy Baker and Bob Devaney departed for other assignments earlier this year. Andy joined Mercy Corps and is now working on the tsunami relief effort in Sri Lanka. Andy keeps us informed on the progress of that crucial effort via email. Bob joined the Las Vegas (yes, Nevada) Water District. We wish them both the very best!

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## **PERCHLORATES: A NEW LOOK AT AN OLD CHEMICAL**

*by Dave Stone, PhD*

Perchlorate is a simple salt that is generating a complex discussion. A few years ago, little attention was given to perchlorates. Back in 1957, perchlorates were first reported as a contaminant in California. Activity increased in 1985, when concerns were raised about perchlorates found at a Superfund site in the San Gabriel Valley. Since that time, perchlorates have been detected in groundwater across the United States. In Oregon, elevated perchlorate levels are found in the Lower Umatilla Basin region in shallow alluvial wells that generally have elevated levels of nitrates as well. The extent of the contamination and possible sources are currently under investigation by several state and federal agencies.

Perchlorates occur from industrial activities, as well as natural processes, such as fertilizer deposits in Chile and possibly atmospheric processes. The majority of perchlorates manufactured in the United States are used for rocket propulsion. Other uses include fireworks, pyrotechnics, explosives, flares and a variety of industrial applications. The main concern for areas impacted by perchlorate contamination is exposure through drinking,

cooking and other household uses of water. Other exposures are possible, such as uptake of perchlorates into crops irrigated with contaminated water or through grazing livestock.

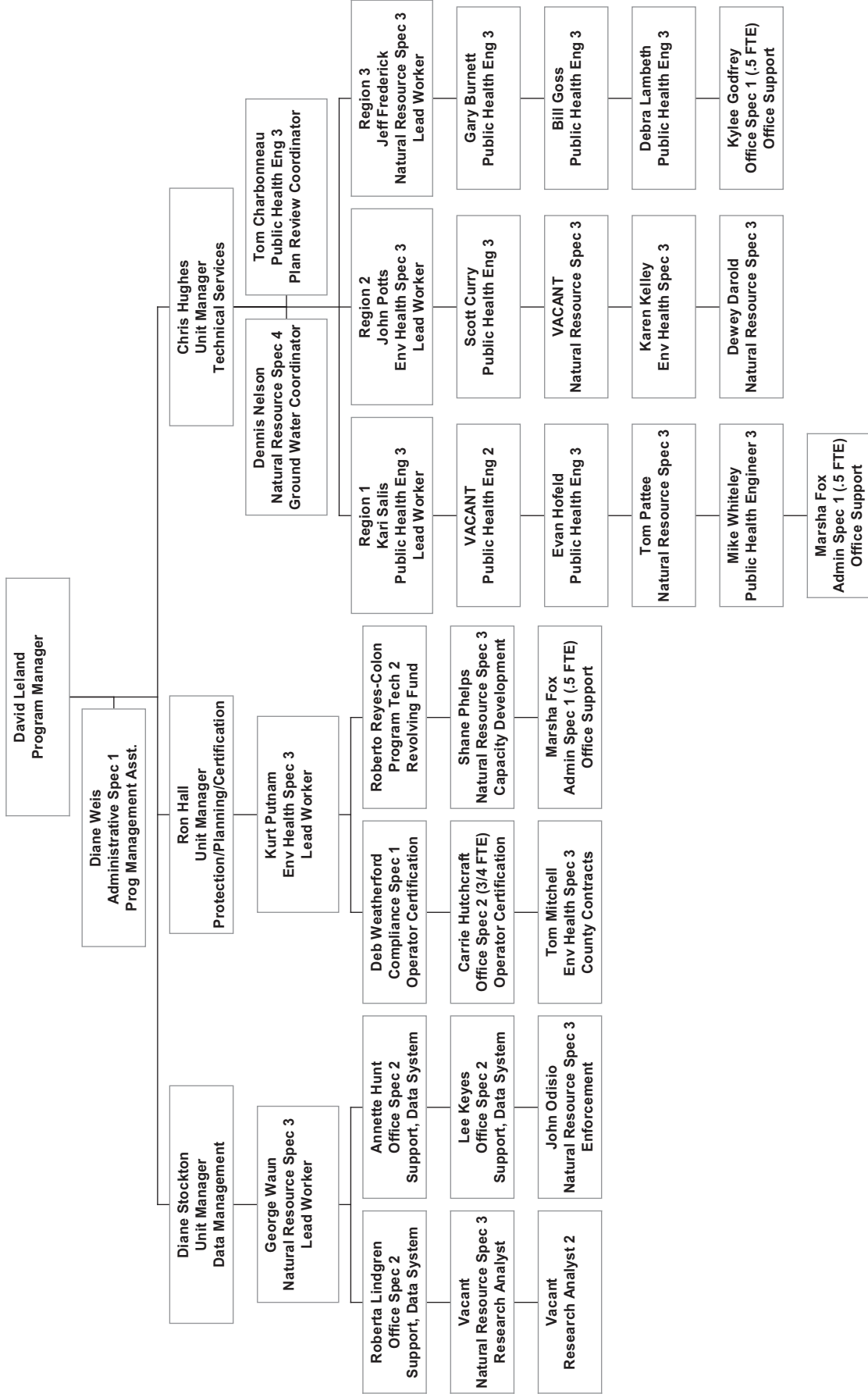
In general, common household water treatment systems, such as softeners, carbon filters and household water filters are not effective at removing perchlorates. Boiling and aeration is not recommended either. Reverse osmosis or specialized ion exchange resins can be successful at removing perchlorates. As always, you should consult with the manufacturer before using or installing any system.

