

# campaign for lead free water

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## Re: Comments on EPA's Proposed "National Primary Drinking Water Regulations: Consumer Confidence Report Rule Revisions" [EPA-HQ-OW-2022-0260]

The Campaign for Lead Free Water (CLFW) is a network of affected and concerned individuals, groups, and organizations working at the local, state, and federal levels to protect communities from lead in US drinking water through equitable and just solutions. Having had longstanding concerns about the information our water utilities deliver regarding lead in water,<sup>1</sup> we are grateful for the opportunity to comment on EPA's Proposed "Consumer Confidence Report [CCR] Rule Revisions."<sup>2</sup>

Although focused exclusively on lead in water, our comment crosscuts across a range of drinking water contaminants and, as such, we hope it will be received as a recommendation for overall improvements in the CCR. In light of President Biden's April 21, 2023 [Executive Order](#) to revitalize the nation's commitment to environmental justice, we would like to emphasize that our input comes from over 20 years of experience with lead-in-water contamination problems, multiple lead-in-water crises in different US cities, misleading and deceptive CCRs, and advocacy for a health-protective Lead and Copper Rule (LCR). Our thinking is not only bottom-up—it also reflects our commitment to a precautionary approach to drinking water contaminants, rather than the ringing of alarm bells after significant public health harm is done.

We wholeheartedly support EPA's proposal to revise the CCR Rule to:

- Require an at-a-glance summary at the beginning of the CCR that conveys "important information and key messages in a simple, clear, and concise manner."<sup>2</sup>
- Require water utilities who serve 10,000 or more persons to deliver CCRs twice per year.
- Increase the accuracy of information and risk communication in the CCR and improve the CCR's readability, clarity, and understandability.
- Require "states, territories, and tribes with primary enforcement responsibility to provide EPA compliance monitoring data on an annual basis" and to make these data available to the public, in

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<sup>1</sup> [Coalition Letter to US EPA Re: Revisions to Lead & Copper National Primary Drinking Water Regulations](#), Docket No. EPA-HQ-OW-2017-0300, 2.12.20; Lambrinidou, Y. 2017. [Top 10 Myths About Lead in Drinking Water](#). *LEAD Action News* 18(2):4-15; [Coalition Letter to US EPA Re: Comments on the Report of the Lead and Copper Rule Working Group to the National Drinking Water Advisory Council](#), 1.15.16; [Parents for Nontoxic Alternatives Statement of Dissent to the EPA National Drinking Water Advisory Council \(NDWAC\) Re: Long-term revisions for the Lead and Copper Rule \(LCR\)](#), 10.28.15.

<sup>2</sup> [88 Fed. Reg. 20092](#) (April 5, 2023).

order to “enhance EPA’s oversight capabilities” and “empower communities to take necessary public health actions.”<sup>2</sup>

However, we believe that for the CCR to succeed in “[empowering] communities to take necessary public health actions,”<sup>2</sup> it is imperative that EPA adapts these revisions to an urgently needed paradigm shift. Such a shift would redirect the CCR from its current “consumer confidence” focus to a public “right-to-know” focus.

#### 1. Paradigm shift: From “Consumer Confidence” to Public “Right-to-Know”

**Water user confidence in the quality of the drinking water, although certainly desirable, should *not* be the CCR’s overriding objective. When it is, the CCR risks becoming a tool for public manipulation.**

Indeed, today the CCR is a document that:

- Foregrounds technical terms, concepts, and measurements that have little direct relevance to lead-in-water levels at individual taps (but can be intimidating and/or alienating and can leave readers with the false impression that their tap water is “safe” when, in reality, it places them at routine risk of exposure), and
- Downplays, masks, and/or omits information water users need to:
  - Understand the nature, prevalence, and health risks of lead in water, even when their water utility meets LCR requirements, and even when conventional (but methodologically flawed) water testing shows non-detect levels of lead at their taps;
  - Make informed health-protective decisions in order to minimize exposures;
  - Support and participate in costly and inconvenient programs like lead service line replacement;
  - Adopt precautionary measures like use of lead-certified filters or bottled water; and
  - Advocate for needed policy and practice changes at the municipal, state, and federal levels.

