

Does Mandated Language in Consumer Confidence Reports Help or Hinder Confidence in the Local Public Water System?

The Kansas Rural Water Association has helped public water systems with formatting and printing their Consumer Confidence Reports (CCR) for many years. It's been so many and so many hundreds of thousands of copies ago that I really don't remember when it all began. I just completed formatting and posting CCRs to the KRWA website. The goal of this endeavor was to help local systems have a better-looking report and second, then run copies, including folding and more recently, to satisfy the tabbing craze by the Postal Service, to save money for local systems.

Everyone knows, including the regulatory community, that most water system consumers don't read the reports. Water system customers correctly assume (and know) that if there is something drastically wrong with the water quality, their public water system will let them know about it. I think there's a benefit to having the reports online because they are always available vs. the paper copy that often didn't make it past the trash can in the post office lobby.

But the CCR seems to have become something more of a punitive measure than on providing information that doesn't alarm the reader. Many of the "violations" end up advising there is nothing that the consumer has to do at this time – but the water system is required to advise the customers that the water quality might have been compromised. When was that? A month ago – or longer? The reports often mention that the system had a major deficiency and that it was corrected. No one is told what that deficiency was.

So while everyone can agree that providing water quality information to customers is a great thing to do, the CCR in many other cases is adding confusion for customers. That confusion is because of the language that is mandated by US EPA on the reports. Here is one example.

Numerous systems that requested assistance from KRWA to format and post their CCRs are required to input language in their CCR about nitrates in the drinking water that are below the Maximum Contaminant Level (MCL)



of 10 parts per million. If the nitrate test was 5.0 or more, then the following language is mandated by EPA to be included in the CCR:

Nitrate in drinking water at levels above 10 ppm 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.

Okay, so the nitrate level was 5.6 ppm – not 10 or more. Nitrate in drinking water seems to be the bugaboo that gets everyone's attention. So here we are, inserting what amounts to scary language in a CCR when the nitrate is only half or more of the MCL. Needless to say, a review of this language mandated by EPA to be included in the CCR about nitrates in drinking water recently instigated a vigorous discussion among KRWA staff. This discussion included several associate members of KRWA who are known experts in groundwater hydrology and the design and operation of public water supply wells. They were as perplexed as we are. I also emailed KDHE several questions

Water system customers correctly assume (and know) that if there is something drastically wrong with the water quality, their public water system will let them know about it.

about this issue. There was no reply from the agency. The following two questions were recurring during the discussions:

1. Does KDHE have any evidence where a public water supply well has nitrate that "increased quickly" (either documented or undocumented) to harmful levels?

2. Or, has EPA provided any evidence where a public water supply well experienced nitrate levels that "increased quickly"?

3. What is the time frame of "increased quickly"? Minutes, hours, days, months...?

When consumers read CCRs, some of the language, including this nitrate issue, does more to alarm customers of public water systems than it does to build confidence in their local water system and water quality. A new mother who reads this language would certainly be alarmed at knowing the nitrate levels can "increase quickly" to a harmful level. She then is to contact a local health care provider. That implies that the local health provider knows about the water quality? If contacting local health providers is critical then shouldn't notices go to all people who care for infants – not just those who might read a CCR report? Another question is; Who is a health care provider – their doctor, their nurse – hospice? Many rural communities where these nitrate issues exist have limited health care. It seems pertinent to provide the county health department's number or a KDHE number to provide additional guidance. The CCR does advise also to call the EPA "Safe Drinking Water Hotline (800-426-4791). You'll get an answering machine that advises if you have an emergency to call 911!

We have a new nitrate removal plant – but are still being warned?

Additionally, there are nitrate test results recorded in communities that have constructed expensive to build and operate nitrate removal plants that continue to have nitrate > 5.0 mg/l. The

readers of those systems' CCRs whose water rates may have doubled or even quadrupled are receiving the additional mandated language and

recommendation to contact "health providers" if "you" are caring for an infant? That seems pretty incredible.

It seems reasonable that people in communities that have any nitrate test result in their drinking water would agree that the requirements for the CCR nitrate language do not truly provide increased level of safety or confidence in the drinking water. Nor does the cost benefit of removing nitrates by mechanical or chemical means match the risk and fear factors. Everyone, including state regulatory agencies, should somehow figure out how to convey that to EPA. KRWA can and will do that and join others in requesting legislation which is probably the only way to accomplish it. After all, it did only take about seven years to end the requirement to print and mail the CCR but instead to make it available via website or email. Getting rid of the scary language is likely to take longer. So in the end, it

may be good that few people read their CCR; it's that many fewer people who are confused or alarmed by the water they drink.

In the bigger scheme of life, this is just one more issue – and it really is not of any great consequence other than to be an annoyance to anyone who tries to apply some critical thinking about it. People too frequently "just go along with whatever". The really important things in life are for people to maintain their health, have access to affordable health insurance and medical facilities and to try work together to solve problems. Those are things that matter – and they are all far more important than whatever language is mandated in a CCR.

Elmer Ronnebaum is KRWA General Manager; he has been employed by KRWA since 1983. He served seven years on the KRWA board of directors prior to that. He also helped develop a large RWD and served for fourteen years on a water district board of directors.





**ADVANTAGE
COMPUTER
JAYHAWK SOFTWARE**

Large enough to meet your needs, small enough to care.

Let us be your one stop software/hardware solution!

SOFTWARE:	HARDWARE:
• Utility/Water Billing	• Network Consulting
• Fund & Business Accounting	• Custom Built Servers & PCs
• Court Software	• Surveillance Cameras
• Payment Receipting	• Video Conferencing
• Web Design & Hosting	• Phone Systems
• Law Office Billing	• Disaster Recovery
• Off-Site Backup	• Managed Services

620-365-5156 • www.ac-js.com