

Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014

Section 64213

No comments received.

Section 64431

**Supports (or comment doesn't specifically oppose and or is neutral) proposed MCL [SN]
Categories
(note: the [bracketed] numbers refer to [OTL] commentators)**

- (FYI: [38] studies find treatment down to 8 ppb is feasible) (SN-1)
- a. Supports proposed MCL: [2, 21, 22, 53] (SN-1)
 - b. Believes proposed MCL is protective of public health: [4, 21, 35] (SN-1)
 - i. is a step forward to protecting public health [53] (SN-1)
 - c. Proposed MCL is fine (or won't impact the commenter), but don't go lower (or will be impacted if lower): [4, 8, 13, 35, 41] (SN-2)
 - d. Thanks or supports CDPH's efforts/handling of proposal. [13, 21] (SN-1)
 - e. Believes the proposed MCL is technically feasible. [21, 53] (SN-1)
 - i. can treat to 5 ppb (SN-1)
 - f. Believes CDPH's methodology used to assess the MCL was thoroughly researched, science-based, conservative, protective of most sensitive populations. [21, 26] (SN-1)
 - g. Recommends additional research to refine the risk assessment for low level exposures in drinking water. [21] (SN-2)
 - h. 10 ppb decision was rational. [21] (SN-1)
 - i. Commends CDPH for the timely efforts of proposing an MCL so quickly after the PHG was established. [41, 63, 49] (SN-1)
 - j. Would be supportive of an MCL of 20 ppb to better balance costs. [42] (SN-2)
 - k. Appreciates CDPH's transparent and collaborative process [63] (SN-1)
 - l. CDPH prepared an analysis that was transparent and reproducible in the short time that resulted from pressure of litigation from NRDC following the PHG. [68] (SN-1)
 - m. Supports, but expresses concern for costs to disadvantaged communities and requests funding for such communities, if not already available. [Assembly Member, Mark Stone] (SN-2)

Misc inquiries or statements (INQ):

- "Has there been a Std. Form 399 (Economic and Fiscal Impact Statement) issued for DPH-11-005 Hexavalent Chromium MCL? If so, could you please email me a copy?" [1] (SN-3)
- "Have you found any naturally formed deposits with levels below your current standard that have created a cancer cluster?" [2] (SN-3)
- "Have you proven what the financial impact vs other health and welfare are?" [2] (SN-3)
- "Have you proven that a decrease to your suggested levels will effect anything?" [2] (SN-3)
- "Have you proven that by lowering your content level recommendation you will not cause other problems?" [2] (SN-3)
- "Have you considered that in fact no matter what you do the air will still be full of chromium-6?" [2] (SN-3)
- "Have you considered [considered] that those that are truly concerned about these levels can purchase home systems of their own for less than the financial impact of just one year?" [2] (SN-3)
- "It is up to you do prove that something is wrong, not for the public to prove that you possible decision is wrong." [2] (SN-3)
- "If you are wrong and the opposition is correct about chromium-6 costs you will have created a new group of haves and have notes. You will have created a group of people that can afford neither food nor water" [2] (SN-3)
- Can you please advise of the rationale or the source for the estimates of theoretical cancer cases avoided per year given on page 25 of the document [ISOR]? [3] (SN-3)

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

- Page 84 of the PHG report gives cross species extrapolations from male mice to humans. The text states the extrapolation is based on the 'ratio of mouse to human body weight to the ¾ power', but the equation uses a power of ¼. Can you please explain? [3] (SN-3)
- Why are some unaffected by chrome? From an individual, now 78, claiming to have been greatly exposed to chrome while having worked in the chrome industry for many years, with a normal medical record. He suggests finding out why he's immune to produce a cure. [4] (SN-3)
- Will all the written comments received by CDPH be posted on your website? If not, how will they be made available to the public? [5] (SN-3)
- Asks when the public hearing will be held so that he can exercise his rights as a citizen and representative of his taxpayers association. He subsequently send a message noting that he found the notice with the hearing information and provides a copy. [6] (the gentleman sent comments addressed in the OTL section as [12]) (SN-3)
- Provides notice that he's working on commercializing a product that is first generation technology based on a movie, and questions if it could supplement efforts to remove high levels of chromium from water [7] (SN-3)

Section 64431 (cont.)

