



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File: EMD-SDWB
Beauvais01.docx

March 29, 2016

Mr. Joel Beauvais
Deputy Assistant Administrator, Office of Water
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, Mail code 4101M
Washington D.C. 20460
beauvais.joel@epa.gov

Dear Mr. Beauvais:

Thank you for your letter of February 29, 2016, expressing the high priority the U.S. Environmental Protection Agency (EPA) has given to the safety of our nation's drinking water. The Hawaii Department of Health also recognizes the vital role that drinking water plays in the protection of public health.

The Department of Health, Safe Drinking Water Branch (DOH-SDWB) discussed with Ms. Anna Yen, our EPA Public Water System Supervision Grant project officer, and Ms. Corine Li, Region 9 Office of Drinking Water/Groundwater Branch Chief, the Lead and Copper Rule (LCR) administration in Hawaii. We trust that our February 26, 2016 interview responses and written submittals were satisfactory.

Your letter identified a number of "near term actions" which the EPA would like the states to take a lead role in implementing. The DOH-SDWB responses follow the actions listed in your letter (*italicized font*).

- (1) *Confirm that the state's protocols and procedures for implementing the LCR are fully consistent with the LCR and applicable EPA guidance;*

Hawaii adopted the Lead and Copper Rule and all revisions by reference in Hawaii Administrative Rules, Title 11, Chapter 20, Section 48, entitled "Adoption of the national primary water regulations for lead and copper." We currently adhere to all federal LCR guidance documents. In addition, all LCR monitoring schedules are reviewed at a minimum annually for changes in population following each monitoring period for exceedances of the Action Levels and possible monitoring and reporting violations.

In November 2007, the SDWB sent a letter to all public water systems advising them of changes to the LCR called for by the LC Short-Term Regulatory Revisions and Clarifications published in the Federal Register October 10, 2007. In our letter, we discussed changes in:

- 1) The minimum number of samples required – allows for systems with less than five taps to take samples from each tap on separate days until they meet the minimum number of samples.
- 2) Definitions for compliance and monitoring periods – defines the terms “compliance period” as a three year calendar period within a nine-year compliance cycle and the term “monitoring period” as the period during which the samples must be taken (June-Sept). Also clarifies water quality parameter (WQP) monitoring periods.
- 3) Reduced monitoring cycle – disallows systems that violate the lead action level from initiating or returning to reduced monitoring based on WQP results.
- 4) Advanced notification and approval requirements for water systems that intend to make any long-term change in water treatment or add a new source of water – requires water systems to obtain prior approval by the state to add a new source or change a treatment process prior to implementation.
- 5) Requirements to provide a consumer notice of lead tap water monitoring results to consumers who occupy homes or buildings that are tested for lead – requires notification of consumers in homes or buildings tested for lead of their results as soon as practicable but no later than 30 days after results are available.
- 6) Revised public education requirements – revises mandatory language in public education material to make it easier to understand, expands the required delivery of materials, revises health effects language on exposure to lead, expands water system requirements to reach customers at most risk, requires good-faith efforts to reach licensed childcare centers, public and private preschools, and obstetricians-gynecologists and midwives,

water systems are also required to use three of several methods of communications to distribute public education materials.

- 7) Re-evaluation of lead service lines deemed replaced through testing – this action was not required by the Hawaii SDWB due to the absence of lead service lines in public water systems in the state.
- 8) Change in the CCR requirements for including lead information – requires water system CCR information on lead risks on a regular basis.

Finally, we are pleased to report that Hawaii does not have any public water systems that exceed the lead or copper action level at this time.

- (2) *Use relevant EPA guidance on LCR sampling protocols and procedures for optimizing corrosion control;*

The SDWB document entitled; “Implementing the Lead and Copper Rule at a New Community Public Water System or a New Non-Transient Non-Community Water System addresses the necessary definitions, requirements of sample siting (Tiers 1, 2 and 3), number of samples, sample collection methods, sample schedules, public notification and reporting requirements, actions required when the lead or copper action levels are exceeded. This document also includes “reminders” which cover the topics of sample invalidation, the presence of water purification devices, water system sample rejection, sample tap retention, and chain of custody.

