

February 28, 2020

Via email

Commissioner Martin Suuberg
MassDEP, Drinking Water Program
1 Winter Street, 5th Floor
Boston, MA 02108
program.director-dwp@mass.gov

Re: PFAS MCL Comments

Dear Commissioner Suuberg:

Charles River Watershed Association (“CRWA”) submits the following comments on the proposed revisions to the Massachusetts drinking water regulations, 310 CMR 22.00. CRWA’s mission is to protect, preserve, and enhance the Charles River and its watershed through science, advocacy, and the law. We appreciate Massachusetts Department of Environmental Protection’s (“DEP”) efforts to address per- and polyfluoroalkyl substances (“PFAS”) contamination and ensure safe drinking water for all residents of the Commonwealth, particularly in light of continued inaction by the federal government. In order to be fully protective of public health, we strongly encourage DEP to go beyond its proposed limit and establish a maximum contaminant level (“MCL”) of 1 ppt for *all* quantifiable PFAS.

Surface waters, groundwater, and drinking water are integrally connected. Surface waters like the Charles River and its tributaries are inextricably linked to groundwater and drinking water. PFAS enter surface water through groundwater discharge, runoff from contaminated land, and discharges from industrial sites and wastewater treatment plants. Surface waters in turn, along with groundwater, are sources of drinking water. And much of the drinking water used in our homes eventually makes its way back to surface waters, whether through treatment and discharge from a wastewater treatment plant or because it is used for irrigation or other outdoor uses and migrates back into the soils, groundwater, and then surface waters. PFAS contamination in drinking water, therefore, is a watershed-wide issue and regulation of drinking water will affect surface waters both directly and indirectly.

PFAS pose significant threats to ecological and human health in our watershed communities. PFAS are persistent “forever chemicals” – they do not break down and will remain in the environment for long periods of time, if not indefinitely. PFAS are highly mobile in water and can quickly migrate long distances away from their original sources. In light of these chemical properties, it is crucial that the existence of PFAS in drinking water be closely monitored and accurately reported to users.

PFAS have been found to be toxic to people at extremely low levels. Health concerns associated with PFAS exposure include changes to metabolism, decreased fertility, reduced ability

of the immune system to fight infections, and cancer. Impacts from PFAS can be particularly harmful to vulnerable populations such as fetuses, infants, and children. Studies have found that Perfluorooctanoic acid (“PFOA”) and Perfluorooctanesulfonic acid (“PFOS”) can have significant and lasting impacts on children’s health at levels as low as 1 part per trillion (“ppt”). Although the health impacts of PFOA and PFOS are the most widely studied, there is evidence to support that due to structural similarities, the health concerns of PFOA and PFOS are representative of PFAS as a class of chemicals. Thousands of distinct PFAS chemicals have been produced, and these chemicals can have cumulative impacts on human health.

The proposed MCL is not sufficiently protective of human health. Given what we know about PFAS and their impacts on human health, the PFAS MCL should be lowered to 1 ppt. Further, although some PFAS chemicals are more prevalent than others, limiting monitoring to only six chemicals does not accurately capture the actual exposure people face. PFAS should be regulated as a class, with monitoring extending to all quantifiable PFAS chemicals.

The regulations should include standards for treatment techniques and public notification. The prevalence of PFAS in the environment necessitates the creation of standards for effective water treatment techniques. The regulations should also require unambiguous “do not drink” notifications, in multiple languages as appropriate, to be sent by drinking water providers to all users of water contaminated above the MCL.

State surface water quality standards should also be updated to regulate PFAS. While establishing drinking water standards for PFAS is critically important, CRWA urges DEP to also initiate revisions to the state surface water quality standards, 314 CMR 4.00, to address PFAS pollution in our rivers, streams, and lakes. As described above, many surface waters, including several within the Charles River watershed, serve as drinking water sources. In order to ensure that drinking water does not contain unsafe levels of PFAS, it is also therefore necessary to address PFAS in surface waters.

Several other states, including Michigan and Minnesota, have established surface water quality standards for PFAS, and New Hampshire recently completed an analysis of what such regulation would entail. DEP’s drinking water regulations will set an important precedent for future surface water quality standards in Massachusetts, which is yet another reason drinking water standards must be sufficiently protective of human health.

CRWA appreciates the opportunity to provide these comments. We are glad DEP is taking action on this important public health concern. Please feel free to contact me with any questions at hmill@crwa.org or 781-788-0007 x 234.

Sincerely,



Heather Miller, Esq.

General Counsel & Policy Director