**Oppose – MCL too Low [OTL] (or implies opposition via concerns)
Categories**

ID	Topic	Notes
PHG	Public Health Goal	<p>a. PHG is based on outdated information and doesn't consider most recent science/studies. [5, 18, 19, 30, 43, 48] (PHG-1)</p> <p>b. New studies (with Tox Strategies sometimes mentioned) indicate existing MCL of 50 ppb (or greater) is protective of public health. [5, 10, 11, 18, 19, 20, 28, 33, 43, 48, 50, 51, 52 59, 65, 68] and cites the qualifications of the protocol team, peer review panel, etc., involved in the MOA studies [48] (PHG-1)</p> <p style="padding-left: 20px;">i. refers to Cr6 converting to Cr3 in gut, therefore no harm (PHG-1)</p> <p>c. Suggests OEHHA is considering evaluating new science, like EPA. [5, 48] (PHG-1)</p> <p>d. States that the World Health Organization has a recommended allowable concentration of 50 ppb for Cr6. (12) (PHG-1)</p> <p>e. Recommends sending new science to Erin Brockovich. [12] (PHG-1)</p> <p>f. Questions validity of PHG or science within PHG [18, 28, 43, 48, 50, 57, 57a] (PHG-2)</p> <p style="padding-left: 20px;">i. While referring to H&SC 57004(b) and attachments with copies of documents from a PRA, asserts the PHG was not conducted as required by law in that the peer review was not a legally valid peer review and, therefore, the PHG is also not valid. [57a] (PHG-2)</p> <p style="padding-left: 20px;">ii. PHG nor MCL doesn't factor in that many people consume bottled or filtered water (PHG-2)</p> <p style="padding-left: 20px;">iii. 1 in a million risk associated with PHG is theoretical, not verifiable reality (PHG-2)</p> <p style="padding-left: 20px;">iv. notes that any population includes individuals susceptible to cancer, likely greater than 1 in a million but not a substantial portion of the population, and asks if the reg is intended to protect the 'one in a million' susceptible individual and what the additional cost are to achieve the protection. (PHG-2)</p> <p style="padding-left: 20px;">v. based on 2 liters/day for 70 years; claims no one drinks that much tap water (PHG-2)</p> <p style="padding-left: 20px;">vi. notes that the high doses used on mice are not typical of at either the current 50 ppb or federal 100 ppb MCL and the human GI tract can attack Cr6 better than a mice's. [Spkr 11-LA] (PHG-2)</p> <p style="padding-left: 20px;">vii. refers to potential problems (i.e. conflicts of interest) with peer reviews [Spkr 23-Sacto] (PHG-2)</p> <p>g. Cites OEHHA's letter responding to requests to revise PHG based on new science, where OEHHA states they'll be including new studies, including EPA's assessment, during their mandatory 5-yr review...therefore, CDPH should wait. (PHG-1)</p> <p>h. Incorrectly cites the PHG (e.g 2 ppb) and questions how CDPH arrived at the value. [Spkr 4-Sacto] (PHG-1)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>a. Impact is underestimated. [16, 30] (EFIS)</p> <p>b. Questions whether PWS are businesses (i.e. 399). [9, 30, 52] (EFIS)</p> <p>c. Businesses, other than PWS (even if not businesses), will be impacted and needs to be considered (or should have been considered businesses). [16, 30, 33, 48, 68] (EFIS)</p> <p>i. costs are disproportionate to SWS nor accounts for effect on businesses like theirs [62] (EFIS)</p>
EFIS	Economic and Fiscal Impact Statement	<p>ii. is a NTNCWS that doesn't provide its well water for DW [62] (EFIS)</p> <p>iii. definition of an NTNCWS is one that serves same people at least 6 months per year, which includes schools, hospitals, manufacturing facilities, wineries, commercial nurseries, agricultural operations, food processors, etc., that have their own supplies [48, 68] and therefore asserts CDPH statements claiming the regulation would not affect businesses is untrue in that CA businesses that provide water to their employees and guests must comply. [48] (EFIS)</p> <p>d. Asserts that mutual water systems are businesses. [9, 52] (EFIS)</p> <p>i. notes that mutual water companies, per Corporation Code 14300(a) are private corporations, not public entities [52] (EFIS)</p> <p>ii. notes that mutual water companies per Corporations Code 1501 requires them, as corporations, to distribute annual financial reports to each shareholder/customer, unlike other PWS... also don't receive benefits that PWS do, such as property tax exemptions, immunity from liabilities, and ability to participate in public employee retirement systems. [Spkr 5-LA] (EFIS)</p> <p>e. Notes that CDPH documents indicate no impact on 'individuals or businesses', but ISOR indicates per service connection cost impact and/or costs are fall squarely on the customers and businesses as water rates are increased to pay for treatment. [13, 68] (EFIS)</p> <p>f. Even if PWS aren't businesses, the impact passed on customers' should be considered. [14, 17, 68] (EFIS)</p> <p>g. Asserts that many NTNCWS are businesses, which conflicts with CDPH statement PWS aren't businesses [57] (EFIS)</p> <p>h. Even CDPH's (underestimated) cost meets the Cal/EPA definition of a "major regulation" (i.e. > \$10M annually). [57] (EFIS)</p>
CF	Cost Feasibility	<p>a. It is not economically feasible for lower income individuals to have their water bills increased by X hundreds of dollars or some reference to rate increases or being economically infeasible and/or the MCL will directly affect PWS ability to provide safe/ reliable/affordable.DW. [1, 3, 5, 6, 7, 9, 10, 11, 12, 15, 17, 18, 19, 23, 24, 25, 27, 28, 31, 32, 33, 34, 36, 37, 40, 42, 43, 44, 45, 46, 48, 49, 50, 55, 56, 58, 60, 61, 62, 65, 69, 70] (CF-1)</p> <p>i. claims 65 businesses with private NTNCWS would be severely impacted; therefore not economically feasible. [62] (CF-1)</p> <p>ii. due to being economically unfeasible, only reasonable alternative is to withdraw proposed action [62] (CF-1)</p> <p>iii. Asserts that recent legislation (AB 240) by Anthony Rendon requires liens on shareholders/customers who don't pay on time, and expresses concern regarding the potentially large number of resulting evictions due to high water bills. [Spkr 8-LA] (LGE)</p> <p>iv. NTNCWS private businesses (65, per CDPH ISOR numbers) will have to comply at a cost of about \$28.7M or \$4442,000/year to comply. [Spkr 11-Sacto] (CF-1)</p> <p>b. CDPH underestimated the number of SWS (or PWS or sources) (CF-2) impacted or cost is too great for SWS (CF-1)... or SWS are unfairly disproportionately impacted (CF-1) [1, 5, 6, 8, 9, 13, 16, 17, 18, 19, 24, 25, 26, 28, 32, 33, 35, 45, 46, 48, 49, 50, 51, 52, 55, 