

**From:** [Scott Fernandez](#)  
**To:** [alyssa.chatterjee@state.or.us](mailto:alyssa.chatterjee@state.or.us); [Scott Fernandez](#)  
**Subject:** Scott Fernandez memo- Early Learning Division 1-23-2018 meeting  
**Date:** Wednesday, January 24, 2018 3:06:48 PM  
**Attachments:** [1=24=18 Salem testimony -Early Learning Div. - Lead Corrosion issue -.pdf](#)  
[6=26=17 AECOM UDF - udf handout.pdf](#)

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Good afternoon Alyssa. Attached are two public testimony documents.

Thank you,

Scott



Virus-free. [www.avast.com](http://www.avast.com)

**Oregon Health Authority**

800 NE Oregon Street Suite #930

Portland, Oregon 97232

June 26, 2017

Dear Ms. Shirley,

Thank you for your work to enhance the public health City of Portland corrosion control process; furthering the reduction of lead levels at the tap throughout the entire city, not just “hot spots”.

**Community concerns with Portland water and public health**

Poor water quality and the ongoing increased lead exposure have caused deep concerns. The close relationships of corrosion and the dynamics of biomass within the entire water distribution system in the form of attached biofilm, sediments, and microbial colonies have caused great worry. This biomass is known to be a central point of drinking water quality degradation following the water treatment; yet little understanding, interest and attention to the dynamics of these highly assorted contaminant communities exists at the Portland Water Bureau (PWB). \*

PWB maintenance of our water distribution system utilizing conventional flushing and intermittent high velocity flushing (Unidirectional Flushing) is inconsistent throughout the entire community. PWB's recent proposal included only north and northeast neighborhoods as part of their corrosion plan. For the Oregon Health Authority plan to be successful, the entire distribution system needs to be flushed in its complete entirety with a strategy as demonstrated by the professional AECOM methodologies (see AECOM attachment).

Unidirectional flushing of the pipes raises the critical and effective water system

shear stress; causing efficient water movement/removal of lead and biofilm particulate matter from distribution pipe walls at the discharge point releasing unwholesome water into street drains. PWB has stated in their latest budget proposal 2017-2018 summarizing lack of personnel, would take “70 years” to flush distribution pipes indicating it does not financially manage the distribution pipes properly or acknowledge community public health lead issues.

The EPA and American Water Works Association agree that Unidirectional Flushing is the only effective method to remove biofilm, sediments, microbial colonies, and scaling. This method is preferred because of its efficiency to allow disinfection and corrosive mitigation applications. (see EPA/AWWA summary)

### **Toxic Lead in our drinking water system throughout Portland area**

Lead causes many adverse health effects, including toxicity of the nervous, hematopoietic (cellular blood cells), renal (kidneys), endocrine (hormone), and skeletal systems, with the CNS (cellular nervous system) as the primary target organ. 95% of the adult body burden of lead is in the bone. Therefore bone metabolism plays as important a role as do absorption and excretion in the ultimate fate of lead in the human body.

Calcium is necessary to mitigate lead. Interactions of lead-induced disruption in the immature and developing brain may interfere with normal development. Impairment of reasoning and behavioral development in infants and young children is the toxic effect of greatest concern. Toxicity, which is both age and lead dose dependent, occurs from low-level exposures from various environmental sources such as our drinking water in Portland.

Adults absorb approximately 10% of ingested lead and small children absorb approximately 50% of ingested lead. Gastrointestinal lead absorption and retention constitutes the major pathway of lead intake.

## **Calcium hydroxide application and benefits**

Those of us with Portland Water Quality Advisory Committee in late 90's reviewed calcium as an alternative to sodium hydroxide (DRANO). PWB unfortunately retained sodium hydroxide. Enhanced susceptibility to lead intoxication in cases of dietary calcium deficiency has been attributed to increased intestinal absorption and body lead retention. Calcium and lead compete for similar binding sites on intestinal mucosal proteins, which are important in the absorptive process. These shared binding sites on absorptive proteins would explain why ***sufficient dietary calcium decreases*** lead absorption. In contrast ***dietary calcium deficiency increases lead concentration in critical organs.*** This is one critical reason calcium must be Portland's primary corrosion mitigation and alkaline pH buffer chemical.