As we wrote in the essay “[The EPA Lead and Copper Rule is an Optical Illusion](#),” unfortunately, the CCR has been functioning more as a tool for public manipulation that cultivates a false sense of security, than as a vehicle for the delivery of information that is necessary for self-protection.

A paradigm shift to a public right-to-know focus would align water quality communication with the 1996 Safe Drinking Water Act (SDWA) *public right-to-know* provisions. Specifically, it would generate a new information-sharing genre, which would foreground relevant, complete, accurate, and actionable information. Public Right-to-Know Reports (RTKR) would explain the significant lead-in-water challenges we face today and spell out how water users can address them, even when their water utility meets LCR requirements, and even when conventional (but methodologically flawed) water testing shows non-detect levels of lead at their taps.

We believe that “treatment technique” rules like the LCR magnify the public’s right to know because such rules lack enforceable Maximum Contaminant Level (MCL) standards and leave ample room for severe contamination at individual water user taps, whether or not non-enforceable contaminant “action levels” are exceeded.

To be specific, in the case of the LCR, water utilities can, and often do, meet regulatory requirements, even when the majority of taps in their regulatory compliance sampling pool (and possibly even in their entire distribution system) dispense lead—sometimes at some taps, in the tens, hundreds, and even thousands of parts per billion.<sup>3</sup>

This is why the LCR, in contrast to most other drinking water regulations, is considered a ‘shared responsibility’ rule and must have the capacity to “empower communities to take necessary public health actions”<sup>2</sup>: because, although it requires water utilities to prevent severe, large-scale lead-in-water contamination across their service area, it does not mandate the delivery of lead-free water at individual taps. In practice, this means that a water utility’s regulatory compliance with the LCR can (and does) occur simultaneously with water users’ exposures to levels of lead that have been linked to miscarriage, fetal death, as well as elevated blood lead levels and their associated health harms in all age groups (e.g., developmental delays, learning difficulties, weight loss, abdominal pain, high blood pressure, joint and muscle pain, mood disorders). In practice, this also means that, under the LCR, water users are expected *with the help of public education* to make informed decisions about protecting themselves from chronic and acute exposures to lead in water in their homes, schools, workplaces, and other buildings.

To date, the CCR, with its emphasis on cultivating “consumer confidence” in the quality of US tap water, has not reflected the LCR’s ‘shared responsibility’ regime. This regime, we believe, necessitates delivery of relevant, complete, accurate, and actionable information so that water users can carry out *their part* of the Rule’s ‘shared responsibility’ and successfully protect themselves from preventable exposures.

Instead, the CCR has routinely assured communities across the US that their drinking water is “safe,” simply because their water utility has met LCR requirements (a false assurance that is sometimes delivered even during lead action level exceedances).<sup>4</sup> Arguably, the CCR has served as a vehicle for cultivating blind faith in the quality of the tap water, public complacency, and public inaction, while keeping water users in the dark about the fact that water utility compliance with the LCR does not fully protect them against chronic and acute exposures to lead in water.

In other words, the CCR has added one more layer of environmental injustice to the many existing ones by disarming water users from the information they need to prevent preventable (and potentially lifelong) health harm.

**A paradigm shift from “consumer confidence” to public “right-to-know” would not abandon the worthwhile objective of achieving water user confidence in the quality of the drinking water. It would, however, reject efforts to cultivate such confidence through aesthetic ‘improvements’ of the CCR, while preserving the anemic, misleading, and deceptive messaging that, for the past 25+ years, has left US communities largely in the dark about the quality of their drinking water.<sup>5</sup> Instead, the**

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<sup>3</sup> Campaign for Lead Free Water, “[The EPA Lead and Copper Rule is an Optical Illusion](#),” 6.24.21.

<sup>4</sup> Olson, E. and K. P. Fedinick. 2016. [What’s in Your Water? Flint and Beyond](#). NRDC; Holder, E. H., Jr. 2004. [Summary of Investigation Reported to the Board of Directors of the District of Columbia Water and Sewer Authority](#) [Report]. Washington, DC: Covington & Burling.