63, 65, 68, 69, 70]</p> <p>i. CDPH looked only at Cr6 data, not Total Chromium... i.e. for GW, total chromium is entirely Cr6 so total chromium could be surrogate; in fact, CDPH allowed TC monitoring in lieu of Cr6; refers to the data gap acknowledged in ISOR by CDPH (CF-2)</p> <p>ii. SWS (or PWS) may have to abandon wells and purchase more expensive imported water (or be forced to shut down wells) (GC-9)</p> <p>iii. treatment costs for SWS are even greater than suggested by CDPH... therefore, CDPH, doesn't have the information to evaluate feasibility [59] (CF-1) (CF-2)</p> <p>iv. notes that per CDPH estimates some SWS may incur a \$469 per month increase (CF-1)</p> <p>c. The PWS's Cr6 is naturally occurring. (CF-3)</p> <p>i. No polluting responsible parties to help pay and/or must be funded by rate-payers. [3, 24, 45, 49, 68] (CF-3)</p> <p>ii. Shouldn't have to pay for an MCL established based on anthropogenic influences or makes some reference/implication about their water having Cr6 naturally, unlike Hinkley, or refers to plants/grass will die (because water will be too expensive to use). [3, 62] (CF-3)</p> <p>iii. agricultural businesses (like MZI, #62) don't contribute to contamination [62] (CF-3)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>iv. rule does not account for natural background (naturally occurring) levels and the MCL could be more stringent than the background levels [62] (CF-3)</p> <p>d. Treatment costs are underestimated. CDPH costs didn't include (often providing their own or others' estimates): [3, 5, 6, 7, 9, 14, 15, 17, 23, 24, 27, 31, 32, 38 (shows cost to be 41% higher than ISOR for 10k+ LWS, 40, 41, 43, 44, 45, 46, 47, 48, 49, 50, 55, 56, 58, 61, 63, 66, 67, 68] (also see CFf)...and/or request CDPH re-evaluate and have another comment period. (CF-2)</p> <p>i. land acquisition (CF-2)</p> <p>ii. design/bidding/permitting/CEQA costs (see GEN, below too) (CF-2)</p> <p>iii. operational changes (pumping, energy, etc.) (CF-2)</p> <p>iv. construction costs, including on-site plumbing, sewer connections, etc. (CF-2)</p> <p>v. transportation of hazardous wastes and costs for employee training for handling (CF-2)</p> <p>vi. believes the cost of resin is more (CF-2)</p> <p>vii. used incorrect estimate of water usage (i.e. should be more than 150 gpd); incorrect design capacity peaking factor (refers to DWR Urban Water Management Plan values); use data sheet/annual summaries to CDPH; water usage value used is inconsistent with Waterworks Standards requiring systems to be designed for peak flow [68] (CF-2)</p> <p>viii. cost for pilot testing not considered (CF-2)</p> <p>ix. staffing costs to revise blending plans, address potential violations, etc. (CF-2)</p> <p>x. didn't account for uncertainty of predicting noncompliance from relying on only one or two sample results. (CF-2)</p> <p>xi. two treatment plants would be needed because combined treatment isn't hydraulically possible (CF-2)</p> <p>xii. sampling costs did not include shipping costs (CF-2)</p> <p>xiii. indirect costs (along with direct) should be considered (CF-2)</p> <p>xiv. replacing wells in order to centralize treatment (since currently can't configure). (CF-2)</p> <p>xv. did not address costs of obtaining water from outside sources [39] (CF-2)</p> <p>xvi. did not consider most recent occurrence data available in cost analysis (or more recent data is provided) (CF-2)</p> <p>xvii. did not fully consider the degree of naturally occurring Cr6 (and may even cite the ISOR, which acknowledges this) (CF-2)</p>
		<p>e. CDPH cost-benefit analysis does not support the conclusion that it's economically feasible. [5, 6, 17, 24, 33, 39, 48, 50, 55, 60, 66] (CF-1)</p> <p>i. estimated costs for SWS are well above typical (including EPA's) affordability criteria (~ 2% of MHI; EPA cited as 2.5% MHI for affordability criteria, exceeds 1% MHI per NAWAC SWS affordability criteria)...or costs approach or exceed CDPH affordability criteria of 1.5% MHI or DWR 2.0% MHI (CF-1)</p> <p>ii. POU/POE limited to 3 yrs; therefore not a viable alternative; need to revise regs to allow POU/POE long-term; (CF-1)</p> <p>iii. CDPH provided cost estimates, but didn't address how or whether PWS will address compliance costs. (CF-1)</p> <p>iv. CDPH SC cost represents 9.6% of statewide MHI, 12% of MHI for disadvantaged communities, and 16% MHI for severely disadvantaged [55] (CF-1)</p> <p>v. claims none of the proposed MCLs are economically feasible, in part due to methodological errors in CB analysis where benefits are inflated and that the result is just a tax on citizens with no benefit [48] (CF-1)</p> <p>f. Should apply 80% rule (i.e. costs should be evaluated at 80% of the MCL, rather than at the MCL, since PWS evaluate the need for treatment based on 80% of MCL) or some reference to costs incurred at values lower than the MCL (includes reference to EPA using 80% for arsenic and/or Stage 2). [5, 6, 9, 17, 27, 55, 68, 69, 70] (CF-2)</p> <p>i. therefore, number of affected sources increases (i.e. CDPH underestimated sources impacted) (CF-2)</p> <p>g. CDPH funding programs aren't adequate to help (or need to ensure funding is adequate). [6,8, 9, 10, 17, 18, 19, 27, 32, 33, 34, 39, 51, 52, 65] (CF-1)</p> <p>i. \$ goes to acute before chronic and/or there is competition for funds (CF-1)</p> <p>ii. need to provide funding for operational costs too (CF-1)</p> <p>iii. mutual water systems aren't eligible for funding (CF-1)</p> <p>iv. states their system is prohibited from receiving funding [18] (CF-1)</p> <p>v. grant (or low or no interest loan) money should be available to ALL PWS (including PUC PWS), since residents pay taxes, especially disadvantaged communities (CF-1)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>h. Cites CDPH costs being estimated based on site-specific information that may not parallel actual costs at other sites. [13, 39] (CF-2)</p> <p>i. PWS are still unable to comply with arsenic due to costly treatment; Cr6 will follow the same path and worsen the situation (more loans, etc.). [17, 32] (CF-1)</p> <p>j. Cost of compliance would be devastating to budget/capital improvement plans/master plan/etc. [34] or general economy of CA or local area. (CF-1)</p> <p>k. For the treatment costs for SWS, customers could buy DW as they see fit for less. [25] (CF-4)</p> <p>l. Refers to WaterRF Project #4450 that states one specific treatment cannot be used for all sources, yet CDPH estimates are derived from consideration of one type of treatment only. (CF-4)</p>