The community asks that OHA direct City of Portland and PWB to immediately implement a concerted effort to fully finance and staff city-wide distribution system unidirectional flushing contract with AECOM, as a no-conflict of interest engineering firm to execute this action. Concurrently, implement an immediate retrofit of Lusted Hill corrosion facility to add calcium hydroxide as the buffer of choice.

Sincerely,

**Scott Fernandez MSc. Biology microbiology/chemistry**

**Cc Dennis Richardson Oregon Secretary of State**

900 Court Street NE Capitol Room 136  
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**Scott Fernandez Mayoral appointed committees-**

City of Portland Water Quality Advisory Committee - 1996-2000

City of Portland Utility Review Board - 2001-2008

**Document brochures included-**

AECOM –Unidirectional Flushing program

PWB Budget -Unidirectional Flushing, 70 years to clean pipes

AWWA/EPA -Unidirectional Flushing benefits

\* Office of the City Auditor, Gary Blackmer

Report #299 Maintenance Program Needs Improvement

Maintenance efforts “fall short of industry standards” -page ii

# Unidirectional Flushing (UDF) Green Bay, Wisconsin



## Introduction

A UDF plan, as opposed to routine water main flushing, is a process of closing valves and opening hydrants to direct clean water down a single water main, thus creating a velocity that can scour the pipe and remove sediments from the bottom of the pipe. A UDF process can:

- Improve water quality
- Improve carrying capacity of pipes
- Benefit the operation of the water system

A UDF plan identifies the general sequence of pipes to be flushed, the specific sequence of valve operations, and the estimated duration of each flushing sequence.



## Why Flush?

- Improves water quality
  - Color
  - Turbidity
  - Taste & Odor
  - Biofilm Growth
  - Chlorine Residual
- Reduces PB & CU exposure
- Corrosion Control
- Improves C-values
- Fewer Customer Complaints

## Flushing a Distribution System

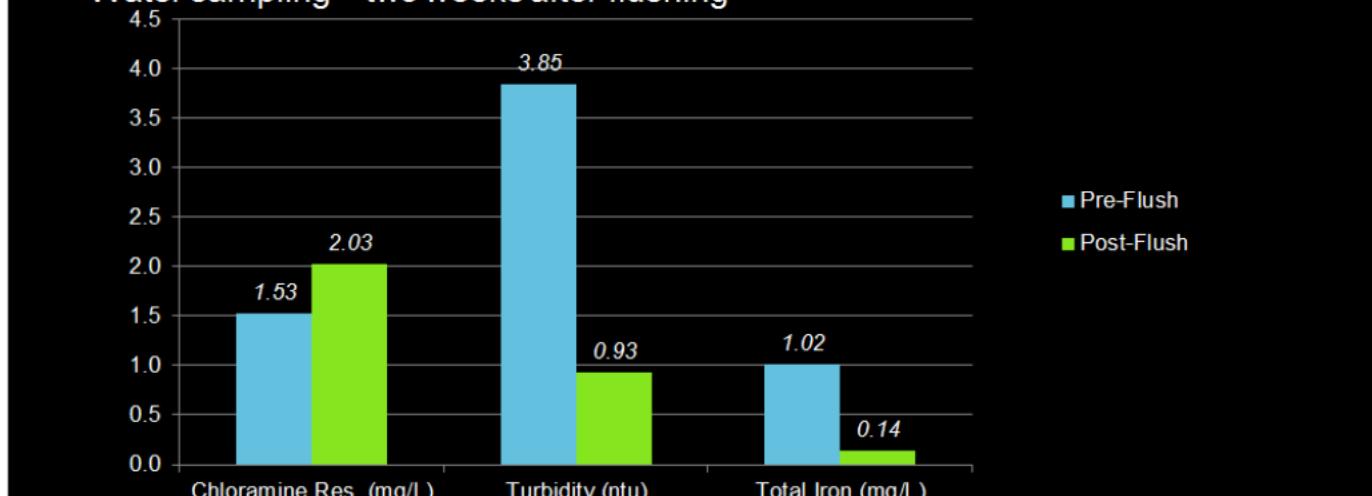
A variety of water quality problems that occur in a distribution system can be, at least partially, addressed by distribution system flushing. For example, the American Water Works Association Research Foundation (AwwaRF) maintained that once taste and odor problems are encountered, the only reasonable action is to bring better quality water into the area by extensive flushing. AwwaRF also noted the importance of records to assist in identifying problem areas, documenting effectiveness of operations, and promoting good customer relations (AwwaRF 1992).