Historically, potassium perchlorate was used to treat overactive thyroids, a condition known as Grave's disease. Perchlorate acts to inhibit iodine accumulation in the thyroid. If this occurs at high enough levels, the thyroid may produce insufficient hormones. Normal thyroid hormone production is essential for proper brain and physical development, especially during the fetal stage, infancy and early

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# Drinking Water Program



## EPA TO STRENGTHEN PROTECTION FROM LEAD IN DRINKING WATER

*EPA Press Release – March 7, 2005*

EPA is initiating the Drinking Water Lead Reduction Plan to strengthen, update and clarify existing requirements for water utilities and states to test for and reduce lead in drinking water. This action, which follows extensive analysis and assessment of current implementation of these regulations, will tighten monitoring, treatment, lead service line management and customer awareness. The plan also addresses lead in tap water in schools and childcare facilities to further protect vulnerable populations.

“We need to free people from worrying about lead in their drinking water,” said Ben Grumbles, EPA assistant administrator for water. “This plan will increase the accuracy and consistency of monitoring and reporting, and it ensures that where there is a problem, people will be notified and the problem will be dealt with quickly and properly.”

From 1995-2004, states have concluded 1,753 enforcement actions to ensure compliance with the Lead and Copper Rule (LCR), and EPA has concluded 570. Under the Safe Drinking Water Act, state agencies take a lead role in enforcing the LCR.

Lead is a highly toxic metal that was used for many years in products found in and around homes. Even at low levels, lead may cause a range of health effects including behavioral problems and learning disabilities. Children six years old and under are most at risk because this is when the brain is developing. The primary source of lead exposure for most children is lead-based paint in older homes. Lead in drinking water adds to that exposure.

Drinking water does not start out containing lead. Lead is picked up as water passes through pipes and household plumbing fittings and fixtures that contain lead. Water leaches lead from these sources and becomes contaminated. In 1991, to reduce lead in drinking water, EPA issued the LCR. The LCR requires water utilities to reduce lead contamination by controlling the corrosiveness of water and, as

needed, replace lead service lines used to carry water from the street to the home.

Under the LCR, if 10 percent of required sampling show lead levels above a 15 parts per billion (ppb) action level, the utility must 1) take a number of actions to control corrosion and 2) carry out public education to inform consumers of actions they can take to reduce their exposure to lead. If lead levels continue to be elevated after anti-corrosion treatment is installed, the utility must replace lead service lines.

Because virtually all lead enters water after it leaves the main system to enter individual homes and buildings, the LCR is the only drinking water regulation that requires utilities to test water at the tap. This also means that individual homes will have different levels of lead in their tap water due to the age or condition of pipes, plumbing materials and fixtures or other factors. For this reason, customer awareness and education are important components of the LCR and state and water utilities lead reduction programs.