		<p>m. Unclear if costs for PN requirements were included. [59] (also included in 64465) (CF-4)</p> <p>n. ISOR should include discussion of cost impact, if any, that the proposed MCL will have on chemicals used in treatment processes [59] (CF-4)</p> <p>o. While comparing with arsenic rule, notes that CDPH used a 9-yr duration for Cr6 when performing the compliance analysis and requests the analysis be based on the most recent 3 yr period or highest 3 yr period, as they assert arsenic was evaluated...thereby reflecting a higher cost. [63] (CF-2)</p> <p>p. Costs could drive some districts in disadvantaged communities into bankruptcy. [66] (CF-1)</p> <p>q. MCL will disproportionately economically impact a few regions in the state. [67] (CF-4)</p> <p>r. Despite the time constraints and pressures resulting from the NRDC suit, CDPH should incorporate the components of the analyses prepared by WQTS and Jacobs. (CF-2)</p> <p>s. Suggests the use of POU's to offset costs or simply be allowed to purchase DW...or suggests treatment not necessary since most have filters or drink bottled water. (CF-4)</p> <p> i. asserts State regulations prohibit the use of POU's and asks for an interim to allow use (CF-4)</p> <p> ii. non-treated water could be used for non-potable uses (irrigation, bathing, toilet-flushing, etc.) (CF-4)</p> <p> iii. would like to just purchase water for drinking like Imperial Irrigation District, and not have to treat all the water used. (CF-4)</p> <p>t. Suggests collecting a mitigation fee from PWS to cover the costs of the cancer cases avoided. (CF-4)</p>
TF	Technical Feasibility	<p>a. Claims 10 ppb isn't technically feasible. [5] (TF) (FYI: [38] studies find treatment down to 8 ppb is feasible)</p> <p>b. Alludes to RO being the necessary treatment. [12] (TF)</p> <p>c. States that CDPH failed to discuss whether technologies mentioned in reg are currently feasible. [39].. (addressed via CF-4) claims CDPH did not analyze economic feasibility based on BAT. [Spkr 5-Sacto] (addressed via CF-4)</p> <p>d. Asserts that the number of labs certified for testing (stating there are 41) under method 218.6 may not be sufficient and should be evaluated. [39] (TF)</p> <p>e. Asserts that CDPH should revise costs per use of method 218.7 in order to comply with statutory requirements that compel CDPH use methods EPA has found to be BAT. [39] (TF)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>a. Benefits (theoretical cancer cases avoided) are insignificant compared to costs. [6, 17, 18, 24, 30, 50, 57, 62, 64, 67]...or CDPH failed to balance costs and benefits. (CB-1)</p> <p>i. suggests an MCL of 25 ppb since CB ratio is about 3 times higher at 10 ppb and 25 ppb would still be 4 times more protective than EPA's standard. (CB-2)</p> <p>ii. notes that the statewide compliance cost is roughly equal to 10% of the National Cancer Institute's annual research funding for the 10 most common cancers [50] or merely notes the \$ for compliance would be better spent on cancer research. (CB-1)</p> <p>iii. individuals served by NTNCWS are unlikely to receive any health benefits. [57] (CB-1)</p>
<p align="center">CB</p>	<p align="center">Cost Benefit</p>	<p>b. ISOR benefits cited as current, but would take 70 yrs to be realized and/or wouldn't be realized due to inability to immediately comply. [17, 30, 48, 57, 62] (CB-1)</p> <p>i. asserts costs are spread out over 70 years, but benefits aren't spread out over the same 70 year timeframe for consistency, and claims this artificially inflates the benefits. [48] (CB-2)</p> <p>c. Fewer \$ available for health care due to increase in water bills. [6, 17, 18] (CB-1)</p> <p>i. particularly for economically disadvantaged communities [68] (CB-1)</p> <p>ii. will end up drinking less water, which will result in damage to health (CB-1)</p> <p>iii. the financial burden will be so great that it may possibly result in more cancer and/or illnesses than the projected benefits of the new MCL (CB-1)</p> <p>d. ISOR doesn't include theoretical cancer cases avoided for the other candidate MCLs, therefore provides no information regarding the benefits at 10 ppb being distinctly significant compared to other levels. [24, 26, 67] (CB-2)</p> <p>e. Requests evaluation of potential negative health consequences due to implementing treatment (e.g. lack of calcium/magnesium in DW causing problems ranging from pre-eclampsia to cardiovascular problems). [31] (CB-1)</p> <p>f. Fewer dollars available for other health-related problems identified in capital improvement plans and maintaining distribution systems, etc.. [32, 49] (CB-1)</p> <p>g. Request CDPH consider the balance between benefits and cost. [42, 45, 50]...or not establish a new MCL at all. (CB-1)</p> <p>i. in particular, with disadvantaged communities or due to hardships for those on fixed incomes [68] (CB-1)</p> <p>ii. suggests CA provide bottled water for lower income people (CB-1)</p> <p>h. With the similarities in arsenic and Cr6 (naturally occurring, ubiquitous, occurrence, health effects), questions why CDPH proposed a Cr6 MCL with a different benefit/cost ratio than that used by CDPH in CDPH's decision to maintain the federal arsenic standard. Requests CDPH clarify its rationale in using different benefit/cost ratios for arsenic and Cr6 to determine the MCL. [63] (CB-2)</p> <p>i. With much Cr6 naturally occurring, CDPH should be absolutely comfortable that the MCL is justified and appropriately conservative without placing unwarranted burdens on the public. [68] (CB-2)</p> <p>j. Claims that all 7 candidate MCLs must have been protective to have been considered and therefore concludes that the chosen MCL was "arbitrary", based only on the cost-benefit analysis. (CB-2)</p> <p>k. Lawyers don't know enough to make decisions about health and economics. (NR)</p> <p>l. Theoretical cancer cases avoided were overestimated and, therefore, the benefits are overestimated. (CB-1) City of Pasadena asserts that CDPH only considered the wells when calculating averages and did not account for the imported water the City uses. [Spkr 2-LA] (CB-1)</p> <p>m. States that "Even without correcting the cost estimates, the Department's cost-benefit analysis shows the benefit-cost ratio is three times higher at the standard of 25 ppb." [Spkr 4-LA] (unclear to what's being compared, but likely referring to the proposed MCL of 10 ppb vs if the proposed MCL was 25 ppb) (CB-2)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>a. Health effects are overrated or there are no data or studies stating Cr6 is harmful (or no significant health risk) at the proposed MCL (a particular level). [15, 16, 28, 30] (HE-1)</p> <ul style="list-style-type: none"> i. Commentator notes that ISOR states that DW > PHG isn't necessarily harmful. (HE-1) ii. questions where the extra 12 cancer cases are (HE-1) iii. health-effects-are-based-on-high-dose-levels, not the low-doses-found-in-PWS (HE-1)