Water main maintenance should include flushing distribution mains for many reasons, including:

- Corrosion control
- Sediment and debris removal
- Taste and odor control
- Colored water
- High turbidity
- Low disinfectant residuals
- Bacteriological growth
- Customer complaints

The general objective of flushing is to assist in preserving and/or improving water quality and service.

Water sampling—two weeks after flushing



## **Conventional Flushing vs. Unidirectional Flushing**

Traditionally, distribution system flushing included opening hydrants without closing valves to isolate specific water mains for flushing. Conventional flushing procedures involve flushing mains in areas where water quality complaints have occurred - a reactionary approach. Conventional flushing procedures can also be system-wide, but no effort is made to assure that clean water is entering the pipe being flushed or that adequate velocities are being reached to scour the pipes. Conventional flushing typically does not result in enough velocity to remove biofilm or to remove all sediment from the pipes. Improvements in distribution system water quality may be marginal and short-lived.

Unidirectional flushing consists of isolating particular pipe sections, typically through closing appropriate valves and opening hydrants in an organized, sequential manner. Unlike conventional flushing, unidirectional flushing targets individual pipe segments to maximize flushing effectiveness. By isolating individual pipe segments, it is possible to consistently achieve scouring velocities (generally recommended to be 5 feet per second (fps) or more) that can effectively remove sediments and biofilm which can accumulate in the water distribution system. In addition, a UDF plan is organized such that each target pipe segment is flushed from a "clean" source. Complete unidirectional flushing of a water system ensures that every pipe segment is effectively cleaned.

### **Advantages of a UDF Plan over Conventional Flushing:**

- Improved flushing and scouring velocities
- Removes biofilm and sediment
- Flushes with clean water
- Overall cleaner distribution system

# Steps for Flushing Program



**From:** [Lorie McFarlane](#)  
**To:** [CHATTERJEE Alyssa - ELD](#)  
**Subject:** Re: ELC testimony re requiring filters @daycares  
**Date:** Thursday, January 25, 2018 4:21:08 PM  
**Attachments:** [Early Learning Council public comment \(2\).pdf](#)

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thanks so much Alyssa!

here it is. Can you confirm when you have **discarded the first draft** "ELC public comment (1)", and replaced with (2), attached below?

Best,  
Lorie

On Thu, Jan 25, 2018 at 10:14 AM, CHATTERJEE Alyssa - ELD <[alyssa.chatterjee@state.or.us](mailto:alyssa.chatterjee@state.or.us)> wrote:

Hi Lorie,  
Happy to replace your testimony if I receive the by 5pm.

Alyssa Chatterjee  
Early Learning Division  
Sent from my iPhone

On Jan 25, 2018, at 10:03 AM, Lorie McFarlane <[lorjmcfarlane@gmail.com](mailto:lorjmcfarlane@gmail.com)> wrote:

thank you Alyssa!

Now that the deadline has been extended to 5 pm today, **can I submit a revised draft to you? If so, can you replace the rushed draft I sent yesterday (or will there be 2 submissions on the record from me)?**

thanks! ~Lorie

On Wed, Jan 24, 2018 at 1:53 PM, Lorie McFarlane <[lorjmcfarlane@gmail.com](mailto:lorjmcfarlane@gmail.com)> wrote:

Hi Alyssa,

My apologies for not finding the request for comments sooner.