The current SDWB instructions for LCR residential sampling, are consistent with EPA’s instruction to use “a tap that is used regularly” as instructed in the document “Revised LCR Monitoring and Reporting Guidance.” Hawaii SDWB instructions recommend 1 to 2 minutes of flushing for taps that have not been used for 24 hours, but makes no such recommendations for taps that have been used within 24 hours.

The Hawaii SDWB administers strict approval procedures over new drinking water sources for regulated public water systems, reactivation of existing sources, and changes in treatment and substantial modifications of PWSs. All new drinking water sources must be reviewed and approved by the Hawaii SDWB before the new source can provide water to the regulated PWS. This review includes at a minimum one water quality test for all regulated

contaminants and an analysis of the potential contaminating activities in the source water protection zones. Water quality data and source information are required to include all available pH, alkalinity, calcium, magnesium and total dissolved solids data. The conditional approval contains specific language regarding Lead and Copper monitoring. For existing sources that have been out of service for extended periods of time, the SDWB requires the updating of any compliance monitoring that has not taken place due to the extended inactivity of the source.

Changes in treatment and substantial modifications to PWSs must be reviewed and approved by the Hawaii SDWB before implementation and/or construction. This includes review of construction plans, engineering reports, water quality data, etc.

- (3) *Post on your agency's public website all state LCR sampling protocols and guidance for identification of Tier 1 sites (at which LCR sampling is required to be conducted);*

This information will be posted on the DOH-SDWB's website, and reminder articles will be sent via its newsletter, "The Water Spot." We believe that the emphasis on a regularly used tap must be emphasized as strongly as the warning against pre-stagnation flushing in order to protect against getting a distorted level of exposure.

- (4) *Work with public water systems – with a priority emphasis on large systems – to increase transparency in implementation of the LCR to posting on their public website and/or your agency's website:*
- *the materials inventory that systems were required to complete under the LCR, including the locations of lead service lines, together with any more updated inventory or map of lead service lines and lead plumbing in the system; and*

Based on previous information submitted by the public water systems, the DOH-SDWB believes that lead service lines were not used in any water system in Hawaii. Materials inventory, as well as submitted copies of form 141-A, are being reviewed and follow-up is being conducted to verify this information.

- *LCR compliance sampling results collected by the system, as well as justifications for invalidation of LCR samples; and*

This is already being done for a substantial majority of our service population. As you know, LCR information is required on the annually required Consumer Confidence Report (CCR). Our four county and other large water system water suppliers representing over 1.43 million consumers out of a total service population of 1.5 million already post their CCRs on their websites covering about 95% of our service population. We will be checking to see if some of the smaller water suppliers also have websites and post their CCRs on them. Other systems that do not have websites have all satisfactorily included LCR information on their CCRs. Hawaii has achieved and maintains full compliance with the CCR issuance with our water systems.

The DOH-SDWB adheres strictly to EPA's sample invalidation conditions as identified in both EPA and state documents, which includes laboratory analytical error, incorrect sample site, sample container damage, or tampering.

- (5) *Enhance efforts to ensure that residents promptly receive lead sampling results from their homes, together with clear information on lead risks and how to abate them, and that the general public receives prompt information on high lead levels in drinking water systems.*

A review of system notifications of sampling results shows that persons taking part in lead and copper sampling from their homes are being notified about the results of their samples and being provided information concerning the health effects of lead and actions to take to reduce lead exposure. In most cases, this information is from EPA produced documents. The DOH-SDWB also has an internal practice to directly follow-up with every resident whose sample results exceeded 50 parts per billion (ppb), the former lead Maximum Contaminant Level (MCL).

Further, the DOH has taken a number of actions which we believe enhances our lead in drinking water protection activities.

1. In 1988, the DOH sponsored lead and copper testing for rainwater catchment systems as well as blood lead screening for persons using rainwater catchment systems. This voluntary program was able to reach

2,000 catchment systems and 3,000 persons. This program identified lead contributions from lead-headed nails, lead flashing, and interior leaded tank coatings. The lower pH of the rainwater due to sulfur dioxide emissions from volcanic activity resulted in positive lead levels in the catchment water.

