



January 12, 2018

Mr. Scott Pruitt, Administrator  
U.S. Environmental Protection Agency  
1200 Pennsylvania Ave., NW  
Washington, DC 20460

Dr. Brenda Fitzgerald, Director  
Centers for Disease Control and Prevention  
and Administrator, ATSDR  
1600 Clifton Road Atlanta, GA 30329-4027

**Subject: State Drinking Water Program Recommendations to EPA and CDC on PFAS**

Dear Administrator Pruitt and Director Fitzgerald:

The Association of State Drinking Water Administrators (ASDWA), which represents the 50 states, five territories, the Navajo Nation and the District of Columbia has serious concerns with the growing public health issues associated with Per- and Polyfluoroalkyl Substances (PFAS) in drinking water. ASDWA's members regulate and provide technical assistance and funding for the nation's 160,000 public water systems (PWS), and coordinate with multiple partners to ensure safe drinking water for our nation's 324 million residents.

ASDWA urges EPA and CDC to work in partnership with ASDWA and state drinking water programs, and with the Department of Defense (DoD) to address these growing public health concerns. Our primary recommendation is that a working committee be formed with ASDWA, EPA, CDC, and DoD leadership to work on the list of specific recommendations attached. Given the potential adverse public health implications from PFAS, ASDWA recommends that this group be established as soon as possible.

ASDWA's second urgent recommendation, following the development of a working committee of the pertinent agencies, is for the federal government to develop a unified message to the public and state regulators on what to do about PFAS, and to work in unison with other stakeholders, and in a timely manner, to minimize the potential adverse effects to public health and the environment from PFAS. Knowledge is continually evolving on a wide range of PFAS issues, and this new knowledge needs to be transferred to the public and state regulators in a coherent and cogent manner. Without this unified message and information, we're concerned that several sets of differing risk numbers will be communicated from each agency, which will cause confusion, delay, or worse, no action at all.

For example, three states (Minnesota, New Jersey, and Vermont) have proposed or established PFAS standards or guidelines that are lower than EPA's Health Advisories (HAs). These differences among states demonstrate the difficulty in calculating health risk goals and determining risk reductions without federal standards, and are creating public confusion about what levels of PFAS are safe in drinking water. In addition, EPA's FAQ document and HAs for PFOA and PFOS are unclear on PWS actions for susceptible populations which is causing some states to recommend that water systems issue "do not drink" public notices, while other states are interpreting EPA's HAs to recommend that water systems provide public notice without any explicit actions.

When EPA's 2016 HAs for PFOA and PFOS were combined with the occurrence data from the Third Unregulated Contaminant Monitoring Rule (UCMR3), state drinking water program administrators had to determine how to handle all the information on their own. The result has been some confusion on appropriate actions and a lack of consistent responses from state to state. As the number of PFAS

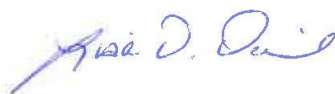
compounds and PFAS contaminated sites continues to grow, so will the complexity and urgency of this problem.

ASDWA and its members provide the enclosed table of recommendations for your respective agencies to implement to address our states' drinking water program challenges that are summarized below:

- Directly engage with states in the development of any new PFAS guidelines, health advisories (HAs), or minimum risk levels, and support current state efforts to ensure the ability of states to assess and address PFAS and the consistency of actions across states.
- Directly engage with states to develop guidance for PWS with clear recommendations to ensure more consistent response actions and protocols, explain the associated health risks with PFAS, and provide clear direction for consumers to reduce their risk from PFAS in drinking water and other identified pathways.
- Conduct more health effects research and develop consistent health effects determinations (risk levels) for known and unknown PFAS.
- Increase funding and support for non-targeted analyses of drinking water for PFAS and substitute compounds to ensure that any potential adverse impacts of new chemicals on groundwater and surface water are identified, and the associated health risks are understood.
- Develop rules or guidance to prevent PFAS from contaminating drinking water through other media (i.e., underground injection control, soil leaching, deposition from air emissions, and wastewater discharges).
- Directly engage with stakeholders and industry to assess and address the universe of known and unknown PFAS compounds that are being used and evaluate fire-fighting foam alternatives, to provide a knowledge base to state media programs for development of guidance and regulations, and to protect drinking water at the source.
- Consider bias and error in analytical methods and develop additional analytical methods for drinking water and other media, develop standards for branched and linear isomers, coordinate with lab vendors, develop guidance for standardization of lab results for PFAS analytes (i.e., acid form and/or different salt forms), and increase lab programs and capacity beyond UCMR3.

Resources for state drinking water programs that address PFAS contamination, in addition to traditional compliance oversight and enforcement for the Safe Drinking Water Act (SDWA) regulations, are already stretched thin. Your leadership in convening these agencies toward a unified solution and message is vitally and urgently needed. Thank you for your consideration of these recommendations. We look forward to discussing them in greater detail and to continue to coordinate with you on efforts to address PFAS in drinking water. If you have questions about these recommendations, please feel free to contact me at [ldaniels@pa.gov](mailto:ldaniels@pa.gov) or contact Alan Roberson, ASDWA's Executive Director at [aroberson@asdwa.org](mailto:aroberson@asdwa.org).