Please forward testimony to the ELC, regardless of missing deadline for public comment.

Appreciatively,  
L.McFarlane

Public comment

January 25, 2018

Oregon Early Learning Council Chair  
Early Learning Division  
Oregon Department of Education

**Re: Rules for Lead Testing in Licensed and Regulated Child Care Facilities**

Thank you for this opportunity to submit testimony. I wholeheartedly support the recommendations of the executive directors coalition: Beyond Toxics, Environment Oregon, Oregon Chapter Sierra Club, Oregon Environmental Council, Oregon League of Conservation Voters, Oregon Physicians for Social Responsibility, Oregon State Public Interest Research Group (OSPIRG).

I am submitting testimony today based on research and conversations I have had with leading national drinking water experts and public health advocates.

Lead in water issues are being felt nationwide. Whether plumbing contains lead service lines, connectors, meters, valves and fittings, solder<sup>1</sup> on copper, or galvanized pipes, it's critical to not underestimate the role of water (whether treated, untreated, or partially treated) on corrosion of lead from premise plumbing. In particular and importantly, Portland has not yet arrived at a viable solution to their chronic water quality issues; naturally acidic Bull Run source water, corrosive disinfection technique, and less-protective "partial corrosion control" treatment are some main reasons. i.e.- Rain water is the most corrosive source water for lead. Portland disinfects with chloramine, the same culprit for lead releasing into Washington D.C.'s water in 2001-04 (20-30 times worse than Flint). Portland leaves out an inhibitor, such as orthophosphate, which significantly controls and has solved lead release in other cities.

Portland's lead-in-water results at customer taps currently show levels surpassing the 15 ppb federal threshold (~17.0 ppb; as of most recent press release, October 26 2017). June 2017 results were 14.5 ppb. Nov 2016 results were 17.4 ppb. The highest level in recent compliance samples were as much as 648 ppb in 2016.

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<sup>1</sup>"lead-free" Safe Drinking Water Act Amendments 1986; & Reduction of Lead in Drinking Water Act 2014."lead-free" still allowed to contain some lead.

On October 19, 2017, a leading pediatrician and public health advocate spoke in Pittsburgh. Dr. Mona Hanna-Attisha said, "Pediatricians [have been] caught off-guard, because they primarily focus on lead exposure from old paint and have underestimated the threat from water, particularly in a child's first year, when water with lead can affect a baby when the mother is pregnant, and through baby formula made with tap water." She also noted that lead poisoning is known as the "silent pediatric epidemic" because exposure doesn't cause immediate physical symptoms. Pregnant women and children 0-6 years are especially vulnerable, *but bottle-fed infants may get up to 85% of total water lead exposure from reconstituted formula*<sup>2</sup>.

Scientists have long known that lead is a potent neurotoxin with irreversible health harm. But it wasn't until a team of scientists (led by Dr. Marc Edwards) and citizens showed water is an important piece, that we paid attention. In July 2016, the American Academy of Pediatrics (AAP) called for no more than 1 ppb<sup>3</sup> in drinking water to protect children. Berkeley School District has adopted 1 ppb. Oakland and San Diego SDs have adopted a 5 ppb action level.

Pittsburgh is a sister city to us. That's because she is second, trailing behind **Portland Water Bureau's dubious distinction: #1 of largest water utilities with elevated lead levels**<sup>4</sup>, (May 2017 Rand Report<sup>4</sup> p.4). Pittsburgh recently experienced levels like ours. However, Pittsburgh is taking **rapid steps** toward prevention, starting with the distribution of **free** water filters to high-priority households until their utility is an "optimized system". That's because **prevention is key**. Conversely, Portland is taking a years-long, "step-by-step" approach(Mar 1, 2017 PWB presentation to city council) of "*improved*" corrosion control measures to "*reduce*" lead in drinking water. In 2027, 9<sup>+</sup> years from now (when the Cryptosporidium Filtration plant is operational), *optimized* corrosion control (OCCT) will be possible. These (*italicized*) terms make for an important distinction.

