

The results of the detailed occurrence and exposure analysis indicate that less than 0.02 percent of the 19,101 systems sampled in the 16-State cross-section, and less than 0.02 percent of the population served by those 19,101 systems might be affected if EPA were to consider levels as high as 0.03 mg/L to 0.3 mg/L. The current BATs and small system compliance technology for 1,1-dichloroethylene have other beneficial effects (e.g., reduction of other co-occurring contaminants, or other common impurities) in addition to 1,1-dichloroethylene removal.

Therefore, if EPA were to consider any of these higher levels, the Agency does not know how many of these public water systems that are currently treating to comply with the current MCL of 0.007 mg/L would be likely to discontinue treatment that is already in place (USEPA, 2002c; USEPA, 2003g).

c. Current Decision. Although there are new health effects data that might support calculation of a less stringent standard for 1,1-dichloroethylene, EPA does not believe a revision to the NPDWR for 1,1-dichloroethylene is appropriate at this time. In making this decision, the Agency considered whether any potential revision to the 1,1-dichloroethylene NPDWR is likely to provide a meaningful opportunity for cost-savings to public water systems and their customers. After consideration of this factor, EPA has decided that any revision to 1,1-dichloroethylene would be a low priority activity for the Agency, and, thus, is not appropriate to revise at this time because of:

- Competing workload priorities;
- The administrative costs associated with rulemaking; and
- The burden on States and the regulated community to implement any regulatory change that resulted.

8. Dichloromethane

One commenter stated that it may be difficult to lower the PQL for dichloromethane below the range of 0.001 to 0.002 mg/L since it is required in a number of EPA methods and therefore is a common laboratory contaminant. Because it is a common laboratory contaminant, the commenter stated that using the MDL for 524.2 and 502.2 does not constitute a reasonable basis for assuming that the PQL can be lower. The commenter stated that none of the existing WS studies had spike samples this low and, in addition, the occurrence data may have been compromised due to laboratory contamination.

EPA Response: The basis for EPA indicating that a lower PQL “may exist” was due to the fact that laboratories had greater than 95 percent laboratory

passing rates using a ± 40 percent acceptance window at “known” spike concentrations close to current MCL of 0.005 mg/L. If laboratory contamination due to dichloromethane were a problem, such high passing rates at this value would not be expected. The MDLs for 524.2 and 502.2 were only used with the 10 times MDL multiplier to estimate what the lower value could be. However, EPA does agree that, at this time, the Agency does not have sufficient data to recalculate the PQL for dichloromethane and for this reason, the Agency placed it in the data gap category.

Regarding the occurrence issue, EPA has no data to suggest that high occurrence values were due to false positives from laboratory contamination and the Agency is proceeding on the assumption that State data are accurate unless there is information to the contrary. If laboratory contamination due to dichloromethane does exist, laboratories should be able to identify and discern a contamination issue if they are running laboratory blanks.

9. Di(2-ethylhexyl)adipate (DEHA)

One commenter submitted detailed comments regarding di(2-ethylhexyl)adipate (DEHA). The commenter believed that EPA should consider removing the regulation for DEHA and provided the following reasons:

- The regulation of DEHA in drinking water does not provide any meaningful reduction in the health risk to humans because it is unlikely to cause adverse effects to humans, including reproductive effects, except at very high doses which cannot be attained in drinking water, due to the low water solubility of DEHA.
- The weight of evidence indicates that the peroxisome proliferation mechanism of DEHA rodent carcinogenicity is not relevant to humans. Thus, the MCLG for DEHA should not include an additional 10-fold risk management factor for possible carcinogenicity.

• The legislative history of the 1996 SDWA indicates that Congress envisioned circumstances where relaxation of an MCL would provide the same level of health protection as the existing regulation. Accordingly, if DEHA cannot be deregulated, the commenter believes the MCLG and MCL should be increased.

EPA Response: DEHA was regulated in 1992. Since that time, new studies have become available on the toxicity of DEHA and its metabolites. For this reason, EPA decided to initiate a new health risk assessment of DEHA (67 FR 1212, January 9, 2002 (USEPA, 2002a)).

The assessment will include examination of the studies on which the current NPDWR is based, as well as an evaluation of the data provided by this commenter and new studies that have become available since DEHA was regulated. This health risk assessment is planned for completion in the 2003–2004 time frame (68 FR 5870, February 5, 2003 (USEPA, 2003h)) and is expected to include development of an RfD for non-cancer health effects, as well as an assessment of potential carcinogenicity from oral exposure. At this time, it is premature to predict the outcome of the Agency’s assessment. Thus, as discussed in section IV.A.2.a of today’s action, the Agency believes that revision to the NPDWR for DEHA is not appropriate at this time. EPA will determine in the future if revision of the MCLG/MCL is warranted. Any revision to the MCLG/MCL will also take into consideration all the new information, including the water solubility of DEHA under various environmental conditions.

As stated by the commenter, the legislative history of the 1996 SDWA Amendments supports EPA’s interpretation that the Agency could increase an MCLG and MCL as long as the relaxed standard does not lessen the level of public health protection. However, EPA does not believe, at the present time, that it can demonstrate that deregulating DEHA would maintain the current level of public health protection (see section IV.A.1.c of today’s action).

10. Di(2-ethylhexyl)phthalate (DEHP)

The same commenter who submitted comments on DEHA also submitted detailed comments regarding di(2-ethylhexyl)phthalate (DEHP). The commenter felt that EPA should consider removing the regulation for DEHP for a variety of reasons, including the following:

- The regulation of DEHP in drinking water does not provide any meaningful reduction in the health risk to humans.
- The weight of the evidence indicates that the mode of action through which DEHP causes cancer in rodents is not relevant to humans and, thus, the MCLG for DEHP should not be zero. Any MCLG for DEHP should be based on a threshold endpoint and not on cancer. The commenter cited the February 2000 International Agency for Research on Cancer reclassification of DEHP from Group 2B (possibly carcinogenic to humans) to Group 3 (not classifiable as to its carcinogenicity to humans) as justification for recommending that EPA also reconsider its cancer classification.