

## Consumer Confidence Report - Required Components

Oregon Health Authority Public Health Division – Drinking Water Services

(Refer to Oregon Administrative Rule 333-061-0043 for specific rule information)

### General Water System Information:

- Contact person's name and phone number.
- List of opportunities for public participation (board/city council meetings, protection committees, etc.).
- Systems that have a large proportion of non-English speaking residents must state in the appropriate language that the report contains important information and should be translated.

### Source Information:

- List all sources used, including the commonly used name(s), type (ground water, surface water or a blend), and the general location(s). Include water purchased from another supplier.
- State that a source assessment is available for customer's review (you should have a copy). Include a brief summary of your source water's susceptibility to contamination based on the findings of the assessment.

### Definitions:

- Maximum Contaminant Level Goal (MCLG):** The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
- Maximum Contaminant Level (MCL):** The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
- Action Level:** The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Include the following only if your report contains information on these topics:

- Treatment Technique (TT):** A required process intended to reduce the level of a contaminant in drinking water.
- Maximum Residual Disinfectant Level (MRDL):** The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
- Maximum Residual Disinfectant Level Goal (MRDLG):** The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination.

- A system operating under a variance: State permission not to meet an MCL or a treatment technique under certain conditions.

### **Detected Contaminants:**

- Present all regulated contaminants that were detected during the previous calendar year in a table format. For contaminants monitored less than once per year (for example: lead & copper, inorganic chemicals), use the most recent data, state the date the sample was collected, and include a statement explaining that the data is the most recent monitoring done in compliance with the regulations. You do not need to report monitoring results that are more than five years old.
- The table must contain the following for each detected regulated contaminant: the MCL in units that express it as a number greater than 1, the MCLG and level of the detected contaminant in the same units as the MCL, the likely source of each contaminant, and the AL or treatment technique if applicable.
- If there was more than one detection for a contaminant, report the range of values. If compliance is determined by a running annual average, include the highest average and the range of detections. For total trihalomethanes and haloacetic acids, include all location running annual averages which exceed the MCL.
- For turbidity, report the highest single measurement found if exempted from filtration, the highest single measurement and the lowest monthly % of samples meeting the turbidity limits if required to filter.
- For lead & copper include the 90<sup>th</sup> percentile value from the most recent sampling and the number of sites that exceeded the action level.
- For total coliform, report the highest number of positive samples in any one month. If 40 or more samples per month, report the highest percentage of positive samples collected in any one month.
- For fecal coliforms and *E. coli* report the number of positive samples collected that year.
- If you have multiple distribution systems that use different sources, include separate columns for each service area.
- Detections of unregulated contaminants for which monitoring is required must appear in the main table. An explanation of the reasons for unregulated contaminant monitoring is optional.

### **Cryptosporidium and Radon:**

- If monitoring shows the presence of these contaminants, the results must be presented along with an explanation of the significance of the results.

### **Violations of Standards:**

- Any contaminant detected in violation of an MCL, TT or AL must be clearly highlighted in the table, and an explanation of the length of the violation/exceedance, the potential adverse health effects, and actions taken to address the violation/exceedance must be provided.

- For any other violations (for example: failing to collect or report required samples on time), clear and readily understandable explanations of the violation, potential adverse health effects (if any), and the steps taken to correct the violation must be provided.
- For failure to install adequate filtration or disinfection equipment or processes, or if there was a failure of that equipment or process, the following language must be included: “Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites, which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.”
- For failure to take required lead or copper corrosion control actions, include applicable health effects language for lead and/or copper.
- For systems that use acrylamide and epichlorohydrin, if the combination, or product of dose and monomer level exceeds 0.05 percent dosed at 1 ppm or equivalent for acrylamide or 0.01 percent dosed at 20 ppm or equivalent for epichlorohydrin.
- Violation of the terms of a variance, administrative order or judicial order.

**Educational Information - your CCR must prominently display the following statements:**

- “Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA’s Safe Drinking Water Hotline (1-800-426-4791).”
- “Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (800-426-4791).”
- “If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. *[NAME OF UTILITY]* is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>.”
- Your report must contain basic information about drinking water contaminants. Use the following language, or you may write your own comparable language that better fits your specific local situation:

- “The source of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.
- Contaminants that may be present in source water include;
  - Microbial contaminants, such as viruses and bacteria which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
  - Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
  - Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
  - Organic chemical contaminants, including synthetic and volatile organic chemicals, which are byproducts of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
  - Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.
- In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

### **Special Requirements for Nitrate and Arsenic:**

- For nitrate above 5 ppm but at or below 10 ppm (the MCL) include language such as, “Nitrate in drinking water at levels above 10 mg/l is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant you should ask for advice from your health care provider.”
- For arsenic above 5 ppb, but at or below 10 ppb (the MCL) Include language such as, “While your drinking water meets EPA’s standard for arsenic, it does contain low levels of arsenic. EPA’s standard balances the current understanding of arsenic’s possible health effects against the costs of removing arsenic from drinking water. EPA continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems.”

**Special Requirements for Groundwater Systems receiving notice of an uncorrected water system survey significant deficiency or an *E. coli* positive groundwater source sample must include:**

- The nature of a significant deficiency or source of fecal contamination and the dates identified.
- If the fecal contamination has been addressed, the corresponding dates.
- Any approved plan to address the significant deficiency or fecal contamination.
- Potential health effects for fecal positive source samples in OAR 333-061-0097 (if applicable).

**Delivery:**

- Mail or directly deliver to each customer by July 1 of each year, plus a “good faith effort” to get reports to non-bill-paying consumers (renters and workers). Acceptable electronic delivery methods are:
  - Mail or email notification that CCR is available on a website with a direct web address-URL (no navigation required).
  - Send the CCR as an attachment to an email.
  - Send the CCR as an embedded image in the body of an email.

Note: electronic delivery methods must include a provision for the customer to request a paper copy of the CCR.

- If e-mail method of direct delivery is used and an e-mail gets returned as being undeliverable (i.e., the e-mail “bounces back”), the system must use another method to reach that customer prior to July 1st.
- If providing a link to the CCR on-line, the web address (or “URL”) must apply to only one system and go directly to one CCR for that current year.
- The CCR must be available at the URL provided to customers (cannot provide URL and not have it immediately available). You also cannot provide a future date when it will be posted on-line as a direct delivery method (this can be done as part of additional outreach conducted prior to the direct delivery).
- Systems using electronic delivery cannot tell customers who request a paper CCR that one is available at the system office; they must be mailed or otherwise delivered one. Providing copies at a central location (e.g., billing office) is fine as an additional outreach method, but not for meeting paper delivery upon request.
- Water systems serving > 100,000 people must post the CCR on-line.
- Mail a copy of the report to OHA-DWS by July 1 of each year. Keep a copy for at least five years.
- Mail a certification statement to OHA-DWS within 3 months of due date that confirms the report was distributed to customers, and the information is correct and consistent with data submitted to the state.

- Wholesale systems must provide copy of CCR to all consecutive (purchasing) systems by April 1<sup>st</sup> or on a date mutually agreed upon by the seller and the purchaser as specifically included in a contract between the parties.

For more detailed guidance, see EPA's document, "Preparing Your Drinking Water Consumer Confidence Report" (2<sup>nd</sup> edition, EPA 816-R-09-011, April 2010), available online at <http://nepis.epa.gov/Exe/ZyPURL.cgi?Dockey=P10072FC.txt>