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<sup>2</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4985856/>

<sup>3</sup><https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/With-No-Amount-of-Lead-Exposure-Safe-for-Children,-American-Academy-of-Pediatrics-Calls-For-Stricter-Regulations.aspx>

<sup>4</sup>[https://www.rand.org/content/dam/rand/pubs/perspectives/PE200/PE247/RAND\\_PE247.pdf](https://www.rand.org/content/dam/rand/pubs/perspectives/PE200/PE247/RAND_PE247.pdf)

Large water utilities are regulated and deliver safe drinking water to (unregulated) customers, including daycares and schools. Therefore, their water quality will impact young children, some of THE most vulnerable to health-harm from lead exposure. Water lead is 100% preventable, as it is a point source of exposure.

The Lead and Copper Rule (LCR), a SDWA 1991 regulation, was promulgated to **protect drinking water from lead exposure, uniquely at customer taps.** However, Portland did not - and still does not - follow a SDWA federal regulation. In 1997, Portland adopted a “substitute for the LCR requirements for optimal corrosion control”. This gave Portland “regulatory flexibility”<sup>5</sup> to the federal LCR (aka optimal corrosion control treatment, or OCCT). The federal intent is to “minimize” lead at customer taps (vs to *reduce*, per Portland’s approach). Instead of “optimized” CCT, the water Bureau is settling for a treatment technique, *improved* CCT, as well as taking years to achieve that less-protective goal.

While Flint suffered acute lead exposure in 2014, Portland has been experiencing chronic levels (detectable and high) from 1997-2018. Before 1997, lead levels were even more significant. Though there is no safe level of exposure (EPA,CDC, WHO), Portland lead in water has been underrepresented and misconveyed to customers as an exposure source. As an example, Portland’s press release for its October 9th “exceedance” was on the early morning of Nov. 9, 2016, a distractible day indeed (President Trump had just declared his win). Recently, the Oregonian editor did not report PWB’s 10th lead level exceedance (Oct. 26, 2017), until after inquiries were made 1 week later.

Portland citizens, including daycare centers, have not been robustly, transparently, and loudly informed that increased/accelerated corrosion of plumbing is prevalent here because of water. The public deserves better.

A good place to start would be better public education: even at low levels in water, lead can severely and irreversibly affect a developing brain. 15 ppb is **not** a health-based level. Lead is tasteless, odorless, colorless. Portland water is more corrosive to lead-containing plumbing than any of our neighbors in the western region.

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<sup>5</sup><https://archive.epa.gov/projectx/web/html/o32197.html>

Furthermore, is it fair to blame customer plumbing<sup>6</sup> for lead problems, when Portland doesn't "optimize" their corrosion control that would minimize lead release to the extent feasible? The Public trust is at stake.

Portland Water, in particular, is still in dire need of prioritizing lead in water and the health of their most "sensitive users"<sup>7</sup>, putting pregnant women, formula-fed infants and children under 6 at the top of their concern.

I urge the Early Learning Council to:

1. **Mirror states** leading the way on protective drinking water requirements for schools and daycare centers (e.g. Illinois, California)
2. **Lower the AL to 1 ppb** (best) to 3.8 ppb (at highest). 20 ppb is a corrective action level, not health-based, under the EPA's 3T's guidance.
3. **Use certified filters** at all drinking water outlets, including those that only adult pregnant staff drink from. Scrap Flushing before use. It has been shown to be unreliable nor eliminates 100% exposure, e.g. *particulate* lead, as typically found at PWB.
  - a. Require regulated water utilities like Portland Water Bureau, that are not an "optimized system" (aka OCCT), to provide **free** certified water filters to daycares - at no cost to daycares or their ratepayers.
4. **Test 1x/year to prevent exposure.** Testing every 6 years may risk exposure, especially at daycares served by Portland Water whose issues have not yet been resolved (and not likely until 2027).

The CDC, World Health Organization, pediatricians and public health studies conclusively confirm that the effects of lead poisoning on young children - even at low level exposure - are profound, and irreversible. Thank you for carefully considering the requirements for testing drinking water in daycares.

