



CITY OF LA HABRA 2022 PUBLIC HEALTH GOALS REPORT

JUNE 2022



861 Village Oaks Drive, Suite 100 • Covina, California 91724
Phone: (626) 967-6202 • Fax: (626) 331-7065 • Website: www.stetsonengineers.com

Northern California • Southern California • Arizona • Colorado • Oregon

2022 Public Health Goals (PHGs) Report

City of La Habra

1.0 Introduction

Under the Calderon-Sher Safe Drinking Water Act of 1996 public water systems in California serving greater than 10,000 service connections must prepare a report containing information on 1) detection of any contaminant in drinking water at a level exceeding a Public Health Goal (PHG), 2) estimate of costs to remove detected contaminants to below the PHG using Best Available Technology (BAT), and 3) health risks for each contaminant exceeding a PHG. This report must be made available to the public every three years. The initial report was due on July 1, 1998, and subsequent reports are due every three years thereafter.

This report has been prepared to address the requirements set forth in Section 116470 of the California Health and Safety Code. It is based on water quality analyses during calendar years 2019, 2020, and 2021 or, if certain analyses were not performed during those years, the most recent data available. The report has been designed to be as informative as possible, without unnecessary duplication of information contained in the Consumer Confidence Reports, which are mailed to customers by July 1 of each year.

There are no regulations explaining requirements for the preparation of PHGs reports. A workgroup of the Association of California Water Agencies (ACWA) Water Quality Committee has prepared suggested guidelines for water utilities to use in preparing PHGs reports. The ACWA guidelines were used in the preparation of this report. These guidelines include tables of cost estimates for BAT. The State of California (State) provides ACWA with numerical health risks and category of health risk information for contaminants with PHGs. This health risk information is appended to the ACWA guidelines.

2.0 California Drinking Water Regulatory Process

California Health and Safety Code Section 116365 requires the State to develop a PHG for every contaminant with a primary drinking water standard or for any contaminant the State is proposing to regulate with a primary drinking water standard. A PHG is the level of a contaminant in drinking water that poses no significant health risk if consumed for a lifetime. The process of establishing a PHG is a risk assessment based strictly on human health considerations. PHGs are recommended targets and are not required to be met by any public water system.

The State office designated to develop PHGs is the California Environmental Protection Agency's Office of Environmental Health Hazard Assessment (OEHHA). The PHG is then forwarded to the State Water Resources Control Board, Division of Drinking Water (DDW) for use in revising or developing a Maximum Contaminant Level (MCL) in drinking water. The MCL is the highest level of a contaminant that is allowed in drinking water. California MCLs cannot be less stringent than federal MCLs and must be as close as is technically and economically feasible to the PHGs. DDW is required to take treatment technologies and cost of compliance into account when setting an MCL. Each MCL is reviewed at least once every five years.

Two radiological contaminants (gross alpha particle and gross beta particle) have MCLs but do not yet have designated PHGs. For these contaminants, the Maximum Contaminant Level Goal (MCLG), the federal U.S. Environmental Protection Agency (USEPA) equivalent of PHGs, is used in the PHGs Report.

3.0 Identification of Contaminants

Section 116470(b)(1) of the Health and Safety Code requires public water systems serving more than 10,000 service connections to identify each contaminant detected in drinking water that exceeded the applicable PHG. Section 116470(f) requires the MCLG to be used for comparison if there is no applicable PHG.

The City of La Habra (City) water system has approximately 14,926 service connections. The following constituents were detected in the purchased/imported water or at one or more locations within the drinking water system at levels that exceeded the applicable PHGs or MCLGs:

- **Arsenic** – naturally-occurring in imported groundwater purchased from California Domestic Water Company (CDWC)
- **Bromate** – formed when naturally-occurring bromide reacts with ozone during the disinfection process in surface water purchased from Metropolitan Water District of Southern California (MWDSC).
- **Gross alpha particle activity** (gross alpha) – naturally-occurring in local groundwater, imported groundwater purchased from CDWC, and surface water purchased from MWDSC
- **Gross beta particle activity** (gross beta) – naturally-occurring in surface water purchased from MWDSC; not required to be tested in groundwater
- **Perchlorate** – industrial contamination in imported groundwater purchased from CDWC.
- **Tetrachloroethylene (PCE)** – industrial contamination in imported groundwater purchased from CDWC
- **Trichloroethylene (TCE)** – industrial contamination in imported groundwater purchased from CDWC
- **Uranium** – naturally-occurring in local groundwater, imported groundwater purchased from CDWC, and surface water purchased from MWDSC.