<sup>5</sup> One example of such ‘improvements’ is the Environmental Policy Innovation Center’s (EPIC) [template CCR](#): 1) the image on the cover, which communicates water quality excellence for all, including the most vulnerable (i.e., children); 2) the ‘model’ language on page 1, which features a “leader” stating, “This report is intended to provide

paradigm shift we are proposing would aim to inspire public confidence through honest disclosure of key facts that both inform and “empower communities to take necessary public health actions.”<sup>2</sup>

### 1a. General Matters Concerning CCRs

To shift the CCR to a public right-to-know report, we urge EPA to follow the below recommendations:

- Rename the CCR the public “Right-to-Know” Report (RTKR) in order to generate an urgently needed discourse that prioritizes the delivery of relevant, complete, and accurate information. The explicit goal of the public RTKR should be to empower water users who want to protect themselves from lead exposures to make informed decisions about lead in their water and to take effective health-protective actions, even when their water utility meets LCR requirements, and even when conventional (but methodologically flawed) water testing shows non-detect levels of lead at their taps.<sup>6</sup>
- Acknowledging that an at-a-glance summary at the beginning of the public RTKR is likely to be the only part of the report water users read, foreground information that one *must possess* to understand:
  - The nature of lead release from plumbing,
  - The limitations of regulatory compliance with the LCR vis-à-vis water safety,
  - The limitations of conventional water testing for identifying ‘problem’ taps,
  - The unique health risks of lead in water due to the challenge of lead particles, and

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peace of mind and confidence in your drinking water. [...] We are proud to report that the water we provide to you has met all federal and state requirements in 20XX,” as if compliance with federal and state water quality standards translates into safe drinking water; 3) the ‘model’ language on page 6, which states, “You can take responsibility by identifying and removing lead materials within your home plumbing and taking steps to reduce your family’s risk. [...] If you are concerned about lead in your water and wish to have your water tested, contact [name of utility and contact information],” as if identifying and removing lead-bearing premise plumbing is easy (or even possible for most water users), and as if one-time testing is a reliable way to determine lead-in-water levels at one’s taps; and 4) the ‘model’ language on page 6, which states, “The best thing to do when you get back from being away after a long time is to run the water on full blast for 30 seconds to two minutes before using it for drinking or cooking,” as if science has shown that such a practice is health protective, are only a few examples of, in our opinion, CCR ‘improvements’ that continue to perpetuate inaccurate, misleading, and, ultimately, disempowering public RTKR messaging.

<sup>6</sup> The, by now well-documented, inherent variability in lead release means that a single tap can dispense lead-free water multiple times before it dispenses excessively high concentrations of lead—in the tens, hundreds, and even thousands of parts per billion—due to the erratic release of lead particles (Masters et al. 2016. [Inherent Variability in Lead and Copper Collected During Standardized Sampling](#). *Environmental Monitoring and Assessment* 188(3):177. According to a 2017 conference presentation by the same authors, in cases of extreme intra-site variability, assessing average lead-in-water levels at a single tap to within 20% of the true mean can require the collection of over 1,200 samples (PowerPoint slides available upon request)). Indeed, the ingestion of such particles can expose a person to more lead than a lead paint chip approximately the size of a penny (Triantafyllidou et al. 2007. [Lead Particles in Potable Water](#). *Journal AWWA* 99:6).

- Measures water users can take to protect themselves and their loved ones from exposures, even when their water utility meets LCR requirements, and even when conventional water testing shows non-detect levels of lead at their taps.

Example language we recommend for the public RTKR summary is the following:

***“Warning—What you should know about lead in your water:***

*Any plumbing component that contains lead can contaminate your water, even when your water utility meets federal water quality standards. Lead-bearing plumbing can be found in almost all US buildings, including those without lead service lines and those that are new.*

*Exposures to lead can be low-level and chronic as well as acute and erratic. This is because lead appears in dissolved form (like sugar in hot tea) and in the form of particles (small pieces of pure lead, leaded solder, leaded brass, and lead rust that tend to leach unpredictably). Ingesting lead particles can expose a person to more lead than a lead paint chip approximately the size of a penny. Lead exposure can cause serious health harm to fetuses, children, and adults, including impaired intellectual development, ADHD, cardiovascular disease, kidney disease, miscarriage, and stillbirth.*