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<sup>6</sup><https://www.portlandoregon.gov/water/article/660840?&archive=2017-10>

<sup>7</sup>PWB defines "sensitive users are craft brewers, bottlers, Tech/silicon wafer makers, manufacturers, coffee roasters,dialysis clinics, hospitals and medical clinics."-S.Bradway, PWB lead hazard reduction program manager

I hope these quotes serve to inspire you as you consider requirements for daycares:

**"The biggest concern isn't having lead in your water. It is having lead in your water and not knowing about it."**

--Dr. Marc Edwards, scientist, leading municipal water quality expert

**"You can't take the exposure away... Our parents and grandparents had much more lead when it was everywhere in paint and gas. But it does not make ongoing exposure ok."**

-- Dr. Mona Hanna-Attisha, pediatrician and public health advocate

**"Lead corrosion of plumbing materials is inextricably linked to drinking water corrosivity. It is the foundation of the Lead & Copper Rule"**

--Dr. Yanna Lambrinidou, Policy and regulatory expert

**"LCR (the SDWA's Lead and Copper Rule) is a treatment technique rule focused on ensuring treated water does not corrode pipes and does not increase lead and copper leaching [from customer plumbing]."(underlined, my emphasis)**

--EPA

**"Would you not rather have jumped in too soon, despite the law, to protect the children of Flint...than be pulled into congress to testify why you stepped in too quickly to safeguard health, as opposed to why you didn't act soon enough?"**

--former House Representative Tammy Duckworth

Sincerely,

Lorie McFarlane, Portland

mother (first and foremost) who thought PWB's byline, "From forest to faucet, we deliver the best drinking water in the world" was true.... until i did research and spoke with some experts.

**From:** [Gabriela Bailey](#)  
**To:** [alyssa.chatterjee@state.or.us](mailto:alyssa.chatterjee@state.or.us)  
**Subject:** testimony for lead test in child cares  
**Date:** Thursday, January 25, 2018 10:16:57 AM

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My name is Gabriela Bailey. If there are any questions about my testimony i can be reached via email or by phone at [REDACTED]. Thank you.

I own and operate an in-home child care program in the Portland metro area. We opened in 2014, and our license allows us to serve up to 16 children.

That lead contamination testing is not already required as part of our licensing requirements astounds me, especially in the wake of what's happened in not only Flint, Michigan, but [also more locally and recently in our own backyard](#), including the Portland Public School District, the Eugene Public School District, etc.

The negative health consequences of lead exposure is well documented. By not making lead testing mandatory and part of licensing requirements, we are actively choosing to expose Oregon's youth, the most vulnerable among us, to an unnecessary risk that can carry with it lifelong consequences.

We know lead contamination in water is very dangerous and an issue locally. We know from the EPA that the growing bodies of children and infants also absorb more lead than the average adult. We know all this, and yet, in September 2017, not more than 6 months ago, [Oregon's Early Learning Council still decided against making lead testing mandatory for child care providers](#), stating the cost would be too expensive for childcare providers (estimates for the cost range between \$60-\$100).

At the time, Sue Miller, chairwoman of Oregon's Early Learning Council, told the Oregonian the board "made a sound decision that is in the best interests of children and families."

Um, hello?

This comment by Miller and decision by Oregon Early Learning Council does not hold up to scientific scrutiny, and does not reflect the best interest of children and families. Clearly, the best interest of children and families is in drinking water that we know is clean, safe, and free from dangerous lead contaminants. As responsible business owners, it is our obligation to ensure this is the case and to provide this most basic necessity. It is also our obligation to understand this (relatively inexpensive testing) as the cost of doing business.

It is said an ounce of prevention is worth a pound of cure. If we are not forward-thinking enough to apply this maxim to our situation now, we as childcare providers, lawmakers, parents and Oregon residents have collectively, and shamefully, failed our youth.