The accompanying chart shows the applicable PHG or MCLG and MCL for each contaminant identified above. The chart includes the maximum, minimum, and average concentrations of each contaminant in drinking water supplied by the City in calendar years 2019 through 2021.

4.0 Numerical Public Health Risks

Section 116470(b)(2) of the Health and Safety Code requires disclosure of the numerical public health risk, determined by OEHHA, associated with the MCLs, PHGs and MCLGs. Available numerical health risks developed by OEHHA for the contaminants identified above are shown on the accompany chart. Only numerical risks associated with cancer-causing chemicals have been quantified by OEHHA.

Arsenic – OEHHA has determined the theoretical health risk associated with the PHG is 1 excess case of cancer in a million people. USEPA has determined the risk associated with the MCL is 2.5 excess cases of cancer in 1,000 people exposed over a 70-year lifetime.

Bromate – OEHHA has determined the theoretical health risk associated with the PHG is 1 excess case of cancer in a million people. USEPA has determined the risk associated with the MCL is 1 excess case of cancer in 10,000 people exposed over a 70-year lifetime.

Gross Alpha – OEHHA has not established a PHG. USEPA has established an MCLG of 0. USEPA has determined the risk associated with the MCL is 1 excess case of cancer in 1,000 people over a lifetime exposure.

Gross Beta – OEHHA has not established a PHG. USEPA has established an MCLG of 0. USEPA has determined the risk associated with the MCL is 2 excess cases of cancer in 1,000 people over a lifetime exposure for the potent beta emitter.

Perchlorate – OEHHA has not established a numerical health risk for perchlorate because PHGs for non-carcinogenic chemicals in drinking water are set at a concentration at which no known or anticipated adverse health risks will occur, with an adequate margin of safety.

PCE – OEHHA has determined the theoretical health risk associated with the PHG is 1 excess case of cancer in a million people. USEPA has determined the risk associated with the MCL is 8 excess cases of cancer in 100,000 people exposed over a 70-year lifetime.

TCE – OEHHA has determined the theoretical health risk associated with the PHG is 1 excess case of cancer in a million people. USEPA has determined the risk associated with the MCL is 3 excess cases of cancer in a million people exposed over a 70-year lifetime.

Uranium – OEHHA has determined the theoretical health risk associated with the PHG is 1 excess case of cancer in a million people. USEPA has determined the risk associated with the MCL is 5 excess cases of cancer in 100,000 people exposed over a 70-year lifetime.

5.0 Identification of Risk Categories

Section 116470(b)(3) of the Health and Safety Code requires identification of the category of risk to public health associated with exposure to the contaminant in drinking water, including a brief, plainly worded description of those terms. The risk categories and definitions for the contaminants identified above are shown on the accompanying chart.

6.0 Description of Best Available Technology

Section 116470(b)(4) of the Health and Safety Code requires a description of the BAT , if any is available on a commercial basis, to remove or reduce the concentrations of the contaminants identified above. The BATs are shown on the accompanying chart.

7.0 Costs of Using Best Available Technologies and Intended Actions

Section 116470(b)(5) of the Health and Safety Code requires an estimate of the aggregate cost and cost per customer of utilizing the BATs identified to reduce the concentration of a contaminant to a level at or below the PHG or MCLG. In addition, Section 116470(b)(6) requires a brief description of any actions the water purveyor intends to take to reduce the concentration of the contaminant and the basis for that decision.

Arsenic – The BATs for removal of arsenic in water for large water systems are: activated alumina, coagulation/filtration, electrodialysis, ion exchange, lime softening, oxidation/filtration, and reverse osmosis. Arsenic was detected above the PHG in the imported groundwater purchased from CDWC. The City is in compliance with the MCL for arsenic. The estimated cost to reduce arsenic levels in imported groundwater purchased from CDWC to below the PHG of 0.004 microgram per liter ($\mu\text{g/l}$) using ion exchange was calculated. Because the DDW detection limit for purposes of reporting (DLR) for arsenic is 2 $\mu\text{g/l}$, treating arsenic to below the PHG level means treating arsenic to below the DLR of 2 $\mu\text{g/l}$. There are numerous factors that may influence the actual cost of reducing arsenic levels to the PHG. Achieving the water quality goal for arsenic could be approximately \$4,750,000 per year, or \$318 per household per year.

