### Evaluation of Microbiological Risks Associated with Direct Potable Reuse (DPR)

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Jeff Soller<sup>1</sup>, Sorina Eftim<sup>2</sup>, Isaac Warren<sup>2</sup> and Sharon Nappier<sup>3</sup>

<sup>1</sup> Soller Environmental
<sup>2</sup> ICF
<sup>3</sup> USEPA OW OST HECD

# Outline

- ➢ Objectives
- ➢QMRA Methods
- ➢ Results
  - ➢ Base Analyses
  - Sensitivity Analyses
- ➤ Conclusions

# Objectives

Conduct a microbial risk evaluation to <u>understand the</u> <u>potential public health implications of various DPR</u> <u>options</u>

- conduct a <u>literature review</u> of ranges of reference pathogens in raw sewage and of their removal in various unit treatment processes
- develop a <u>risk assessment approach</u> that can be used by managers to assess the risk associated with a proposed DPR treatment project

# Background

- Currently there are no federal recommendations for direct potable reuse
- > DPR treated (or "finished") water could be:
  - introduced <u>directly</u> into a potable water supply distribution system OR
  - circulated into a conventional drinking water treatment facility before entering distribution system
- Pathogen control critically important due to immediate health effects

# **Overview of Analysis**

**Evaluate four DPR treatment trains** (consistent with WaterReuse Research, 2015)

- with and without reverse osmosis
- with and without circulation through drinking water treatment
- with high and low UV dose applications (illustrative of operational/design choices)



Figure 1. DPR Treatment Trains Evaluated

# Methods (1)

- Use previously published statistical methods coupled with QMRA to estimate infection via ingestion of water from DPR treatment trains
- Assume ingestion of "finished" water for each scenario
- Reference Pathogens
  - Adenovirus
  - Norovirus
  - Cryptosporidium
  - Giardia
  - Salmonella enterica
  - Campylobacter spp.
  - representative of other pathogens potentially of concern from the waterborne exposure route
  - o represent major portion of illnesses from known pathogens in the US
  - o published dose-response relationships

# Methods (2)

- Conduct literature review to characterize:
  - distribution of each reference pathogen in raw sewage
  - reduction of each reference pathogen across each of the individual unit treatment processes
- Use Monte Carlo numerical simulation
  - cumulative <u>daily risk</u> estimates based on daily risk estimates for each of the reference pathogens for each treatment train
  - distribution of estimated <u>annual risks</u> for each treatment train
- Conduct sensitivity analysis to evaluate impact of alternative dose-response models and treatment approaches

# Risk Calculations (1)

> <u>Pathogen specific daily risks</u> computed through QRMA using:

- estimated daily density of each pathogen in DPR finished water
  - wastewater pathogen densities (randomly selected)
  - pathogen removal values (randomly selected) across each unit process:

$$RP_{Product_{i}} = RP_{Influent_{i}} \times 10^{-WWTP_{RP_{i}}} \times \prod_{1}^{n} 10^{-DPRUnitProcess_{RP_{i}}}$$

- volume of water ingested; and
- published dose response relationships

# Risk Calculations (2)

Cumulative daily risks from all of the evaluated pathogens were then computed as

$$CumDailyRisk = 1 - \prod_{i=1}^{l} (1 - RPrisk_i)$$

- Daily risks are combined to generate a cumulative annual risk estimate
- Repeat all of the above 1000 times to get a distribution of annual risks

$$CumAnnualRisk = 1 - \prod_{j=1}^{365} (1 - CumDailyRisk_j)$$

### Results – Literature Review

	Adenovirus		Campylobacter		Cryptosporidium		Giardia		Norovirus <sup>2</sup>		Salmonella	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Raw Wastewater <sup>1</sup>	56	6.9E+03	900	4.0E+04	0.3	5.0E+04	3.2	1.0E+04	3.76	0.93	3	1.1E+03
Conventional Secondary Wastewater Treatment	0.9	3.2	0.6	2.0	0.7	1.5	0.5	3.3	0.8	3.7	1.3	1.7
Ozonation	4.0		4.0		1.0		3.0		5.4		4.0	
Biologically Active Filtration	0	0.6	0.5	2	0	0.85	0	3.9	0	1	0.5	2
Microfiltration	2.4	4.9	3.0	9.0	4.0	7.0	4.0	7.0	1.5	3.3	3.0	9.0
Reverse Osmosis	2.7	6.5	4.0		2.7	6.5	2.7	6.5	2.7 6.5		4.0	
Ultrafiltration	2	4.9	5.6	9.0	4.4	6.0	4.7	7.4	4	.5	5.6	9.0
Ultraviolet Disinfection with Advanced Oxidation (800mJ/cm2)	6.0		6.0		6.0		6.0		6.0		6.0	
Ultraviolet Disinfection with Peroxide (12 mJ/cm2)	0.0	0.5	4.0		2.0	3.5	2.0	3.5	0.5	1.5	2	4.0
Conventional Drimking Water Treatment	1.5	2.0	3.0	4.0	1.4	3.9	0.3	4.0	1.5	2.0	2.0	3.0
Disinfection with Free Chlorine	4.0	5.0	L	1.0	(	).0	0.0	0.5	1.0	4.0	L	4.0