**From:** [YOLANDA GORDON](#)  
**To:** [alyssa.chatterjee@state.or.us](mailto:alyssa.chatterjee@state.or.us)  
**Subject:** Lead Testing for Childcare  
**Date:** Thursday, January 25, 2018 12:55:28 PM

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I am a local Family Child Care Provider since 2000. My opinion on the matter of "LEAD" testing is that if we are on public city water aren't we already being tested for Lead? And wouldn't that be enough? I am not a "Public School" I am an in home family child care provider. Here is a link to a study in 2014 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944636/>

regarding Lead and linking it to possible neurodevelopmental disorders.

Although **Lead** in and of its self, may not be the sole cause of neurodevelopmental disorders, it appears there are other environmental chemical toxins that may also contribute to these types of disorders. One such disorder may be Autism and the severity of Autism. The article does talk about susceptible genes of the person etc. as also being part of what may make up ASD Disorders.

Thank you for reading,  
Yolanda Gordon

**From:** [Nina Buccola](#)  
**To:** [alyssa.chatterjee@state.or.us](mailto:alyssa.chatterjee@state.or.us)  
**Subject:** Test for lead  
**Date:** Thursday, January 25, 2018 8:51:42 PM

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As a parent, nurse, and humanitarian, I support of testing for lead at daycare centers. It should be a requirement. Exposure to lead at a vulnerable age can lead to learning difficulties and health problems. Please require lead testing.

Thank you,  
Nina

**From:** [Celeste Meiffren-Swango](#)  
**To:** [CHATTERJEE Alyssa - ELD](#)  
**Subject:** Follow up on lead rules discussion  
**Date:** Friday, January 26, 2018 11:26:47 AM

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Hi Alyssa,

I wanted to follow up from yesterday's meeting and say that I really appreciate the opportunity to participate and want to make myself available as a resource if anyone has questions or needs more information as the consideration of the lead in drinking water rules moves forward.

Additionally, I know the extended deadline for public comment has passed, but I wanted to follow up on the discussion from yesterday. There seemed to be some confusion about the difference between blood lead levels and lead levels in the water.

In our view, the best approach to this issue is to set rules around preventing lead exposure in the environment (in this case, the water). Doing blood testing simply confirms whether a child has been exposed to lead-- at which point the damage is done. The better thing to do is to focus on how we can limit lead exposure in the first place.

That's why we rely on the recommendations from the EPA and the American Academy of Pediatrics and others in regards to lead in drinking water.

The American Academy of Pediatrics recommends the adoption of 1ppb for our children's drinking water. "We now know that there is no safe level of blood lead concentration for children, and the best 'treatment' for lead poisoning is to prevent any exposure before it happens," said Dr. Jennifer Lowry, MD, FAACT, FAAP, chair of the AAP Council on Environmental Health and an author of the policy statement. "Most existing lead standards fail to protect children. They provide only an illusion of safety."

(<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/With-No-Amount-of-Lead-Exposure-Safe-for-Children,-American-Academy-of-Pediatrics-Calls-For-Stricter-Regulations.aspx>)

This statement is from the EPA: "The EPA has set the maximum contaminant level goal for lead in drinking water at zero because lead is a toxic metal that can be harmful to human health even at low exposure levels. Lead is persistent, and it can bioaccumulate in the body over time." This is currently a non-enforceable goal, but indicates the serious threat that lead in drinking water can pose.

(<https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water>)

Furthermore, I thought it'd be helpful to know about other states and localities that are setting stronger rules around lead in drinking water, and not relying on the federal standard:

- Illinois Dept of Public Health is now ordering schools to remediate down to 2 ppb
- San Diego and Washington DC have adopted 5 ppb for schools and child cares
- Austin, TX is putting on filters at schools testing above 1 ppb
- WA legislature instructed its health agency to guide schools on achieving 1 ppb standard
- MA legislature is considering a mandatory 1 ppb standard for schools and child care centers.

If you could please pass along this information to the Council, I'd really appreciate it. And again, I am available if any further information is needed.

Have a nice weekend,  
Celeste

--  
**Celeste Meiffren-Swango**

State Director

Environment Oregon

503.231.1986 x318

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<http://environmentoregon.org/>

<http://www.environmentoregoncenter.org/>