HE	Health Effects	<p>b. Recent studies show existing total chromium MCL (50 ppb) is protective (or federal 100 ppb MCL is protective) [1, 5, 18, 28, 30, 40] (HE-1)</p> <p>c. States no evidence of increased cancer (or other health concerns) in community that has Cr6 over the proposed MCL or notes the community has been drinking water > 10 ppb all their lives with no impact or naturally occurring levels are fine if below 50 ppb. [12, 16, 28, 31, 42] (HE-1)</p> <p>d. Prior to setting a standard, requests a study of areas with naturally occurring Cr6 to determine whether or not increased rates of cancer occur. [31] (HE-1)</p> <ul style="list-style-type: none"> i. claims no person has ever been diagnosed with cancer due to naturally occurring Cr6 (HE-1) <p>e. Cites the news reporting several studies (from CA Cancer Registry) of Hinkley area residents having no increased rate of cancer [31] or cites 2001 study by Northern California Cancer Center of service area having elevated levels of Cr6 [38] (HE-1)</p> <p>f. The treatment identified by CDPH comes with the added risk, for SWS, of having to store and handle large volumes of caustic chemicals. [Spkr 5, 6-LA] (HE-1)</p> <p>g. Asserts that "there has been no medical data been submitted or cited to support the proposed standard". [Spkr 5-Sacto] (HE-1)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>a. Refers EPA allowing a 'grace period' before MCL applies and requests CA do the same (or simply refers to the need to provide time to comply or that the 6-month timeframe isn't sufficient). [6, 7, 9, 13, 16, 17, 18, 20, 23, 24, 27, 32, 33, 38, 42, 43, 49, 50, 54, 55, 60, 68] (EPA-1)</p> <ul style="list-style-type: none"> i. refers to arsenic FSOR allowing 6 months for implementation as compared to EPA (EPA-1) ii. implementation schedule will prevent alarming customers [38] (EPA-1) iii. suggests a 1-2 yr grace period [43]...3 yr [54]...3 yr with granting additional 2 yr [68]...suggests 3-5 yrs [T1-Willows] (EPA-1)
<p>EPA (EPA need not be mentioned)</p>	<p>U. S. Environmental Protection Agency</p>	<ul style="list-style-type: none"> iv. implies a "lawsuit seeking to stay application of the MCL" will occur if grace period not provided [50] (EPA-1) v. refers to impending enforcement actions, water supply shortages, denied will serve letters and accompanying economic impacts, etc. [50] (EPA-1) vi. because planning, design, construction, financing, etc., is time-consuming, won't have opportunity to comply before being in violation [54] (EPA-1) vii. seeks a "framework" for compliance be included, especially for SWS [55, 69, 70] (EPA-1) viii. pilot testing will require time (EPA-1) ix. unreasonable for CDPH to spend more than a decade to set a standard, but expect PWS to be immediately liable [68] (EPA-1) x. although an unreasonable delay isn't acceptable, the PWS should be allotted the time to ensure the most cost-effective treatment is implemented. [49] (EPA-1) xi. time to perform CEQA [49] (EPA-1) xii. standards in other parts of the world are much higher, so what's the hurry? (EPA-1) xiii. refers to treatment costs lowering over time of grace period, if one was allowed. (EPA-1) <p>b. Refers to new studies and/or EPA suggesting that Cr6 isn't harmful at the current federal MCL of 100 ppb (via Total Chromium) or current CA MCL of 50 ppb (via Total Chromium). [1, 16, 18, 20, 28, 31, 33, 40, 45, 64, 68] or notes that the current MCL (50 ppb) is already half of EPA's MCL. (EPA-2) (PHG-1)</p> <ul style="list-style-type: none"> i. suggests adopting the federal standard of 100 ppb (EPA-2) <p>c. Requests that CA conform with or wait for EPA's action (or more science or other scientists) and review regarding Cr6 and/or asserts EPA's process is more rigorous and will include more recent science that OEHHA hasn't...or request CDPH to wait until new science is vetted or do further studying before setting a standard. [1, -5, 9, 16, 24, 27, 28, 31, 32, 33, 36, 39, 50, 59, 63] (EPA-2)</p> <p>d. Expresses concern that a difference between a CA MCL and EPA MCL will confuse the general public and/or notes that the proposed MCL is 1/10 of EPA's standard. [59]...or that EPA's standard is good enough for everyone else. (EPA-2)</p> <ul style="list-style-type: none"> i. asserts EPA "at the same time" increased the national standard from 50 ppb to 100 ppb, therefore, there must be differences in interpretation and methodology to come to different conclusions (EPA-2)
<p>LGL</p>	<p>Legal Issues</p>	<ul style="list-style-type: none"> a. CDPH required via H&SC 116365(g) to consider new scientific evidence indicating a materially different risk. Wants CDPH to consider the new studies indicating lower risk (e.g. PHGb). [5, 27] (LGL) b. If standard is changed, allow 45 days for comment on revision. [17] (LGL) c. Suggests CDPH revise existing law to allow for an implementation schedule (after asserting the law doesn't allow or support a grace period.) [18] (LGL) d. Claims CDPH, via H&SC, must consider EPA's MCL (or wait for EPA to establish or claims EPA has no standard for Cr6) and therefore must wait for EPA to establish an MCL. [36, 39] (EPA-2) e. Claims CDPH is not authorized to enact a standard that imposes significant, severe (for SWS), cost...i.e. must be economically feasible. [62] (LGL) f. Notes that under CA Prop 218, their system is mandated to consider public sentiment and ability to pay before increasing water rates...and fears the majority of their disadvantaged public will oppose the rate increase and they won't be able to fund the treatment. [66] (LGL) g. PWS shouldn't have to be in the position to comply under an enforcement order and identifying a cost-effective compliance will involve numerous complicating steps such as: (EPA-1) <ul style="list-style-type: none"> i. exploring cost-effective solutions, negotiation of alternative sources of supply, approvals from CA PUC, financing approval, (EPA-1) h. CDPH didn't consider the factors required by statute...i.e. the financial impacts on local communities. [Spkr 5-Sacto] (LGL)

