

VDH and ANR Comments on S. 40 (Draft No. 1.1, 1/22/2019)

An act relating to testing and remediation of lead in the drinking water of schools and child care facilities.

1. Department of Health should be the lead agency for this initiative.

Rationale: VDH should be the point of contact for schools. Change Title 10 to Title 18 in the bill.

2. Establish an action level of 15 parts per billion.

Rationale: Schools will be required to discontinue use of any outlet that tests at or above 15 ppb until such a time a retest demonstrates the outlet tests below the action level. ANR will provide technical assistance to schools to achieve the lowest feasible level.

- EPA action level for lead in public water systems is 15 ppb and a Maximum Contaminant Level Goal (MCLG) of zero. EPA sets an action levels close to the MCLG as feasible while factoring in technical feasibility and cost benefit analysis.
- Approximately 150 schools are regulated as public water systems and a level of 1 ppb would essentially be superseding current state and federal regulations at these systems. Additionally, public community water systems that have school service connections are regulated to the standard of 15 ppb.
- The technical feasibility of achieving a 1 ppb standard is a concern. ANR/VDH are currently evaluating the limited subset of data collected during the pilot to evaluate the levels achieved once a tap has been remediated.
- The cost of remediation will increase substantially as the standard is lowered. The focus on remediation has been fixture replacement but as the standard lowers the likelihood of modifications to the entire plumbing system increases substantially.

3. Remove requirement for testing at child care facilities.

Rationale: These facilities are currently testing for lead under existing Department of Children and Families Regulations and the Department of Health is actively engaging with DCF to update these regulations.

4. Website should be managed by the Department of Health, not the Agency of Natural Resources.

5. Remove rulemaking requirement.

Rationale: Enable the Department of Health, in consultation with the Agency of Natural Resources and Education, to establish protocols for the implementation of the program.

6. Appropriation should include 1 FTE for VDH and 1 FTE ANR

Rationale: VDH and ANR will each need a full-time employee to support the program and ensure the schools have access to the technical assistance they need during remediation. If standard is lowered additional resources will be necessary to meet the increased case load.