



April 27, 2022

Environmental Quality Board  
Rachel Carson State Office Building, 16th Floor  
400 Market Street  
Harrisburg, PA 17101-2301

Re: Safe Drinking Water PFAS MCL Rule [52 Pa.B. 1245]

As elected officials in Pennsylvania who are responsible for working to improve the lives of its residents, we'd like to thank the Pennsylvania Department of Environmental Protection for taking the historic step in the Commonwealth of setting a state maximum contamination level (MCL) in drinking water for per- and polyfluoroalkyl substances (PFAS)—perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS).

However, we encourage the Department to make the following adjustments to the proposed rulemaking, which we believe will help improve health protections and ensure Pennsylvania adopts the best possible policy that can be obtained for the public from exposure to PFAS compounds.

The proposed rulemaking should implement more protective standards. The proposed MCL standards in the draft version of 14 ppt for PFOA and 18 ppt for PFOS are flawed when considering Cambridge Environmental Consulting's (CEC) toxicological analysis recommendations. From the report: "CEC's recommendation of a MCL of 1 ppt is consistent with the values found pursuant to the immunotoxic epidemiologic study and/or animal studies showing adverse developmental effects. However, if these values are excluded, the CEC has identified that the PFOA MCL should be no greater than 6 ppt to assure protection of children." CEC also explained: "...the use of adult default exposure values to determine a maximum contaminant level, younger children would not be protected since younger children's dose intakes would exceed the allowable RfD. It is essential, therefore, to depart from the typical use of adult default exposure values and use children's values. Using appropriate children exposure values, we recommend a MCL for PFOS of 5 ppt." Therefore, we encourage the Department to have the rulemaking emulate the CEC's findings by making the PFOA MCL 1 ppt but not to exceed 6 ppt and making the PFOS MCL no greater than 5 ppt.

The proposed rulemaking should set MCLs for more PFAS compounds, at least for those compounds the Department identified in their Water Testing Results that were finalized in May 2021. That would expand the compounds beyond PFOA and PFOS to include PFNA, PFHxA, PFHxS, PFHpA, PFUnA, and PFBS. Even if some of these compounds may have been found at a low rate of exceedance, they have known health effects and require removal from our drinking water in order to better protect Pennsylvanian's health.

The proposed rulemaking should guarantee equal protection by applying to all water supplies. The plan in its current form applies only to Public Water Systems. Excluding public and private water wells would leave about one quarter of Pennsylvania's population out of the sampling and in the dark about whether their drinking water contains PFAS. As evidence that individual private wells are at risk of PFAS contamination, a study released earlier this year by the United States Geological Survey and published in Environmental Science and

Technology detected PFAS chemicals in 20% of private wells and 60% of public wells sampled in 16 eastern states.

The proposed rulemaking should require rigorous and ongoing monitoring. The current draft proposes to phase in the monitoring for larger and smaller systems over a two-year period. It also proposes to allow systems with no initial detections of PFOA or PFOS to automatically reduce monitoring to every 3 years and offers waivers to reduce annual monitoring to triennial for systems with previous detections below the MCL. PFOA and PFOS are highly mobile in water and persistent in the environment, making their migration from a source of contamination a threat that is unpredictable and can occur rapidly. Whether PFAS is detected during the initial period or not, rigorous and continual monitoring is a prudent investment to protect public health and achieve protective early detection. Therefore, we urge the Department to amend the rulemaking to require all systems to start sampling immediately and on at least an annual basis with no waivers being granted. For systems with detections above the MCL, monthly sampling should be required until the level is reduced below the MCL, and then quarterly monitoring should be required until the situation warrants returning to the annual ongoing sampling base.

Finally, the proposed rulemaking should be implemented immediately upon finalization. The rulemaking in its current form sets initial compliance monitoring for systems serving a population of greater than 350 people to begin on January 1, 2024 and initial monitoring for systems serving a population of less than or equal to 350 people to begin on January 1, 2025. That means that it will be another 2 to 3 years before verifiably clean drinking water is available from people's taps. The health effects of PFOA and PFOS are documented in the proposed rulemaking, verified by health studies and data, and thoroughly analyzed in scientific literature. These compounds should have been removed from drinking water years ago and further delays in providing relief are unjustifiable.

Access to safe drinking water is vital to maintaining healthy communities and is an environmental right enshrined within the Pennsylvania Constitution that we have sworn to uphold. This combined with the knowledge that the major exposure route for PFAS in Pennsylvania is through drinking water, makes this rulemaking extremely important to Pennsylvania's future.

Therefore, we encourage you to ensure Pennsylvania adopts the nation's leading safe drinking water standards for per- and polyfluoroalkyl substances (PFAS)—perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) -- by incorporating my recommendations into the final rulemaking.

Respectfully Submitted,

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