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>a. GW systems may abandon their sources to use SW sources and the impact needs to be considered. [6, 17, 18, 19, 27, 39, 48, 54, 55, 63, 64, 65, 68] (GC-9)</p> <p>i. will reduce already depleted supplies of DW...sources already scarce. (GC-9)</p> <p>b. CDPH failed to provide timely transparency by not including a 'full-file' with the CBA procedure, Cost Estimating Methodology, and Economic and Fiscal Impact Statements until two weeks after the start of the 45-day comment period, and only following a special request. [6] (GC-4)</p> <p>c. Opposed the proposed MCL of 2 ppb and suggests 5 ppb or 10 ppb, etc. (or somehow otherwise misinformed about the proposed MCL being 10 ppb) (GC-1)</p> <p>d. States CDPH doesn't have basis for revising the MCL (or even a basis for the current State or Federal MCL) and/or suggests CA already has a standard, which is required by law to be protective and, therefore, there is no basis to lower the MCL...i.e. leave standard as-is.</p> <p>i. since no documented cases of cancer via Cr6, how can CDPH adopt the standard? (GC-2)</p> <p>e. Express concern the MCL will be lowered from 10 ppb in the future. [14, 27] (SN-2 [SN])</p> <p>f. Seeks an exemption from proposed MCL. [18]... (GC-3)</p> <p>i. seeks an exemption during droughts/emergencies to use their GW to supplement their SW (too expensive to treat just for short-term use). [Spkr 6-Sacto] (GC-3)</p> <p>g. Claims of water shortages due to no longer being able to utilize noncompliant DW sources [27] (GC-9)</p> <p>h. Reg doesn't address GW wells used intermittently, for a few days of the year. [24] (GC-3)</p> <p>i. Reg doesn't include a compliance date. [24] (GC-1)</p> <p>j. Suggests SWS be required to notify customers if over MCL, but be exempt from complying with the MCL. [25, 31] (GC-3)</p> <p>k. Water rate increase will discourage growth, with developers avoiding the area. [32] (GC-5)</p> <p>l. Requests revised MCL of 20 ppb, 25 ppb, 30 ppb (or more) to minimize financial impact. [32] (CB-2 [OTL])</p> <p>m. Requests to extend comment period for another 60 days to allow additional comments from politicians, community leaders, and customers. [32] (GC-4)</p> <p>n. Cites an assumed (and likely incorrect) expected implementation/effective date. [34] (GC-1)</p> <p>o. Funds from parties responsible from contaminating sites should be used to finance the treatment, monitoring, reporting, etc. of such chemicals. [37] (GC-5)</p> <p>p. States that MCL is not based on public health and science, but instead set politically to appease activists. [40] (NR)</p> <p>q. Further debt from compliance costs will affect their credit rating. [58] (GC-5)</p> <p>r. Questions if the proposal is consistent or compatible with existing state regulations since the ISOR didn't include discussion of direct/indirect (NSF 60/61) requirements, specifically: [59] (GC-7)</p> <p>i. what studies were used to determine there was consistency with NSF 60/61 (GC-7)</p> <p>ii. while acknowledging the likelihood of exceeding is small and confirmed via NSF data, will treatment processes need to be altered to comply with the MCL? (GC-7)</p> <p>iii. if chromium occurs in primary chemicals (disinfectants/coagulants), what adjustments must be required to meet the MCL requirements? (GC-7)</p> <p>s. ISOR should include explanations for issues that may not be readily understood. For example,...[59] (GC-8)</p> <p>i. the number of affected sources decreases as the MCL gets lower, which is counterintuitive: (commenter further states "This means that those affected sources are now being required to increase their monitoring frequency because their source water has exceeded the MCL".) (GC-8)</p> <p>ii. how were the annualized routine source water monitoring costs adjusted to reflect the differences in the monitoring schedules between the GW and SW sources? (GC-8)</p> <p>iii. why do some of the columns not add up? (GC-8)</p> <p>iv. do cost estimates include standby sources? (GC-8)</p> <p>v. 1999 DWSAP states there are about 16,000 DW sources, but adding up the affected sources in Table 2 the total is about 12,000. Why the discrepancy? (GC-8)</p> <p>vi. asserts that past proposed MCLs included costs for all identified BATs and questions why the ISOR didn't include costs for coagulation/filtration and RO. (GC-8)</p> <p>vii. asserts that needs to identify full-scale field applications for BAT, yet the commenter is unaware of full-scale treatment using RO (also see 64447.2, BAT) (GC-8)</p> <p>viii. notes that on page 12 of ISOR it refers to establishing an MCL at the DLR. The commenter notes that this would be impractical for ion exchange since the treatment costs assume resin would be changed out or regenerated at 80% of MCL (i.e. the 80% value would be below the DLR) (GC-8)</p> <p>ix. questions why page 9 ISOR refers to "not detected" if lower than 0.0005 ppm, but the DLR is 0.001 ppm. Shouldn't 0.001 have been used? (GC-8)</p> <p>t. Does variability or accuracy of the analytical method justify using the extra significant figure for the MCL? [59] (GC-8)</p>
<p align="center">GEN</p>	<p align="center">General (including ISOR comments)</p>	