EPA plans to propose regulatory changes to the LCR in the following areas by early 2006:

- **Monitoring:** To ensure that water samples reflect the effectiveness of lead controls, to clarify the timing of sample collection and to tighten criteria for reducing the frequency of monitoring.
- **Treatment processes:** To require that utilities notify states prior to changes in treatment so that states can provide direction or require additional monitoring. EPA will also revise existing guidance to help utilities maintain corrosion control while making treatment changes.
- **Customer awareness:** To require that water utilities notify occupants of the results of any testing that occurs within a home or facility. EPA will also seek changes to allow states and utilities to provide customers with utility-specific advice on tap flushing to reduce lead levels.

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*EPA — continued from page 11*

- **Lead Service Line Management:** To ensure that service lines that test below the action level re-evaluated after any major changes to treatment which could affect corrosion control.
- **Lead in Schools:** The agency will update and expand 1994 guidance on testing for lead in school drinking water. EPA will emphasize partnerships with other federal agencies, utilities and schools to protect children from lead in drinking water.

In addition, the agency will convene a workshop in mid-2005 to discuss actions that can be taken to reduce the lead content of plumbing fittings and fixtures. EPA will also promote research in key areas, such as alternative approaches to tap monitoring and techniques for lead service line replacement.

The Drinking Water Lead Reduction Plan arose from EPA's analysis of the current adequacy of LCR and state and local implementation. From 2004-2005, EPA collected and analyzed lead concentration data and other information required by the regulations; carried out a review of implementation in states; held four expert workshops to further discuss elements of the regulations, and worked to better understand local and state efforts to monitor for lead in school drinking water, including convening a national meeting to discuss challenges and needs.

EPA's review of state and utility implementation shows that the LCR has been effective in more than 96 percent of water systems that serve 3,300 people or more. EPA will add elements and actions to the Drinking Water Lead Reduction Plan as needed based on results of any further research, analysis, and evaluation.

More information on National Review of LCR Implementation and Drinking Water Lead Reduction Plan is available online at: [http://www.epa.gov/safewater/lcrmr/lead\\_review.html](http://www.epa.gov/safewater/lcrmr/lead_review.html)

Information about lead in drinking water is available online at: <http://www.epa.gov/safewater/lead> or by calling the Safe Drinking Water Hotline at 1-800-426-4791.

Information about lead around the home is available online at: <http://www.epa.gov/lead> or from EPA's National Lead Information Center (NLIC) at 1-800-424-LEAD (5323).

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## MONITORING AND REPORTING REQUIREMENTS REMINDER

by Diane Stockton

Periodically, we examine and evaluate our collective understanding of federal requirements for monitoring and reporting of drinking water quality in public water systems. There may be some misconceptions about the monitoring and reporting requirements, which we would like to clarify for the benefit of the water suppliers, laboratories, and other agencies involved with safe drinking water. This article will cover the facts, water supplier accountability and responsibility, Drinking Water Program's authority, and tips on how water systems can prevent monitoring and reporting violations.

The facts:

- The Environmental Protection Agency (EPA) established the monitoring and reporting rules and regulations and the Oregon Drinking Water Program implements them as such.
- If the Drinking Water Program receives data for a public water supplier after the 10th day of the month, following a compliance period, it is a monitoring and reporting violation, and that violation is assigned to the water supplier.

Water systems accountability versus responsibility:

- Water suppliers may submit directly or request that the laboratory performing the analysis to submit the water system's monitoring results to the Drinking Water Program. Laboratories and their water supplier clients may therefore agree to transfer the submission of the data function to the laboratory, however the responsibility for timely submissions remains with the water supplier.
- Water suppliers also retain the accountability for ensuring that reporting is timely and accurate. This is because drinking water regulations apply to public water suppliers, not laboratories.

Drinking Water Program's authority

- We cannot remove a monitoring and reporting violation when data is received after the 10<sup>th</sup> day of the month, following a compliance period. This was a specific issue raised by EPA in recent data verification audits of our program.
- Upon receipt of late sampling data, however, we will note on the Oregon Drinking Water web site that the violation was due to late reporting, rather than failure to report at all.

Tips to prevent monitoring and reporting violations:

- Take your required samples early in the monitoring period, so that you have time to correct any problems within your compliance period.
- Check your system information on the Oregon Drinking Water web site ([www.oregon.gov/DHS/ph/dwp](http://www.oregon.gov/DHS/ph/dwp)) early in the reporting period, to verify that your analytical reports have been submitted and received, so that you can correct reporting problems within your compliance period.
- Review your water system's monitoring schedule on the Drinking Water web site for assistance in tracking your monitoring requirements. Some of the water system's monitoring schedules are now on the Oregon Drinking Water web site; our goal is to have all monitoring schedules on the web site for purview by the water suppliers.