Bromate – The BATs for removal of bromate in water for large water systems are: coagulation/filtration optimization, granular activated carbon, and reverse osmosis. Bromate was detected above the PHG in water supplied by MWDSC. The City is in compliance with the MCL for bromate. The estimated cost to reduce bromate levels in MWDSC water to below the PHG of 0.1 $\mu\text{g/l}$ using reverse osmosis was calculated. Because the DDW DLR for bromate is 1 $\mu\text{g/l}$, treating bromate to below the PHG level means treating bromate to below the DLR of 1 $\mu\text{g/l}$. There are numerous factors that may influence the actual cost of reducing bromate levels to the PHG. Achieving the water quality goal for bromate could range from approximately \$116,000 to \$994,000 per year, or between \$8 and \$67 per household per year.

Gross Alpha, Gross Beta, and Uranium – The only BAT for the removal of gross alpha in water for large water systems is reverse osmosis, which can also remove gross beta, and uranium, if detected. Gross alpha was detected above the MCLG in local groundwater, imported groundwater purchased from CDWC, and surface water purchased from MWDSC. Gross beta was detected above the MCLG in the surface water purchased from MWDSC. Uranium was detected above the PHG in local groundwater, imported groundwater purchased from CDWC, and surface water purchased from MWDSC. The cost of providing treatment using reverse osmosis to reduce gross alpha levels in local groundwater, imported groundwater purchased from CDWC, and MWDSC surface water to the MCLG of 0 picoCurie per liter (pCi/l) (and consequently gross beta in MWDSC surface water below the MCLG; and uranium in local groundwater, imported groundwater purchased from CDWC, and MWDSC surface water below the PHG) was calculated. Because the DLR for gross alpha is 3 pCi/l, treating gross alpha to 0 pCi/l means treating it to below the DLR of 3 pCi/l. Achieving the water quality goal for gross alpha could range from \$2,650,000 to \$22,600,000 per year, or between \$177 and \$1,516 per household per year.

Perchlorate – The BATs for removal of perchlorate in water for large water systems are ion exchange and biological fluidized bed reactor. Perchlorate was detected above the PHG in imported groundwater purchased from CDWC. All drinking water supplies comply with the MCL for perchlorate. The estimated cost to reduce perchlorate levels to below the PHG of 1 µg/l using ion exchange was calculated. Because the DLR for perchlorate is 2 µg/l, treating perchlorate to 1 µg/l means treating to below the DLR of 2 µg/l. There are numerous factors influencing the actual cost of reducing perchlorate levels to the PHG. Achieving the water quality goal for perchlorate could range from \$1,190,000 to \$2,590,000 per year, or between \$80 and \$174 per household per year.

PCE and TCE – The BATs for removing PCE in water are granular activated carbon (GAC) and packed tower aeration (PTA), which can also remove TCE. PCE and TCE were detected above the PHG in the imported groundwater purchased from CDWC.

The City is in compliance with the MCL for PCE and TCE. The estimated cost to treat PCE in the imported groundwater purchased from CDWC to below the PHG of 0.06 µg/l using PTA (and consequently TCE in the imported groundwater purchased from CDWC below the PHG level) was calculated. Because the DLR for PCE is 0.5 µg/l, treating PCE to below the PHG level means treating PCE to below the DLR of 0.5 µg/l. There are numerous factors that may influence the actual cost of treating PCE levels to the PHG. Achieving the water quality goal for PCE using PTA could range from \$673,000 to \$1,780,000 per year, or between \$45 and \$119 per household per year.

All Contaminants – In addition, a cost estimate to treat all water purchased by the City using ion exchange, PTA, and reverse osmosis to remove all the contaminants detected above the PHGs or MCLGs was calculated. All the contaminants listed in the accompanying chart may be removed to non-detectable levels by ion exchange, PTA and reverse osmosis. As shown on the accompanying chart, achieving the water quality goals for all contaminants using ion exchange, PTA and reverse osmosis could range from \$4,510,000 to \$27,000,000 per year, or between \$302 and \$1,809 per household per year.