*This report provides information on the general state of lead in water in your community. It does not tell you what lead-in-water levels come out of the taps you use to drink and cook. To protect yourself and your loved ones from exposures, we encourage you to take simple precautions, like using lead-certified point-of-use filters (e.g., faucet-mount or pitcher-style), drawing only cold water for drinking and cooking, avoiding unfiltered water to mix baby formula, and cleaning sink aerators regularly. Keep in mind that flushing is not a reliable way to prevent exposures and boiling concentrates lead, so neither is advisable. If your community is under a boil-water advisory, make sure to run the water first through a filter. Water testing and blood lead screening are also unreliable detectors of lead contamination and lead-in-water exposure respectively.”*

**We believe that language such as this comprises the single-most important message about lead in water that a public RTKR can communicate. This is because—in contrast to highly technical facts concerning water utility LCR compliance sampling—the above disclosure speaks directly to well-documented risks at water user taps, taking into account that lead release from plumbing is common (and variable), even when a water utility meets LCR requirements with flying colors.<sup>3,6,7</sup>**

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<sup>7</sup> We realize our example is long but believe that it contains the minimum amount of information water users need to make informed and health-protective decisions about lead in water. If an at-a-glance summary cannot

We believe that a message such as this is, by far, the most relevant and useful to water users. Noteworthy advantages include that:

- It has the potential to equip water users with information that is necessary for protecting themselves from lead in water and, by extension, for carrying out their part of the responsibility under the LCR’s ‘shared responsibility’ regime; and
- It has the potential to make many, if not most, water users less vulnerable to lead action level exceedances, which sometimes occur after years of significant lead-in-water contamination problems that don’t quite push water utilities over the lead action level.

We believe that delivery of this message is critical for the provision of reliable risk communication as well as for shifting EPA’s approach to lead in water from *reactive* (i.e., involving anemic and misleading communications until the lead action level is exceeded) to *proactive* (i.e., involving honest information at all times that encourages precautionary measures, even when water utilities meet LCR requirements, and even when conventional, but methodologically flawed, water testing shows non-detect levels of lead at water user taps).

We believe that lead action level exceedances must trigger a requirement for intensified messaging (delivered, for example, more frequently and through multiple media) that echoes many of the same points, while also disclosing the severity and prevalence of the contamination across a service area.

We believe it would be unjustified to deprive water users of such information, especially under a “treatment technique” rule, from fear that it might desensitize them to the crisis of a lead action level exceedance. Depriving water users of basic facts about the nature and prevalence of lead in water leaves them vulnerable to routine exposures and significant health harm, without their knowledge or consent. It is tantamount to an unethical human subjects experiment.

By analogy, one could argue that passengers on planes should not be advised to keep their seatbelts fastened at all times, because this might desensitize them to the importance of seatbelts during severe turbulence. Yet we know that passengers are often advised to keep their seatbelts fastened at all times (even when they are in no danger whatsoever) and that the same message is delivered in an intensified manner—and heeded—during severe turbulence. People generally have little difficulty understanding the rationale and value of both low-intensity and high-intensity precautions.

- Prohibit all declarations about the water being “clean,” “safe,” or “healthy,” since compliance with the LCR—even when implemented optimally—can *reduce*, but not *prevent* lead release from plumbing.

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accommodate this length, perhaps it could include the first few sentences together with an alert directing readers to the page in the public RTKR where they would find the remaining text.

- Mandate posting the public RTKR online by all water utilities (water utilities with no website must be able to submit their public RTKR to EPA for posting on the agency’s website). Mandate delivery of complete public RTKRs to bill-paying and non-bill-paying water users through:
  - Mailing of the full report to bill-paying water users,
  - Text-messaging a link to the report to all residents (bill-paying and non-bill-paying), and
  - Posting the report on social media.

We believe strongly that postcards, which require water users to take the extra step of scanning a QR code and/or logging online for the full report, are ineffective and inappropriate methods for delivering public right-to-know information about water quality.

### 1b. Timing of Consumer Confidence Reports

Requiring water utilities that serve 10,000 or more persons to deliver CCRs twice per year falls squarely within our recommendation to shift the CCR to a public RTKR. Biannual communication about lead in water, if delivered effectively, is likely to improve water user:

- Understanding of the nature, prevalence, and health risks of lead in water;
- Ability to make informed health-protective decisions;
- Willingness to support and participate in programs like lead service line replacement, and
- Capacity to advocate for policy and practice changes at the municipal, state, and federal levels.