2. As a result of the findings of our rainwater catchment system survey, the DOH produced a brochure warning persons on rainwater catchment about the dangers of lead in their catchment systems.
3. In compliance with the Lead Contamination Control Act (LCCA) of 1988, the DOH surveyed schools and preschools to identify the presence of water coolers identified as having leaded constituents in the LCCA.
4. From 1992 to 2002, the DOH, through a grant from the Centers for Disease Control (CDC) participated in the Childhood Lead Poisoning Prevention Program which provided blood lead screening of children in targeted risk areas. CDC funding was terminated because the incidence of elevated blood lead in Hawaii was below 5%.
5. In 1994 and 1995, the DOH and Department of Education cooperated to test public school cafeterias for lead and copper in first flush and flushed samples. This effort enabled testing of 243 schools and found six with first flush lead levels over 20 ppb. Follow-up sampling was pursued for these schools.
6. In 1997, the Hawaii State Legislature authorized and the DOH began to administer a subsidized lead and copper testing program for rainwater catchment system owners or users. This voluntary program allows rainwater catchment system owners or users who are interested in the lead or copper content of their rainwater catchment system to test at a cost of \$25. The DOH-SDWB pays for the remaining balance of the cost of the analyses by a laboratory certified for lead in drinking water analyses through arrangement with that laboratory.
7. Since approximately 2007, the Hazard Evaluation and Emergency Response Office and the Public Health Nursing staff located on the islands of Hawaii and Kauai have been responding to physician/patient reports of elevated blood lead levels. This program is in dire need of a

Mr. Joel Beauvais
March 29, 2016
Page 7

data management system to track incidences of elevated blood lead as well as other blood levels.

8. In 2007-2009 the DOH contracted for the testing of 946 childcare facilities, including daycares and preschools for lead in drinking water. This program found 65 out of 8,311 samples (<1%) with elevated lead levels (over 20 ppb). Repeat sampling and remediation was implemented for any elevated lead levels.
9. The DOH sent letters (February 18, 2016) to the Hawaii Departments of Education and Human Resources advocating the practice of flushing waterlines at schools, preschools and childcare facilities after extended periods of inactivity such as weekends, holidays and vacations to lower potential lead exposures in water.

We recognize and appreciate EPA's other actions to limit lead exposure such as from gasoline and paints. We believe that Hawaii, besides being blessed with excellent water quality, benefit from federal actions to ban major sources of lead. We, in turn, have taken some important steps to reduce exposure to lead from a number of different sources such as the certification of lead abatement professionals, the lead in schools program, and a program of testing dishes for lead content.

We look forward to continue working with the EPA to strengthen the efforts to limit public exposure to lead from all sources. We are encouraged to hear that the EPA will be revising the Lead and Copper Rule, and look forward to the opportunity to express our thoughts on how to improve the LCR.

Sincerely,

Virginia Pressler

Virginia Pressler, M.D.
Director of Health

Cc: Mr. Peter Grevatt, EPA HQ [via grevatt.peter@epa.gov only]
Ms. Corine Li and Ms. Anna Yen, EPA Region 9 [via li.corine@epa.gov and yen.anna@epa.gov only]
Dr. Keith E. Kawaoka, DOH Environmental Health Administration [via email only]

Mr. Joel Beauvais
March 29, 2016
Page 8

Ms. Janice Okubo, DOH Communications Office [via email only]
Dr. Barbara Brooks, DOH Hazard Evaluation and Emergency Response Office
[via email only]
Mr. Thomas Lileikis, DOH Indoor and Radiological Health Branch [via email only]
Ms. Gwen Palmer, DOH Children with Special Health Needs Branch
[via email only]
Ms. Lisa Young, DOH Clean Air Branch [via email only]
Mr. Keith Okamoto, County of Hawaii Department of Water Supply
[via kokamoto@hawaiidws.org only]
Mr. Ernest Lau, City and County of Honolulu, Board of Water Supply
[via elau@hbws.org only]
Mr. Kirk Saiki, County of Kauai, Department of Water
[via ksaiki@kauaiwater.org only]
Mr. Dave Taylor, County of Maui, Department of Water Supply
[via dave.taylor@co.maui.hi.us only]