

October 14, 2021

Office of Environmental Health Hazard Assessment Attn: Dr. Lauren Zeise 1001 | Street, Sacramento, CA 95814

Dear Dr. Zeise:

Re: Draft Public Health Goals – PFOA and PFOS

The California-Nevada Section of the American Water Works Association (CA-NV AWWA or "Section") appreciates the opportunity to comment on the proposed Public Health Goals for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS). Organized over 100 years ago, the Section is a non-profit, scientific and educational society dedicated to protecting public health through the provision of safe drinking water. Our California membership comprises about 4,700 water professionals and over 470 water utilities – small and large, rural and urban, municipal and investor-owned. Many of our municipal agencies also provide wastewater collection and treatment services. Wastewater and drinking water utilities are the unfortunate recipients of PFAS in their source waters, having had no part in creating them; yet the cost of removing these compounds from the water cycle and safely disposing of them will fall squarely on the utilities and their ratepayers.

Our members have several concerns about per- and poly-fluoroalkyl substances (PFAS), including their health effects, the prevalence of these substances in the environment, and the regulatory process to mitigate their harmful effects and protect public health. The U.S. Environmental Protection Agency (EPA) reported in 2019 that over 1,200 PFAS compounds had been used in a wide array of commercial applications, and that about 600 are still in use. Public reports suggest as many as 9,000 compounds fall within the family of PFAS. PFOA and PFOS are only two, albeit the most common and well-known, of the PFAS compounds produced since the 1930s, many of which are now found in the environment. Eight PFAS most frequently detected in California drinking water sources are likely candidates for future PHGs.

At the national level, AWWA developed four principles to guide discussions with regulators and other stakeholders on this important, complex issue. Without elaboration, they are:

- Commitment to public health protection
- > Fidelity to scientific process
- Protection of source water
- Investment in research

Several process components, including the Public Health Goal determination, contribute to successful regulation of drinking water quality. Besides understanding the health effects, the regulatory process must determine that regulating a constituent affords a meaningful reduction of health risk, and that the regulation is technically and economically feasible. Multiple steps, such as collecting occurrence data (in water, compared with other paths of exposure), information on treatment options and their cost, enter into the regulatory decision process. OEHHA should communicate with the Division of Drinking Water about the impacts of the PHG to drinking water agencies.

Drinking water providers depend on OEHHA to determine a baseline health-protective level of constituents that may be found in water sources. With so many PFAS already found in the environment, the regulation of these chemicals will have profound impacts on water utilities and water affordability. It is therefore crucial for OEHHA to consider all available, credible health effects data using strictly scientific methods for making its determination of a safe level of acute or chronic exposure to the substance. We believe the peer review OEHHA has invited during this public comment period is important, to validate (and to correct if necessary) OEHHA's process and derived draft PHGs for PFOA and PFOS. More research is likely to reveal new information on the effects of PFAS in the human body, and we strongly encourage OEHHA to invest whatever time and resources are needed to gain the best possible understanding.

Besides California, about 30 other states are making their own decisions about human health risk and setting different drinking water standards, setting up an inexplicable muddle. As states move ahead of U.S. EPA and set different regulatory limits on these and other PFAS, it confuses the public and leaves water systems with a nearly impossible communication challenge to maintain the public's trust. We would prefer to see California wait for a consistent nationwide determination from U.S. EPA, but in going ahead of that, OEHHA should consider the health effects conclusions made by other states and explain how OEHHA's toxicological analysis for PFOA and PFOS differs, and why.

Our members have concerns about the limited laboratory capacity for analysis at extremely low levels, such as 0.007 parts per trillion (ppt) PHG for PFOA. Testing is difficult and expensive. Analytical laboratory capacity must be available, but currently is very limited. Water utilities must publicly report an exceedance of the PHG in their source water. They will need guidance and practical rules on these substances for purposes of the Detection Limit for Reporting. Should they list results as "Non-Detect" (ND) if test results are at or above the Minimum Detection Level but less than the Consumer Confidence Report Detection Level ("CCRDL")?

One final concern is the specific, and exceedingly low PHG proposed due to carcinogenicity. EPA typically uses Maximum Contaminant Level Goals (MCLGs, analagous to a PHG) of zero ("0") for carcinogenic effects. A PHG value at fractions of a nanogram (e.g. 0.007 ppt) may misrepresent the state of analytical capability. The effect will be to further muddle communication of risk because that value is so low and sources of PFOS, PFOA and other PFAS compounds are found at much higher levels from other sources (e.g. textile coatings, air, food, and so on). We question the use of such a low point, as opposed to zero, and think the reason and effects of using that specific value should be fully explained in plain English.

Again, we appreciate the opportunity to comment on the proposed Public Health Goals for PFOA and PFOS. If our association can be of assistance in this matter, please contact me at smoother: and PFOS. If

Sincerely,

Sue Mosburg
Executive Director

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