

percent of the earth's crust, however, it does not occur in the environment in its pure metal form, but is ubiquitous as a component of more than 100 minerals including many silicates, carbonates, sulfides, oxides, phosphates, and borates (ATSDR 2000).

Manganese is generally considered to have low toxicity when ingested orally. The major source of manganese intake in humans (with the exception of possible occupational exposure) is dietary ingestion; manganese is a nutrient and is not considered to be very toxic when ingested with food. Reports of adverse effects following oral exposure are rare.

Agency Findings: After reviewing the best available public health and occurrence information, EPA has made the determination not to regulate manganese with a NPDWR at this time, because it would not present a meaningful opportunity for health risk reduction for persons served by PWSs. Manganese is generally not considered to be very toxic when ingested with the diet and drinking water accounts for a relatively small proportion of manganese intake.

A complete review of EPA's analysis of the health effects, occurrence, and exposure for manganese were presented in the June 2002 notice (USEPA 2002a) and in the regulatory determination (USEPA 2001c) and health effects (USEPA 2003c) support documents for manganese. EPA is developing a Drinking Water Advisory for manganese to provide guidance to communities that might be exposed to elevated concentrations of manganese in their drinking water.

E. Metribuzin

Description: Metribuzin (CASRN 21087-64-9) is a pesticide that does not volatilize readily, yet is relatively soluble in water. It is relatively persistent in the environment and degrades primarily through exposure to sunlight. Metribuzin is used as an herbicide on soybeans, potatoes, alfalfa, sugar cane, lentils, asparagus, tomatoes, carrots, peas, barley, wheat, range grasses, and Christmas trees. Metribuzin has limited non-agricultural utility. Metribuzin is not classifiable as a human carcinogen, but there may be effects on the liver and body weight from chronic exposure to high doses.

Agency Findings: After reviewing the best available public health and occurrence information, EPA has made the determination not to regulate metribuzin with a NPDWR at this time, because it would not present a meaningful opportunity for health risk reduction for persons served by PWSs.

Metribuzin is not known to occur in PWSs at levels of public health concern. National monitoring data indicate that metribuzin is infrequently detected in public water supplies.

A complete review of EPA's analysis of the health effects, occurrence, and exposure for metribuzin were presented in the June 2002 notice (USEPA 2002a) and in the regulatory determination (USEPA 2001d) and health effects (USEPA 2003d) support documents for metribuzin.

F. Naphthalene

Description: Naphthalene (CASRN 91-20-3) is a VOC that is naturally present in fossil fuels, such as petroleum and coal, and is formed when wood or tobacco are burned. Naphthalene is produced in commercial quantities from either coal tar or petroleum. Most naphthalene use (60%) is as an intermediary in the production of phthalate plasticizers, resins, phthalic acids, dyes, pharmaceuticals, and insect repellents. Crystalline naphthalene is used as a moth repellent and as a solid block deodorizer for diaper pails and toilets.

The major source of human exposure to naphthalene is through the use of moth-balls containing naphthalene. This exposure can be from breathing the vapors or handling the mothballs. People also may be exposed by breathing tobacco smoke and air near industries that use or produce naphthalene. Usually naphthalene is not found in water because it evaporates or biodegrades quickly. When it is found in water, it is usually at levels lower than 0.01 mg/L (ATSDR 1995).

Agency Findings: After reviewing the best available public health and occurrence information, EPA has made the determination not to regulate naphthalene with a NPDWR at this time, because it would not present a meaningful opportunity for health risk reduction for persons served by PWSs. Naphthalene is not known to occur in PWSs at levels of public health concern. National monitoring data indicate that naphthalene is infrequently detected in public water supplies.

A complete review of EPA's analysis of the health effects, occurrence, and exposure for naphthalene were presented in the June 2002 notice (USEPA 2002a) and in the regulatory determination (USEPA 2001e) and health effects (USEPA 2003e) support documents for naphthalene.

G. Sodium

Description: Sodium (CASRN 7440-23-5) is the sixth most abundant element on earth and is widely

distributed in soils, plants, water, and foods. Ground water typically contains higher concentrations of minerals including sodium salts than do surface waters. In addition to naturally occurring sources of sodium, sodium compounds are used in deicing roads, as water treatment chemicals, and in domestic water softeners. Sewage effluents can also contribute significant quantities of sodium to water.

Sodium is an essential trace element, and adequate levels of sodium are required for good health. Food is the main source of daily human exposure to sodium, primarily in the form of sodium chloride (table salt). Most of the sodium in our diet is added during food processing and preparation.

Agency Findings: After reviewing the best available public health and occurrence information, EPA has made the determination not to regulate sodium with a NPDWR at this time, because it would not present a meaningful opportunity for health risk reduction for persons served by PWSs. The contribution of drinking water to daily sodium intake is very small when compared to the total dietary intake. Short-term excursions beyond the benchmark values pose no adverse health risk for most individuals, including the majority of persons with hypertension. Sodium in drinking water is a very small contributor to daily dietary intake and the levels at which sodium intake can contribute to increasing the blood pressure of individuals with normal blood pressures are not clearly established. The Agency currently does, however, require monitoring for sodium at the entry point to the distribution system and that results be reported annually to public health officials for surface water systems, and every three years for ground water systems (as defined in 40 CFR 141.41). The water supplier must report sodium test results to local and State public health officials, unless this responsibility is assumed by the State. This requirement is intended to provide the public health community with information on sodium levels in drinking water to be used in counseling patients and is the most direct route for gaining the attention of the affected population.

A complete review of EPA's analysis of the health effects, occurrence, and exposure for sodium were presented in the June 2002 notice (USEPA 2002a) as well as in the regulatory determination (USEPA 2001f) support document for sodium. EPA is issuing a final Drinking Water Advisory for sodium concurrent with today's action (USEPA 2003f). The sodium advisory provides guidance to