

**CALIFORNIA WATER SERVICE**  
**REPORT ON WATER QUALITY RELATIVE TO PUBLIC HEALTH GOALS**  
**IN THE CITY OF BAKERSFIELD WATER SYSTEM**  
**JULY 1, 2022**

**BACKGROUND**

Provisions of the California Health and Safety Code (Section 116470 [b]) specify that water systems serving more than 10,000 connections shall prepare a special report by July 1, 2022, if their water exceeds any Public Health Goals (PHGs) after each compliance period. PHGs are non-enforceable goals established by the Cal-EPA's Office of Environmental Health Hazard Assessment (OEHHA). The statute also requires that water suppliers use the Maximum Contaminant Level Goals (MCLGs) adopted by USEPA for constituents for which OEHHA has not adopted a PHG.

There are a few constituents that are routinely detected in water systems, at levels usually well below the drinking water standards, for which no PHG or MCLG has yet been adopted (e.g., Total Trihalomethanes). These constituents will be addressed in a future required report after a PHG has been adopted.

In accordance with the Health and Safety Code (reference 1), if a constituent was detected in the water system's supply during 2019, 2020, or 2021 at a level exceeding an applicable PHG or MCLG, it will be identified in this report. Additional information includes the numerical public health risk associated with the MCL, plus the PHG or MCLG; the category or type of risk to health that could be associated with each constituent; the best available treatment technology that could be used to reduce the constituent level; and an estimate of the cost to install that treatment if it is appropriate and feasible.

**WHAT ARE PHGs?**

PHGs are set by OEHHA, which is part of Cal-EPA, and are based solely on public health risk considerations. None of the practical risk-management factors that are considered in the rulemaking process by the USEPA or the California State Water Resources Control Board's (SWRCB) Division of Drinking Water (DDW) in setting drinking water standards, otherwise known as Maximum Contaminant Levels (MCLs) are taken into account with this report. These factors include analytical detection

capability, treatment technology available, benefits, and costs. PHGs and MCLGs are not mandatory and therefore compliance is not legally required by any public water system.

### **WATER QUALITY DATA CONSIDERED**

All water quality data collected by our water system between 2019 and 2021 to determine compliance with drinking water standards from sources that supplied the water system and not treated to remove given constituents are reported. This data is also presented in our annual consumer confidence reports, which are electronically available at: <https://www.calwater.com/waterquality/water-quality-reports/>.

### **GUIDELINES FOLLOWED**

The Association of California Water Agencies (ACWA) formed a workgroup that prepared guidelines for water utilities to use in preparing these required reports and ACWA guidelines are followed in the creation of this report.

### **BEST AVAILABLE TREATMENT TECHNOLOGY AND COST ESTIMATES**

Both the USEPA and SWRCB DDW adopt best available technologies (BATs), which are the best-known methods of reducing contaminant levels below the MCL. Costs can be estimated for such technologies; however, since many PHGs and all MCLGs are set much lower than the MCL, it is not feasible to determine what treatment is needed to further reduce a constituent to an established goal. Many established goals are set below analytical detection limits, which means that the level has been lowered to zero. In some cases, installing treatment to further reduce very low levels of one constituent may have adverse effects on other aspects of water quality. Additionally, since there is little data readily available to estimate the cost of treatment to achieve some of the health goal levels, use of this “BAT” may still not achieve the PHG or MCLG and the costs may be significantly higher to do so. Costs estimates for treatment were taken from Tables 1 – 3 in the *Suggested Guidelines for Preparation of Required Reports on Public Health Goals to satisfy requirements of California Health and Safety Code Section 116470(b)*, prepared by Association of California Water Agencies (ACWA), April 2022.

### **Constituents Detected That Exceed a PHG or MCLG**

The following is a discussion of constituents that were detected in one or more of our drinking water sources at levels above the PHG, or alternatively above the MCLG and where there is an MCL. As previously stated, the numerical value for PHGs and MCLGs are often set below detectable levels.

Therefore, the Detection Limit for Purposes of Reporting (DLR) is used for reporting each constituent. DLR is the lowest quantity of a substance that can be distinguished within a stated confidence limit, generally one percent. Constituents reported in this section were detected above the method DLR and PHG, and in sources that supplied the system during 2019, 2020, and 2021.

#### 1,2,3-TRICHLOROPROPANE (TCP)

The PHG for 1,2,3-Trichloropropane (TCP) is 0.0007 ppb and the MCL is 0.005 ppb. The DLR is 0.005 ppb. TCP is detected above the DLR and PHG without treatment in 2 active wells.