Sincerely,



Lisa Daniels, ASDWA President and Director, Bureau of Safe Drinking Water Director,  
Pennsylvania Department of Environmental Protection

cc: Maureen Sullivan, DoD

**ASDWA Recommendations for EPA and CDC to Address State Drinking Water Program Challenges**

Topic	<u>ASDWA RECOMMENDATIONS</u> EPA AND CDC MUST DEVELOP AND SUPPORT:	Associated Challenges	Purpose
States	<b>Direct engagement with states to develop any new PFAS guidelines, health advisories, or standards</b>	States have historically relied on EPA to develop standards and most states do not have the expertise to assess and address PFAS, though a few states have developed differing PFAS action levels	To ensure the ability of states to address PFAS and the consistency of actions across states
	<b>Considerations for PFAS as an unfunded mandate</b>	PFAS has added a significant state burden beyond existing SDWA requirements	To ensure the ability of states to address PFAS
PWSs	<b>Direct engagement with states to develop PWS guidance with:</b> <ul style="list-style-type: none"> <li>• <b>Clear recommendations and actions for pregnant women, infants, and other sensitive subpopulations (public notice versus “do not drink”)</b></li> <li>• <b>Health risk messaging, including other possible exposure routes and mitigation options</b></li> </ul>	<ul style="list-style-type: none"> <li>• There is a lack of federal leadership to ensure consistent state, PWS and public response actions and protocols and explain the associated health risks</li> <li>• EPA’s HA and FAQ documents are unclear on actions a PWS can take to help public consumers respond to health advisories</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure consistency between different federal and EPA programs</li> <li>• To provide clarity for decision making processes and actions</li> <li>• To reduce public confusion</li> </ul>
Health Risks	<ul style="list-style-type: none"> <li>• <b>More health effects research on all PFAS compounds</b></li> <li>• <b>Consistency between EPA health advisory levels and CDC minimum risk levels (MRLs)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Different states have set different health advisory levels and standards due to differing opinions among federal and state toxicologists</li> <li>• States are finding more PFAS compounds in source waters that may pose health risks</li> </ul>	<ul style="list-style-type: none"> <li>• To avoid disparities and changes in future decision-making processes</li> <li>• To alleviate confusion by states, PWSs, and the public</li> </ul>
Research and Development	<b>Increased funding and support for EPA’s Office of Research and Development laboratories for non-targeted analyses of drinking water for PFAS and substitute compounds</b>	<ul style="list-style-type: none"> <li>• Only 20 to 30 of the thousands of PFAS compounds can be analyzed by commercial laboratories</li> <li>• New substitutes for PFAS and associated breakdown products are not fully understood</li> </ul>	To ensure that the potential adverse impacts to groundwater and surface water from new chemicals are understood and that drinking water is protected
Underground Injection Control	<b>Specific guidance on under SDWA 40 CFR 144.12(a) on the authority to prohibit PFAS discharges into underground sources of drinking water that “may otherwise adversely affect the health of persons”</b>	PFAS used in industrial and commercial settings are being discharged in large quantities to the groundwater via shallow subsurface systems under the Class V UIC program	To prevent the contamination of drinking water and the environment

