

March 22, 2019

Representative Amy Sheldon Chair, House Committee on Natural Resources, Fish, and Wildlife 115 State Street Montpelier, VT 05633-2228

Dear Representative Sheldon and Committee:

I am writing on behalf of the Green Mountain Water Environment Association (GMWEA). GMWEA is a non-profit group of water quality professionals formed in 1994 by the merger of Vermont's two long-standing drinking water and wastewater treatment organizations. GMWEA promotes public awareness of water related issues and supports the water quality professionals that provide drinking water, wastewater, and stormwater services to Vermonters. Our membership stands at well over 600 water quality professionals.

We are writing concerning S.49, recently approved by the Senate and presented for consideration to your Committee. Our goal is assist your deliberations by clarifying certain factual details, providing context, and suggesting improvements to the legislation as currently framed. We applaud the efforts of Senator Bray and the Vermont Department of Environmental Conservation to define and proactively address the problem of human exposure to per- and polyfluoroalkyl substances (PFAS). Our comments are as follows:

- 1. It is important to note, and to point out in public advisories, that wastewater plants do not create or use PFAS; they merely pass on traces from what they receive in wastewater flows that come to the treatment plant from the public.
- 2. Trace amounts of PFAS are ubiquitous in food packaging, dental floss, nonstick cookware, stain-resistant fabrics, and waterproofing sprays, and are found in the diffuse sources noted above. However, PFAS can appear in highly concentrated form in firefighting foams and as byproducts or waste products of various industries. When seeking ways to mitigate the impact of, or remediate, PFAS in Vermont, we urge the Committee to differentiate between diffuse sources and firefighting, military, or industrial sources, which are vastly more concentrated and thus the best first targets for reduction or remediation efforts.
- 3. The Vermont Department of Health has published an advisory establishing 20 ppt (parts per trillion of five PFAS, in aggregate) as the maximum acceptable limit in drinking

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water, and the Vermont Department of Environmental Conservation has adopted this number as its threshold measure. We commend this concern for Vermonters' health, but believe that further evaluation of this standard is in order. It would establish the lowest drinking water Maximum Contaminant Level (MCL) in the nation, but its origins are unclear. By comparison, New Hampshire has adopted 70 ppt¹; Canada recently adopted policy for 200 ppt to 600 ppt². Furthermore, Vermont's standards, proposed or established, have not been subject to health benefit analysis, implementation feasibility, or cost-benefit assessment. The scientific basis for this standard is also unclear. Risk assessments that lead to the MCL standard should be scientifically sound, with consideration for approved analytical methods and detection limits.

- 4. The interim policies of S.49, as currently framed, require testing of all public and nontransient, nonpublic water systems by December 1, 2019. In the event that concentrations greater than 20 ppt are found, those systems would be required to (a) begin testing at three-month intervals and (b) provide potable water "by other means" until remediation has eliminated the problem. We are concerned that this places drinking water providers (primarily municipalities) at risk of unanticipated and unlimited costs, or legal exposure and fines. Without consideration of a causative party an identified polluter, which should be liable this is an unfair burden for these systems. We propose that the bill (a) allow a longer period for compliance, (b) provide for state funding for testing; (c) provide state funding for emergency water supply to any community or entity required to supply water by other means; (d) better define what other means are envisioned, and propose a time frame for deploying these means. Otherwise, individual communities are at risk for paying potentially extreme costs for damages quite possibly caused by another entity.
- 5. The concerns above suggest a more prudent approach to the goal we have in common with the State, minimizing health risks of PFAS in drinking water. We also recommend the following:
 - a) More study of PFAS is necessary. S.49 proposes pilot studies beginning in July, 2019. However, we believe that a larger, longer testing framework is needed.
 - b) Testing and research should be done at the state level to assure consistency of method and data, and to facilitate inter-state comparisons; in no case should the burden of testing and research be borne by municipalities or private systems without substantial State financial and technical support.
 - c) Concurrent with water testing schedules, the State should pursue investigation into prevention opportunities by researching likely origins for PFAS, determining mitigation protocols for those sources, and establishing policies that eliminate PFAS in their activities. Prevention -- source control -- is the only effective way to reduce PFAS and should be a top priority for any State initiative.



- d) The State should prioritize control of PFAS in concentrated uses, beginning with seeking voluntary removal of PFAS in commercial and industrial products and processes.
- e) The State should conduct analysis of costs and benefits accruing to communities in association with mandated testing and remediation activities, and develop achievable goals and timeframes for PFAS management.
- f) Given the current and likely future public concern about PFAS, the State should direct the Agency of Natural Resources to work within a regional (New England) framework to conduct more extensive research into PFAS, generally, including:
 1) understanding the fate and transport of PFAS once released into the environment; 2) modeling to establish screening values.
- g) The State should pursue public education efforts that inform citizens about PFAS sources, risks, and means for minimizing exposure.

Thank you for your attention to this issue. We and our affiliates stand ready to assist your committee's deliberations, and to promote the State's prevention, remediation, and education efforts, in any way we can.

Sincerely,

Thomas DiPietro President Green Mountain Water Environment Association

¹. Currently, N.H. uses the May, 2016 U. S. EPA drinking water public health advisory of 70 ppt for PFOA - PFOS, combined, as an action level for drinking water. N.H. has proposed and is currently in rulemaking for MCLs for 4 PFAS chemicals; levels range from 23 ppt to 85 ppt: https://www.des.nh.gov/media/pr/2019/20190102-pfas.htm

². Canada's screening values can be found at: <u>https://www.canada.ca/en/services/health/publications/healthy-living/water-talk-drinking-water-screening-values-perfluoroalkylated-substances.html</u>