We are, therefore, in full support of this proposed revision.

We are, however, concerned that limiting biannual public RTKR delivery to medium- and large-size water utilities will leave behind communities served by small water utilities, which represent more than 92% of the nation’s 51,000 community water systems.<sup>8</sup> In light of decades of “regulatory flexibility” that has allowed small water utilities to routinely deliver unsafe drinking water to millions of water users, we believe that this revision must expand to cover those service areas as well. Such expansion would help prevent the perpetuation of a well-documented environmental injustice that has created a two-tier system of water quality in the US, which has left primarily Black, Brown, Indigenous, poor, and rural communities sub-optimally protected, if not entirely unprotected from contaminated drinking water.<sup>9</sup> Such expansion would also align this revision with President Biden’s [Executive Order](#) to revitalize the nation’s commitment to environmental justice.

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<sup>8</sup> Community water systems are water utilities that provide water to at least 15 service connections used by year-round residents or that regularly serve at least 25 year-round residents ([EPA 2023](#)).

<sup>9</sup> Felton, R., et al. 2021. [We Sampled Tap Water Across the US – and Found Arsenic, Lead and Toxic Chemicals](#). *The Guardian* (31 March); Meehan, K. et al. 2020. [Exposing the Myths of Household Water Insecurity in the Global North: A Critical Review](#). *WIREs Water* 7(6):e1486.



Delivery of public RTKRs in areas served by small water utilities could be accomplished through:

- Online posting (even if that’s on an EPA webpage), and
- Text-messaging a link to the report to all residents (bill-paying and non-bill-paying).

### 1c. Increasing Readability, Clarity, and Understandability of the Consumer Confidence Report

Increasing the readability, clarity, understandability, accuracy, and risk communication of public RTKRs falls squarely within our recommendation to shift the CCR to a public RTKR. Toward this goal, we recommend that:

- **Language like the one above (in the red box) is adopted as the public RTKR’s primary tier of disclosure about lead in drinking water and associated health risks. As we stated previously, this language is far more informative, relevant, accessible, and usable for self-protection than the Lead and Copper Rule Revisions’ (LCRR) mandatory disclosure of:**
  - **Technical facts pertaining to LCR compliance sampling,<sup>10</sup> and**
  - **Lead-in-water health effects.<sup>11</sup>**
- Information about water utility LCR compliance sampling is included in the public RTKR only as a secondary tier of disclosure,<sup>12</sup> because water users should not be expected to become proficient in:
  - the LCR’s highly technical treatment technique scheme (which sheds little, if any, light on lead-in-water levels at individual water user taps), or
  - technical concepts like chemical concentrations, units of measurement, tables, and infographics,

to try and assess their own and their loved ones’ health risk from lead in water. The public RTKR must also provide clear and accessible explanations about:

- What LCR compliance sampling is,
- What the meaning and relevance of the 90<sup>th</sup>-percentile value is,

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<sup>10</sup> “The final rule requires water systems to include in the CCR the 90th percentile concentration of the most recent round(s) of sampling, the number of sampling sites exceeding the action level, and the range of tap sampling results for lead and copper. These results should be provided for each sampling event completed in the reporting period. This means that water systems on six-month monitoring will be required to include both rounds of lead and copper results. In response to comments, EPA added a new provision requiring water systems to include information in the CCR on how to access the service line inventory. EPA also added a new provision requiring water systems to include information in the CCR on how to access the results of all tap sampling” ([LCRR 2021](#)).

<sup>11</sup> “Exposure to lead in drinking water can cause serious health effects in all age groups. Infants and children can have decreases in IQ and attention span. Lead exposure can lead to new learning and behavior problems or exacerbate existing learning and behavior problems. The children of women who are exposed to lead before or during pregnancy can have increased risk of these adverse health effects. Adults can have increased risks of heart disease, high blood pressure, kidney or nervous system problems” ([LCRR 2021](#)).

<sup>12</sup> We believe that this information can be especially useful to activists, academicians, reporters, and other researchers with relatively extensive knowledge about lead in water and the LCR.



