

TABLE VI-5A.—SUMMARY OF QUANTIFIED BENEFITS—ENHANCED COI—Continued
[\$millions, 2000\$]

Data set	Value of benefits—Enhanced COI ¹		
	Mean	90 percent confidence bound	
		Lower (5th %ile)	Upper (95th %ile)
ICRSSL	318	44	816
ICRSM	609	81	1,577

¹ The traditional COI only includes valuation for medical costs and lost work time (including some portion of unpaid household production). The enhanced COI also factors in valuations for lost personal time (non-worktime) such as child care and homemaking (to the extent not covered by the traditional COI), time with family, and recreation, and lost productivity at work on days when workers are ill but go to work anyway. Source: The LT2ESWR Economic Analysis (USEPA 2003a).

TABLE VI-5B.—SUMMARY OF QUANTIFIED BENEFITS—TRADITIONAL COI
[(Millions, 2000\$)]

Data Set	Value of Benefits—Traditional COI ¹		
	Mean	90 percent confidence bound	
		Lower (5th %ile)	Upper 95th %ile)
Annualized Value (at 3%, 25 Years)			
ICR	\$967	\$105	\$2,713
ICRSSL	253	27	713
ICRSM	481	50	1,372
Annualized Value (at 7%, 25 Years)			
ICR	826	89	2,315
ICRSSL	216	23	610
ICRSM	411	43	1,172

¹ The traditional COI only includes valuation for medical costs and lost work time (including some portion of unpaid household production). The enhanced COI also factors in valuations for lost personal time (non-worktime) such as child care and homemaking (to the extent not covered by the traditional COI), time with family, and recreation, and lost productivity at work on days when workers are ill but go to work anyway. Source: The LT2ESWTR Economic Analysis (USEPA 2003a).

a. Filtered systems. Benefits to the approximately 161 million people served by filtered surface water and GWUDI systems range from 88,000 to 472,000 reduction in mean annual cases of endemic illness based on ICRSSL, ICRSM, and ICR data sets. In addition, premature mortality is expected to be reduced by an average of 9 to 50 deaths annually.

b. Unfiltered systems. The 12 million people served by unfiltered surface water or GWUDI systems will see a significant reduction in cryptosporidiosis as a result of the LT2ESWTR. In this population, the rule is expected to reduce approximately 168,000 to 547,000 cases of illness and 28 to 91 premature deaths annually.

For unfiltered systems, only the Information Collection Rule data set is used to directly calculate illness reduction because it is the only data set that includes sufficient information on unfiltered systems. Illness reduction in unfiltered systems was estimated for the

ICRSSL and ICRSM data sets by multiplying the Information Collection Rule unfiltered system result by the ratio, for the quantity estimated, between filtered system results from the supplemental survey data set (SSM or SSL) and filtered system results from the Information Collection Rule.

3. Timing of Benefits Accrual (Latency)

In previous rulemakings, some commenters have argued that the Agency should consider an assumed time lag or latency period in its benefits calculations. The Agency has not conducted a latency analysis for this rule because cryptosporidiosis is an acute illness; therefore, very little time elapses between exposure, illness, and mortality. However, EPA does account for benefits and costs that occur in future years by converting these to present value estimates.

D. What Are the Costs of the Proposed LT2ESWTR?

In order to estimate the costs of today's proposed rule, the Agency considered impacts on public water systems and on States (including territories and EPA implementation in non-primacy States). EPA assumed that systems would be in compliance with the IESWTR, which has a compliance date of January 2002 for large systems and the LT1ESWTR, which has a compliance date of January 2005 for small systems. Therefore, this cost estimate only considers the additional requirements that are a direct result of the LT2ESWTR. More detailed information on cost estimates are described next and a complete discussion can be found in chapter 6 of the LT2ESWTR EA (USEPA 2003a). A detailed discussion of the proposed rule provisions is located in section IV of this preamble.