The category of health risk for TCP is carcinogenicity. The numerical health risk at the PHG is  $1 \times 10^{-6}$ , which means one excess cancer case per one million people. The numerical health risk at the MCL is  $7 \times 10^{-6}$ , which means seven excess cancer case per one million people.

Granular activated carbon (GAC) is the BAT for TCP removal. The detection limit is 0.005 ppb, which is an order of magnitude higher than the PHG. Therefore, the cost to remove TCP is estimated based on non-detect, or less than 0.005 ppb. The estimated cost to install and operate a treatment system that will reliably reduce the TCP concentration in wells to non-detect is approximately \$1.78/1,000 gallons treated. This would result in an assumed increased cost for each service connection of \$38.92 per year.

#### ARSENIC (As)

The PHG for arsenic is 0.004 ppb, and the MCL is 10 ppb. The DLR is 2.0 ppb. Arsenic is detected above the DLR and PHG without treatment in 29 active wells.

The category of health risk for arsenic is carcinogenicity. The numerical cancer health risk for the PHG is one person per one million, and for the MCL it is 2.5 per one thousand people.

BATs for treatment/removal of arsenic are activated alumina, coagulation filtration, ion exchange, lime softening, and reverse osmosis. All of these technologies generate waste that is sometimes classified as hazardous waste. The costs below do not reflect the cost of disposing of hazardous waste.

The estimated cost to install and operate a treatment system that would reliably reduce arsenic concentrations to the PHG would be approximately \$2.39/1,000 gallons treated. This would result in an assumed increased cost for each customer of \$757.74 per year.

#### TETRACHLOROETHYLENE (PCE)

The PHG for PCE is 0.06 ppb, and the MCL is 5 ppb. The DLR is 0.5 ppb. PCE is detected above the DLR and PHG without treatment in 2 active wells.

The numerical health risk for PCE at the PHG is  $1 \times 10^{-6}$ , which means one excess cancer cases per one million people. The numerical risk at the MCL is  $8 \times 10^{-5}$ , which means eight excess cancer cases per 100,000 people. The category of health risk associated with PCE is carcinogenicity (cancer).

BATs for the treatment/removal of PCE are granular-activated carbon (GAC) and air stripping. The estimated cost to install and operate a GAC treatment system that would reliably reduce the PCE level to zero would be approximately \$1.78/1,000 gallons treated. This would result in an assumed increased cost for each customer of \$38.92 per year.

#### URANIUM AND GROSS ALPHA PARTICLE ACTIVITY

The PHG for uranium is 0.43 pCi/L (picocuries per liter), and the MCL is 20 pCi/L. Uranium is detected without treatment in 2 active wells.

The numerical health risk at the PHG is  $1 \times 10^{-6}$ , which means one excess cancer case per one million people from lifetime exposure to uranium in drinking water. The numerical health risk at the MCL is  $5 \times 10^{-5}$ , which means five excess cancer cases per 100,000 people. There is no California PHG for gross alpha particle activity; however, the MCLG level is set at 0 pCi/L. The MCL is 15 pCi/L. Gross alpha particle activity is detected without treatment in 8 active wells. The category of health risk associated with uranium and gross alpha particle activity is carcinogenicity. The numerical health risk for the MCGL of zero pCi/L is zero.

The BAT for the treatment/removal of uranium is ion exchange. The estimated cost to install and operate an ion exchange treatment system that would reliably reduce the uranium and gross alpha particle activity concentration is approximately \$1.63/1,000 gallons treated. This would result in an assumed increased cost for each customer of \$178.20 per year.

#### RECOMMENDATIONS FOR FURTHER ACTION

The drinking water quality of the City of Bakersfield water system meets all State of California, DDW, and USEPA drinking water standards set to protect public health. Cal Water will continue to assure the protection of public health by researching and examining emerging treating technologies on an ongoing basis while taking into account health protection benefits and cost.

REFERENCES:

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- No.1 Excerpt from California Health & Safety Code: Section 116470 (b)
- No.2 Table of Regulated Constituents with MCLs, PHGs, or MCLGs
- No.3 City of Bakersfield Water System’s 2019, 2020, and 2021 Consumer Confidence Report
- No.4 Health Risk Information for Public Health Goal Exceedance Reports prepared by the Office of Environmental Health Hazard Assessment, California Environmental Protection Agency, February 2022.
- No. 5 Suggested Guidelines for Preparation of Required Reports on Public Health Goals to satisfy requirements of California Health and Safety Code Section 116470(b), prepared by Association of California Water Agencies (ACWA), April 2022.