- What the meaning and relevance of the number of sampling sites exceeding the lead action level is,
  - What the meaning and relevance of the range of tap sampling results for lead is, and
  - What the LCR compliance sampling results reveal and do not reveal about lead-in-water contamination at individual water user taps.
- Clear language about the limitations of conventional water testing is included in the body of the public RTKR, so that water users who employ such testing to assess contamination levels at their taps know what the results mean and do not mean.<sup>6</sup>
  - Clear language about the limitations of blood lead screening is included in the body of the public RTKR, so that water users who employ such screening to detect potential exposures to lead in water know what the results mean and do not mean (e.g., because the half-life of lead in blood is 20-30 days and because lead release from plumbing can be highly variable, the blood lead level of a child or adult exposed to lead in water may peak long before it is measured).
  - Again, we urge EPA to reject efforts to cultivate water user confidence in the quality of their drinking water through superficial ‘improvements’ of the CCR that keep intact the anemic, misleading, and deceptive messaging that has left US communities largely in the dark about the quality of their drinking water for the past 25+ years.<sup>5</sup>

#### 1d. Corrosion Control and Action Level Exceedances

Shifting the CCR to a public TRKR necessitates that information about corrosion control treatment and action level exceedances is not only complete and accurate, but also meaningful to water users.

##### 1d.a. Corrosion Control Treatment

The example template language on corrosion control treatment:

*To minimize exposures to lead and copper in drinking water, our system (include one or more as appropriate) [regularly monitors lead, copper and/or corrosion control-related parameters in drinking water at selected households to evaluate treatment effectiveness; regularly treats source water for lead and copper; follows state approved treatment methods of the source water; follows state approved corrosion control treatment methods; and/or is conducting a study to identify corrosion control treatments].<sup>2</sup>*

is impenetrable to the vast majority of water users, including individuals with extensive knowledge about lead in water. More concerning is that it reads like PR. Specifically, it suggests that water utilities are taking (or are in the process of taking) all necessary

measures to minimize lead-in-water levels at water user taps and that they are doing so with State experts' approval. However, as we have written in prior comments to EPA:<sup>13</sup>

- Under the LCR, “optimized” corrosion control treatment for large water utilities refers to treatment that achieves the *lowest* possible levels of lead at water user taps without violating any other national primary drinking water regulation. To date, few, if any, large water utilities have conducted the corrosion control studies mandated by the Rule to identify optimized corrosion control treatment as intended. Instead, for three decades now, large water systems and their primacy agencies have deemed corrosion control treatment “optimized” simply when 90th percentile values have met the LCR lead action level, irrespective of a water utility’s ability to achieve further systemwide lead-in-water reductions. This constitutes a gross misinterpretation of the LCR.
- Corrosion control-related parameters (a.k.a., water quality parameters) in drinking water (e.g., pH, alkalinity, orthophosphate, silicate) are unreliable predictors of lead-in-water levels at water user taps. Consequently, water utility maintenance of “optimal” water quality parameter ranges has not prevented large-scale lead-in-water contamination in cities like Washington, DC; Flint, MI; Portland, OR; Newark, NJ; Pittsburgh, PA; and Sebring, OH. Indeed, the LCR’s current compliance mechanism for corrosion control treatment penalizes water systems for failure to maintain water quality parameters within State-designated “optimal” ranges, even if such failure has no effect on lead-in-water levels at water user taps. Conversely, the same mechanism “rewards” water utilities for success in maintaining water quality parameters within State-designated “optimal” ranges, even when lead-in-water contamination in their service area is severe.

In short, EPA’s example template language suggests that corrosion control treatment is (or is in the process of being) implemented in a way that successfully minimizes both lead-in-water levels at water user taps and water user exposures.

**This message is misleading. It risks cultivating a false sense of security and perpetuating the false narrative that simple implementation of corrosion control treatment can, all by itself, resolve lead-in-water problems.<sup>14</sup> And it prevents informed public scrutiny because it masks important facts about weaknesses and limitations in a) the LCR’s compliance mechanism for corrosion control, and b) water utility corrosion control**

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<sup>13</sup> [Coalition Letter to US EPA Re: Revisions to Lead & Copper National Primary Drinking Water Regulations](#), Docket No. EPA–HQ–OW–2017–0300, 2.12.20; [Parents for Nontoxic Alternatives Statement of Dissent to the EPA National Drinking Water Advisory Council \(NDWAC\) Re: Long-term revisions for the Lead and Copper Rule \(LCR\)](#), 10.28.15.