Topic	<b>ASDWA RECOMMENDATIONS EPA AND CDC MUST DEVELOP AND SUPPORT:</b>	<b>Associated Challenges</b>	<b>Purpose</b>
Soil Leaching Standards	<b>Guidance for bio-solids on maximum PFAS concentrations that will protect drinking water</b>	Biosolids containing PFAS can contaminate drinking water in source water protection areas	To protect drinking water quality
Air Emissions	<b>Assess the Clean Air Act for developing guidance or a rule aimed at preventing air emissions from contaminating drinking water with PFAS</b>	Air emissions at sites in multiple states have contaminated the public and private drinking water supplies of tens of thousands of people	To protect drinking water quality
Wastewater Discharges	<b>Assess the Clean Water Act for developing guidance or a rule aimed at preventing wastewater discharges from contaminating drinking water with PFAS</b>	Wastewater discharges at sites in multiple states have contaminated the public and private drinking water supplies of hundreds of thousands of people	To address PFAS compounds at the source and protect drinking water quality
Source Water Protection/ Source Control	<b>Convening a group of relevant stakeholders and industry to:</b> <ul style="list-style-type: none"> <li>• <b>Include PFAS contents in product labeling</b></li> <li>• <b>Identify current use of PFAS and non-PFAS products that replaced legacy compounds</b></li> <li>• <b>Evaluate fire-fighting foam and alternatives that will be less likely to impact drinking water</b></li> </ul>	<ul style="list-style-type: none"> <li>• It is difficult to assess the fate and transport and toxicity to human health and the environment without knowing which PFAS and other substitute compounds are being used</li> <li>• Fire-fighting foam has contaminated the drinking water supplies of many PWSs</li> </ul>	To proactively and directly engage with PFAS manufacturers and sellers of PFAS products to assess and address the universe of PFAS compounds being used and protect drinking water
Laboratories and Sampling	<b>Efforts to ensure that all future HAs, guidance or standards explicitly include anticipated bias and error in drinking water analytical methods</b>	Errors in lab results have led to incorrect determinations for health advisory level exceedances and associated response actions	To ensure accurate results and associated state and PWS response
	<b>Additional PFAS analytical methods for drinking water, wastewater, and other media</b>	It is difficult to determine the source of PFAS and require generators to limit discharges	To investigate and address PFAS compounds at the source
	<b>Development of lab/standard grade PFAS standards that contain branched and linear isomers</b>	Available lab standards do not include branched isomers for some PFAS compounds	To clarify isomer identification and differentiation
	<b>Coordination with manufactures to ensure standards are consistent from one vendor to another</b>	Certified standards from different vendors differ by as much as 20%	To ensure consistency among vendors
	<b>Guidance for standardization of laboratory results</b>	Acid forms and/or different salt forms of PFAS analytes are incorrectly listed and reported	To ensure accuracy, clarity, and consistency of sample results
	<b>Ongoing laboratory programs, capacity, and sampling efforts to assess PFAS compounds at lower detection limits and in targeted smaller communities not included in UCMR3</b>	<ul style="list-style-type: none"> <li>• Lab accreditation is not supported after the UCMR</li> <li>• States are finding more PFAS compounds in source waters at lower detection limits and in smaller communities</li> </ul>	To ensure lab capacity to assess and address the occurrence of all PFAS compounds beyond the UCMR3



Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30333

TSH RECEIVED  
JAN 16 2018

January 10, 2018

Robert A. Bilott  
Taft, Stettinius & Hollister LLP  
1717 Dixie Highway, Suite 910  
Covington, Kentucky 41011-4704

Dear Mr. Bilott:

Thank you for your letters of December 13, 2017, and January 3, 2018, in follow-up to our conference call on November 20, 2017, regarding a nationwide PFAS health study and testing. We understand your concern about the potential impact of per- and polyfluoroalkyl substances exposure on human health and place a high priority on this issue.

We had mentioned in our letter on November 6, 2017, the initiation of a federal inter-agency coordination meeting on PFAS in March 2017 that included the Environmental Protection Agency (EPA), National Institutes of Health (NIH), Food and Drug Administration (FDA), and others. As a continuation of that effort, we have representation on the steering committee that is planning a follow-up interagency meeting to be held in February 2018 titled *Federal Information Exchange on PFAS*. This meeting is sponsored by the Toxics and Risks Subcommittee of the White House's National Science and Technology Council Committee on Environmental, Natural Resources, and Sustainability which is co-chaired by the Department of Defense (DoD), EPA, and NIH. Participants will share emerging impactful data and improve understanding of the science behind decision-making regarding PFAS. This meeting aims to establish a foundation of common knowledge across federal agencies, and to facilitate future information-sharing across federal agencies.

As you mentioned in your December 13, 2017, letter, the 2018 National Defense Authorization Act (NDAA) that was signed into law by the President on December 12<sup>th</sup>, includes provisions that would allow CDC and ATSDR to further address PFAS contamination. This is great progress for confronting PFAS contamination concerns, however, we have not received the final Appropriations language and corresponding funding amount that would be made available to CDC and ATSDR to commence a study on human health implications. In the meantime, we have begun internal discussions about implementation of the new law and are assessing the most appropriate and effective designs for a national study. In addition, we are determining the best approach to complete exposure assessments on no less than eight current and former military installations.

The CDC's National Institute for Occupational Safety and Health (NIOSH) is conducting

Page 2 Mr. Bilott

multiple studies of firefighters. For one of the studies, the firefighters were fighting fires for training purposes while NIOSH was measuring the firefighters' blood, urine and skin for many contaminants. In April 2017, NIOSH received institutional review board (IRB) approval and the funds to analyze the firefighters' serum for PFAS. Those results have not yet been received and will not be ready for publication for some time. Please contact Dr. John Howard, the Director of NIOSH, at [jhoward1@cdc.gov](mailto:jhoward1@cdc.gov) to discuss any plans they might have for studying firefighters.

We are currently updating the Toxicological Profile for Perfluoroalkyls. Once the ongoing internal review has been completed, the revised draft will be released for public review/comment. At this time, we do not have an anticipated date of release.

We greatly appreciate your interest in this issue. Assessing per- and polyfluoroalkyl substances exposure is a priority for CDC and ATSDR.

Sincerely,

A handwritten signature in purple ink that reads "Patrick Breysse".

Patrick Breysse, PhD, CIH  
Director, National Center for Environmental  
Health and ATSDR  
CDC