<sup>1</sup> Adenovirus IU/L, Campylobacter MPN/L, Cryptosporidium oocysts/L, Giardia cysts/L, Norovirus log 10 copies/L, Salmonella PFU/L

<sup>2</sup> Values shown for raw wastewater are mean and standard deviation of normal distribution in log10 copies

### Results – Estimated Daily Risks (TT1)

RO

 $UV/H_2O_2$ 



(a) Simulation using UV dose of 800 mJ/cm<sup>2</sup> with  $H_2O_2$ ; (b) Simulation using UV dose of 12 mJ/cm<sup>2</sup>

#### Results – Estimated Daily Risks (TT2)





(a) Simulation using UV dose of 800 mJ/cm<sup>2</sup> with  $H_2O_2$ ; (b) Simulation using UV dose of 12 mJ/cm<sup>2</sup>

#### Results – Estimated Daily Risks (TT3)





(a) Simulation using UV dose of 800 mJ/cm<sup>2</sup> with  $H_2O_2$ ; (b) Simulation using UV dose of 12 mJ/cm<sup>2</sup>

#### Results – Estimated Daily Risks (TT4)





#### Results – Annual Risks



Treatment Train 1a : WWTP - MF-RO-UVAOP-ECBCI Treatment Train 1b: WWTP - MF-RO-UV-ECBCI Treatment Train 2a: WWTP - O3-BAF-MF-RO-UVAOP Treatment Train 2b: WWTP - O3-BAF-MF-RO-UVA Treatment Train 3a: WWTP - 03-BAF-UF-UVAOP-ESBCI Treatment Train 3b: WWTP - O3-BAF-UF-UV-ESBCI Treatment Train 4a: WWTP - O3-BAF-UF-UVAOP-ESBCI-DWT WWTP - O3-BAF-UF-UV-ESBCI-DWT Treatment Train 4b:

# **Overall Conclusions**

- Annual risk estimates for any treatment train are driven by the highest daily risks for any of the reference pathogens
- In designing DPR systems, reduction of both Cryptosporidium and human enteric viruses are important
  - understanding NoV presence and removal across individual unit treatment processes is important in developing DPR projects
  - treatment trains (TT3) without RO may not achieve the benchmark protection due to risks from *Cryptosporidium* unless upstream of a conventional drinking water treatment facility or using high UV AOP doses
- Clear quantitative risk-based advantages for DPR projects to circulate "finished water" into the drinking water treatment plant
- Findings highlight the need to understand the meaning of "log removal credits" States use to determine the adequacy of a proposed DPR project

### Take Away Message

- This work provides insights about the relative level of public health protection provided by DPR treatment trains
  - resulted in several important insights for DPR implementation
  - could easily be adapted for other DPR treatment trains
  - could be iteratively refined as additional data become available for any of the reference pathogen / unit treatment processes evaluated
- This approach will be useful for
  - federal and state regulators considering DPR as source water
  - state and local decision makers as they consider whether to permit a particular DPR project
  - design engineers as they consider which unit treatment processes should be employed for particular projects
  - risk managers determining the impact of a treatment failure
- For all the gory details, refer to Soller et al. (2016), Microbial Risk Analysis, In Press, http://dx.doi.org/10.1016/j.mran.2016.08.003

### Disclaimer

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### Supplemental Slides

### Sensitivity Analyses – Alternative Dose Response Relationships



### **Dose Response Relationships**

	would parameters
tial (Crabtree, et al., 1997)	0.4172
ometric (Teunis, et al., 2005)	0.024, 0.011
tial (U.S. EPA, 2006)	0.09
al Poisson (Messer and Berger, 2016) <sup>1</sup>	0.737
tial (Haas, et al., 1999)	0.0199
ometric (Teunis, et al., 2008)	0.04, 0.055
al Poisson (Messer et al., 2014) <sup>1</sup>	0.72
sson (Haas, et al., 1999)	0.3126, 2884
	itial (Crabtree, et al., 1997) ometric (Teunis, et al., 2005) itial (U.S. EPA, 2006) al Poisson (Messer and Berger, 2016) <sup>1</sup> itial (Haas, et al., 1999) ometric (Teunis, et al., 2008) al Poisson (Messer et al., 2014) <sup>1</sup> isson (Haas, et al., 1999)

1 Used in sensitivity analysis