<sup>14</sup> We witnessed different versions of this narrative take hold during the Flint water crisis, when water utility after water utility and public official after public official made statements to the press that their jurisdiction was *not* Flint, because it was using corrosion control treatment—as if such use guaranteed that lead levels at the taps in those service areas were lower than lead levels at the taps in Flint (e.g., [Fennell 2016](#), [Vasile, Z. F. 2016](#), [Swift 2022](#)). This insinuation, of course, was false.

treatment practices today. We strongly urge EPA to replace the example template language with information that is meaningful and enlightening to water users.

Such information would include:

- The LCR's definition of corrosion control treatment (as appropriate for each water utility's size),
- Whether a water utility is using corrosion control treatment—if so, why, and if not, why not,
- What corrosion control treatment a water utility is using and based on what rationale,
- What the use of corrosion control treatment means for lead-in-water levels a) across a service area, and b) at individual water user taps, and
- Contact information for (or a URL to) additional information about the corrosion control treatment used, studies conducted, adjustments made over time, etc.

**Insinuations that corrosion control treatment—which is undoubtedly important—is, in and of itself, adequately health protective must be prohibited.**

#### **1d.b. Lead Action Level Exceedances**

EPA's example template language on lead action level exceedances:

*During the past year, our system exceeded the [lead or copper] action level, which means our system is taking corrective actions to minimize exposures to [lead or copper] in drinking water. Our system [include the following statements most relevant: is conducting a corrosion control study; is installing corrosion control treatment or reoptimizing its existing treatment; (is replacing or will replace) lead service lines (LSL); is monitoring source water quality to determine if source water treatment is necessary to reduce lead (and/or copper) levels at the water source; and/or is conducting public education, including on how to reduce your exposure to lead. There is no safe level of lead.],<sup>2</sup>*

lacks the most important disclosure for water users—namely:

- what a lead action level exceedance indicates in terms of lead-in-water levels at water user taps,
- what the implication of such levels is for public health, and
- what immediate steps water users must take to prevent exposures.

This must be the main message of public RTKR language about a lead action level exceedance. And it must be accompanied by full disclosure of the LCR compliance sampling results that captured the exceedance.

Language about what a water utility is doing to get back under the lead action level must, again, be short and truthful (i.e., by disclosing all uncertainties and unknowns)

and must be shifted away from simplistic, misleading, and/or inscrutable PR messaging that masks the severity of the problem or gives the impression that the water utility is in full control of the crisis when it is not.

### 1e. General Matters Concerning (Compliance Monitoring Data) CMD Requirements

EPA's proposal to:

- require "states, territories, and tribes with primary enforcement responsibility to provide EPA compliance monitoring data on an annual basis,"<sup>2</sup> and
- make these data available to the public, in order to "enhance EPA's oversight capabilities" and "empower communities to take necessary public health actions,"<sup>2</sup>

aligns perfectly with our call for a transition from a CCR to a public RTKR.

We agree that, "Public access to drinking water data can empower communities to take necessary public health actions. Public access will also promote additional accountability for the water systems, which can lead to improved data quality and compliance."<sup>2</sup>

However, the release of CMD, in and of itself, cannot empower communities to take public health actions and cannot promote additional accountability for water utilities. For these objectives to be achieved, such release must be accessible to all—rather than only to those with programming skills—and must be accompanied by clear information explaining:

- what these data are (and what they are not)
- what they reveal about lead-in-water levels across a jurisdiction system (and what they do not), and
- what they reveal about lead-in-water levels at individual water user taps (and what they do not).

Additionally, clear and accessible information must be provided to guide reader analysis and interpretation of these data. Only with such additional information, will CMD be useful and usable to water users.

We thank EPA for considering our recommendations and hope to see the agency's proposed revisions adapted to a paradigm shift that redirects the CCR from its current "consumer confidence" focus to a public "right-to-know" focus.

Should you have any questions, please contact Yanna Lambrinidou at [pnalternatives@yahoo.com](mailto:pnalternatives@yahoo.com).

Sincerely,

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