The objective of this update is to assist the water suppliers, laboratories, and agencies involved with safe drinking water to prevent monitoring and reporting violations by recapping the facts, deadlines, accountability and responsibility, authority, and by providing proactive management tools to help you stay in compliance with the monitoring and reporting requirements.

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## **30<sup>th</sup> ANNIVERSARY OF THE SAFE DRINKING WATER ACT**

*by the Association of State Drinking Water Administrators*

On December 16, 2004, the country marked the 30th anniversary of the Safe Drinking Water Act. “The Act has been at the core of our progress as a nation in improving the quality of drinking water and the health of our citizens”, said Jeff Stuck, President of the Association of State Drinking Water Administrators (ASDWA). “This historic day was an appropriate time to reflect on the accomplishments of the past 30 years, the states’ role in the implementation of the Safe Drinking Water Act and the challenges that still lie ahead,” continued Stuck.

“The Safe Drinking Water Act of 1974 has helped the citizens of the United States enjoy one of the safest water supplies in the world”, noted Jim Taft, Executive Director of ASDWA. “The Act provides a far-reaching mandate and the tools to get the job done.” The overall strategy embodied in the Act is a multi-faceted one. It starts with protecting the quality of water that will ultimately be the source of public water supplies and includes critical actions from the time water is withdrawn from its source, through treatment, to its eventual delivery to homes, schools and businesses.

By almost any measure, a tremendous amount has been accomplished over the past three decades in ensuring the safety of drinking water for our citizens:

- Since 1974, the number of individuals and communities receiving water that meets all public health standards has dramatically increased. Today, more than 273 million people receive water from 53,000 community water systems. The vast majority of that water meets all public health standards.

- The number of contaminants that are regulated by public water systems has grown from about two dozen in 1974 to almost 100 in 2004, while the number of waterborne disease outbreaks had dropped and continues to stay low.
- Using funds provided by the federal government and matched with their own funds, states have provided more than \$8 billion to local water systems since 1996. This assistance has helped water systems make the infrastructure improvements needed to maintain public health.

States have played a central role in this march of progress. Under the Safe Drinking Water Act, states are vested with the principal responsibility for administering the requirements of the Act within their jurisdictions. States carry out their responsibilities through partnerships - working closely with officials at the federal, state and local levels.

The tasks facing state drinking water programs will continue to be extremely challenging -- especially in an era of scarce resources. The drinking water infrastructure in many cities is aging and presents daunting resource demands. As a nation, we continue to be challenged by new and emerging drinking water contaminants associated with our industrial society. “Today, states renew their commitment to build on the successes of the past 30 years and to continue to work with all of our partners to fully realize the public health goals of the Safe Drinking Water Act”, said Stuck.

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childhood. Thyroid hormone continues to play a fundamental role in physical development until puberty. An absence or sufficiently depressed thyroid level may lead to irreversible mental retardation or retarded physical growth.

Women of childbearing age should be considered a sensitive population along with fetuses, infants, young children and people with thyroid disorders. Pregnant women with low thyroid hormone may be more susceptible to preclampsia (a potentially fatal condition) and placenta-embryo disruption. Furthermore, perchlorates will cross the placenta and can be detected in breast milk. If the infant is not nursing, parents should consider using bottled water when mixing formula if their water is contaminated with perchlorates.

Currently, there is no maximum contaminant level (MCL) for perchlorates at the federal level (eight states have drinking water advisory levels ranging from 1 to 18 ug/L). In 1998, the U.S. Environmental Protection Agency (EPA) placed perchlorates on the drinking water contaminant candidate list. Recently, the National Academy of Sciences evaluated the scientific literature and recommended a reference dose of 0.0007 milligrams of perchlorate per kilogram of body weight per day (a reference dose is the level of daily exposure that is not expected to cause adverse health effects). On February 18, 2005, the EPA accepted the Academy's advice and officially adopted this reference dose. The new RfD translates into a drinking water equivalent of 24.5 ppb. The controversy doesn't stop there, however. Many groups have voiced concern that the RfD is not protective for infants who require more fluid per body weight and may be more susceptible than adults.

As you might have guessed, the debate surrounding perchlorate will continue for some time to come. So, stay tuned.

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