

health effects to support future regulatory determinations of CCL contaminants. EPA is also engaged with our stakeholders in a NDWAC work group to refine the CCL listing process to address emerging contaminants for future efforts.

EPA agrees with the comment concerning the importance of establishing a vehicle that will allow stakeholders to track the status of drinking water research projects. EPA is committed to providing a means for stakeholders to track research needs and progress made in research areas, and is developing a web-based research inventory that is expected to be available to the public in 2003. This website will serve as a repository of information on drinking water research projects currently funded or performed by the EPA.

4. Criticism of Regulatory Decisions Made

Comment Summary: One commenter expressed concern that EPA's decision not to regulate any of the nine priority contaminants was not appropriate. A comment submitted and co-signed by 22 environmental organizations disagreed with the regulatory determinations for four contaminants, hexachlorobutadiene, manganese, sodium and sulfate. The commenters believe that EPA's monitoring data presented in the June 2002 notice shows that over 22,000 people were exposed to hexachlorobutadiene at concentrations above the HRL. The commenters assert that although EPA says manganese has low toxicity, EPA finds that nearly 3% of the population exceeded EPA's HRL. The commenters also disagreed with the Agency determination that regulation is not warranted because food sources of sodium are a more significant contribution to sodium in the diet than drinking water. The commenters also assert that EPA should regulate sulfate because EPA's monitoring data shows that millions of Americans are likely to have sulfate levels above the HRL in their drinking water, which puts infants and other subpopulations at risk.

Agency Response: The preliminary regulatory determinations on whether or not to regulate the nine priority contaminants were based on the three SDWA statutory requirements, and the contaminants were evaluated in terms of national significance. EPA's assessment of the health effects and national occurrence were discussed in detail in the June 2002 notice. EPA disagrees that each of the contaminants identified by the commenters should be regulated. The rationale supporting the regulatory determination is provided below.

EPA found that hexachlorobutadiene occurs in systems, but not at a frequency or level of public health concern. The commenter has misinterpreted the monitoring data presented in the June 2002 notice. The number 22,736 in the notice refers to the number of reporting PWSs in the monitoring data set and does not reflect the number of people exposed to hexachlorobutadiene concentrations above the HRL. The June 2002 notice states that 0.02% (4 out of 22,736) reporting systems detected hexachlorobutadiene above the HRL affecting 0.005% (3,350 out of the 67 million) of the population served by these systems (67 FR 38235). Because of this low frequency, EPA believes it is most appropriate at this time to address occurrence of hexachlorobutadiene at the State level rather than at the national level.

EPA disagrees with the commenter's criticism of the decision not to regulate manganese. Manganese is an essential trace element needed for the normal healthy growth and function of animals as well as human beings. Therefore, the decision whether or not to regulate manganese needs to balance the concern for the potential toxic effects from high oral exposure with the concern for adverse effects from manganese deficiency. In 2001, the Institute of Medicine (IOM) set an adequate level for manganese at 2.3 mg/day for men and 1.8 mg/day for woman.

Furthermore, in 2001, the IOM set a tolerable upper intake level for manganese at 11 mg/day. While 3% of the population may be exposed to manganese at levels above the 0.30 mg/L HRL for drinking water, this level is well below the IOM tolerable level. For example, assuming a daily intake of 2 liters of drinking water with manganese at the HRL of 0.30 mg/L, the daily intake of manganese from drinking water at the HRL would only expose a person to 0.6 mg/day. This value is well below IOM's 11 mg/L adequate level for manganese and represents only 5.5% of IOM's upper limit for manganese. Public drinking water accounts for a relatively small proportion of a person's manganese intake, even at the HRL. Therefore, the Agency concludes that regulation of drinking water for manganese does not provide a meaningful opportunity to reduce the risk of adverse health effects. The commenter is referred to the *CCL Preliminary Regulatory Determination Support Document for Manganese* (EPA 815-R-01-013) for a more detailed discussion of this issue.

EPA disagrees with the commenter's criticism of the decision not to regulate sodium. Because sodium in drinking

water is a very small contributor to daily dietary intake and because the levels at which sodium intake can contribute to increasing the blood pressure of individuals with normal blood pressures is not clearly established, EPA does not believe that a NPDWR for sodium presents a meaningful opportunity for public health protection at this time.

EPA disagrees with the commenter's criticism of the decision not to regulate sulfate. EPA used current data (Round 2 of the UCM program) that indicate that about 1.8% of the reporting systems serving approximately 2 million people from a 20-state cross section of the unregulated contaminant monitoring study exceeded 500 mg/L. Although additional data from six states had very similar results, EPA found that the weight of evidence suggests that the adverse health effect is generally mild, of short duration, and generally occurs at concentrations considerably greater than 500 mg/L, except in very limited circumstances when contaminants that exacerbate the effects of sulfate are also present in the water. Therefore, EPA has made the determination not to regulate sulfate with a NPDWR at this time because regulation would not present a meaningful opportunity for health risk reduction for persons served by public drinking water systems. However, EPA prepared a Drinking Water Advisory to provide guidance to communities that may be exposed to drinking water with high sulfate concentrations. This advisory contains information of use to sensitive sub-populations, such as infants and travelers.

5. Stakeholder's Highest Priority for Future Regulatory Determinations

Comment Summary: Commenters encouraged EPA to be aggressive and consider an expedited regulatory determination for several CCL contaminants including MTBE and perchlorate.

Agency Response: For this regulatory determination, EPA developed a comprehensive evaluation approach based on the recommendations from NRC and NDWAC. As explained in the June 2002 notice (USEPA 2002a), this evaluation satisfies the three SDWA requirements under section 1412(b)(1)(A)(i)-(iii). For each of the contaminants, the Agency evaluated the adequacy of current analytical and treatment methods, the best available peer-reviewed data on health effects, and an occurrence data set of approximately seven million analytical data points. At this time, EPA does not believe adequate data exists in these key areas to make a regulatory