For additional information, please contact Mr. Brian Jones, Water and Sewer Manager, at (562) 383-4170, or write to the City of La Habra, Water Division, 201 East La Habra Boulevard, La Habra, California 90633.

**2022 PUBLIC HEALTH GOALS REPORT
CITY OF LA HABRA**

PARAMETER	UNITS OF MEASUREMENT	PHG OR (MCLG)*	MCL	DLR	CONCENTRATION		RANGE	CATEGORY OF RISK	CANCER RISK AT PHG OR MCLG	CANCER RISK AT MCL	BEST AVAILABLE TECHNOLOGIES	AGGREGATE COST PER YEAR	COST PER HOUSEHOLD PER YEAR
					AVERAGE								
					GROUNDWATER	SURFACE WATER							
INORGANIC CHEMICALS													
Arsenic	µg/l	0.004	10	2	ND	ND	ND - 2.9	C	1 x 10 ⁻⁶	2.5 x 10 ⁻³	AA,C/F,E,IE,LS,O/F,RO	\$4,750,000 (a)	\$318 (a)
Bromate	µg/l	0.1	10	1	NR	1.3	ND - 5.9	C	1 x 10 ⁻⁶	1 x 10 ⁻⁴	C/F, GAC, RO	\$116,000 - \$994,000 (b)	\$8 - \$67 (b)
Perchlorate	µg/l	1	6	2	ND	ND	ND - 4.4	E	NA	NA	IE, BFBR	\$1,190,000 - \$2,590,000 (c)	\$80 - \$174 (c)
ORGANIC CHEMICALS													
Tetrachloroethylene (PCE)	µg/l	0.06	5	0.5	ND	ND	ND - 0.82	C	1 x 10 ⁻⁶	8 x 10 ⁻⁵	GAC, PTA	\$673,000 - \$1,780,000 (d)	\$45 - \$119 (d)
Trichloroethylene (TCE)	µg/l	1.7	5	0.5	ND	ND	ND - 2.1	C	1 x 10 ⁻⁶	3 x 10 ⁻⁶	GAC, PTA	--	--
RADIOLOGICAL													
Gross Alpha Particle Activity	pCi/l	(0)	15	3	ND	ND	ND - 7.6	C	0	1 x 10 ⁻³	RO	\$2,650,000 - \$22,600,000 (e)	\$177 - \$1,516 (e)
Gross Beta Particle Activity	pCi/l	(0)	50	4	NR	1.7	ND - 7	C	0	2 x 10 ⁻³	IE, RO	--	--
Uranium	pCi/l	0.43	20	1	2.6	1.3	ND - 6.6	C	1 x 10 ⁻⁶	5 x 10 ⁻⁵	IE, RO, LS, C/F	--	--
ALL CONTAMINANTS	--	--	--	--	--	--	--	--	--	--	IE, PTA and RO	\$4,510,000 - \$27,000,000 (f)	\$302 - \$1,809 (f)

* MCLGs are shown in parentheses. MCLGs are provided only when no applicable PHG exists.

RISK CATEGORIES

C (Carcinogen) = A substance that is capable of producing cancer.

E (Endocrine Toxicity and Developmental Toxicity) = A substance that can affect the thyroid or cause neurodevelopmental deficits.

NOTES

PHG = Public Health Goal

MCL = Maximum Contaminant Level

MCLG = Maximum Contaminant Level Goal

NA = Not Applicable or Available

ND = Not Detected

NR = Not Required

ug/l = micrograms per liter or parts per billion

pCi/l = picoCuries per liter

DLR = Detection Limit for Purposes of Reporting

(a) Estimated cost to remove arsenic using IE.

(b) Estimated cost to remove bromate using RO.

(c) Estimated cost to remove perchlorate using IE.

(d) Estimated cost to remove PCE and TCE using PTA.

(e) Estimated cost to remove gross alpha particle activity using RO, which also removes gross beta particle activity and uranium.

(f) Assuming treating the entire production by IE, PTA, and RO, which can remove all contaminants listed in the above chart to below the detectable levels.

TREATMENT TECHNOLOGIES

AA = Activated Aluminum

BFBR = Biological fluidized Bed Reactor

C/F = Coagulation/Filtration

E = Electrodialysis

GAC = Granular Activated Carbon

IE = Ion Exchange

LS = Lime Softening

O/F = Oxidation/Filtration

PTA = Packed Tower Aeration

RO = Reverse Osmosis