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>u. Where the ISOR discusses pH adjustment additional costs for corrosion control, are the treatment costs doubled? If not, how were the additional costs established? [59] (GC-8)</p> <p>v. Process in ISOR for MCL development appears similar to previous MCL packages. ISOR contains cost analysis but no clear benefit analysis. For example: [59] (GC-10)</p> <p>i. mentions 0.3 theoretical excess cancer cases (avoided) in the SWS and 12 overall....are those annual theoretical excess cancer cases or lifetime? (GC-10)</p> <p>ii. how were those theoretical excess cancer cases avoided used in the cost-benefit analysis? (GC-10)</p>
		<p>w. suggests the standard shouldn't apply to all water systems since costs are disproportionate and reg is arbitrary because... [62] (GC-3) (CF-1)</p> <p>i. no exemptions are available for privately-owned SWS that do not use their water for drinking water or already treat their water. (GC-3)</p> <p>x. Suggest CDPH reexamine the rationale for replicate chromium standards at levels below the federal 100 ppb MCL since WRF studies indicate most total chromium consists of Cr6. [63] (CF-2)</p> <p>y. Per CEQA guidelines section 15051(b)(1), the local agency would be the lead agency for CEQA and CDPH would be the responsible party for the PWS permit amendment. Therefore, to expedite CEQA review of projects and expedite compliance, CWA [49] request CDPH prepare a Master EIR or other program-level CEQA document in conjunction with the rulemaking. [49] Includes reasons why suggestion would be effective (p. 9 [49]) including, (GC-6)</p> <p>i. expedite MCL to better achieve compliance with intent of legislative H&SC mandate for MCL (GC-6)</p> <p>ii. CDPH has duty to comply with CEQA in the issuance of regulation anyway (GC-6)</p> <p>z. Incorrectly notes that the PHG being proposed is excessively arbitrary and that the proposed standard is "10 times higher than the current US EPA and 5 times higher than the current CDPH chromium standard" (GC-1)</p> <p>aa. Claims that due to significant figures...i.e. claims the MCL is one significant figure...the MCL could just as well be 20 ppb. (GC-8)</p> <p>bb. Asserts "The regulatory limit is specifically for monitored and controlled public drinking water sources and does not constitute protection from known pollution sites or high-CrVI natural sources, which would be dealt with under other regulations. Thus it rightly should be based primarily on known or developed science related to monitored and controlled levels of CrVI in public water systems and associated levels of pathology specifically related thereto." (HE)</p> <p>cc. suggests a phase-in compliance approach (see EPAa) or "provide access to both public and private water purveyors to help offset the financial burden this will place on the citizens of Dixon". [Yamada] (EPA-1)</p> <p>dd. Requests training for running the water system(s). [Spkr 6 – LA] (GC-5)</p> <p>ee. Notes that CDPH "didn't provide any potential revenue stream to assist with such costs [treatment costs]". [Spkr 5-Sacto] (CF-1)</p> <p>FYI: A number of commentators noted their support/agreement with ACWA's letter.</p>
BKGD	Background	Provides info about their establishment, etc.
NR/PERS	Not Relevant/Personal Narrative	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures, comment is beyond the scope of the proposed action, or rhetorical and grandiloquent comments or questions: For example: expressing beliefs CDPH has been politically pressured by activist organization to set an unreasonable standard based on incomplete science; claims action is the result of "celebrity-induced politics"; the proposed regulation is a "reaction to a hysterical movie about industrial chromium contamination and the misguided rhetoric of some environmentalists"; asks to be informed of future actions/info on Cr6; "just because some plaintiffs lawyers made millions from the PG&E lawsuit based on junk science doesn't mean that the state should follow suit."; "we don't need another train wreck like the American Healthcare Law"; "more of a chance of you getting hit by a train than there is of dying from cancer from chromium 6".

Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014

Section 64431 (cont.)

**Oppose – MCL too High [OTH]
Categories**

ID	Topic	Notes
PHG	Public Health Goal	a. Asserts or refers to corporate influence of OEHHA in setting the PHG. [Spkr 12-LA article submittal in exhibit] (GC-2)
CF	Cost Feasibility	a. Suggests a less expensive form of treatment. (TCF-1) i. John Todd's Ecological Design (TCF-1) ii. PG&E has put in treatment systems in homes in Hinkley, which may be more cost effective [Spkr 10-LA] (TCF-1)
TF	Treatment Feasibility	a. Claims a treatment system "doesn't just take out part of it [Cr6]. It takes it all out." [Spkr 17-Sacto] (TCF-1)
CB	Cost Benefit	<p>a. Asserts CDPH's costs are inflated due to the assumption that all PWS will need to provide Cr6 treatment. [1] (CB-1)</p> <ul style="list-style-type: none"> i. some PWS will blend (CB-1) ii. facilitating connections to larger PWS (CB-1) iii. smaller and financially challenged PWS can be offered financial and technical assistance (CB-1) <p>b. CDPH fails to include the avoidance of non-cancer health risks of a stronger MCL [1] (CB-2)</p> <ul style="list-style-type: none"> i. specifically refers to liver damage and OEHHA 2 ppb non-cancer endpoint (CB-2) ii. cites PHG report regarding non-cancer effects (e.g. for rats, etc.) (CB-2) iii. specifically refers to concern regarding sensitive populations (CB-2) iv. asserts that "OEHHA's calculations indicate that an MCL above 2 ppb will not be sufficiently protective against liver toxicity and damage." [1] (CB-2) v. asserts CDPH ignored adverse reproductive and developmental effects in laboratory animals and, while referring to Prop 65, notes that OEHHA established a MADL of 8.2 ug/day by the oral route, which would yield a 3.6 ug/L exposure level. (CB-2) <p>c. CDPH fails to include co-benefits of having Cr6 treatment and cites that WB anion exchange would also remove other contaminants such as uranium, nitrate, arsenate, and selenite, therefore reducing the costs for treatment of those contaminants. [1] (CB-2)</p> <p>d. Claims "the answer to high costs for some water systems is not to allow people to be exposed to hexavalent chromium or other potent toxins at unsafe levels in their drinking water and to pretend that the water is safe." [1] (CB-1)</p> <p>e. CDPH should focus on ensuring PWS have adequate funding for treatment [1]... asserts that there is \$455 million in federal money, which should be used to improve the water. (CB-1)</p> <p>f. Since some large PWS will be able to blend, the aggregate cost will be lower than shown and will allow CDPH to focus on and provide more funding to SWS [1] (CB-1)</p> <p>g. CDPH ignored the cost borne by communities via... [TH1-EWG] (CB-2)</p> <ul style="list-style-type: none"> i. health expenditures (CB-2) ii. replacement water (CB-2) iii. lower property values (CB-2) iv. other social effects (CB-2) <p>h. Asserts CDPH has made costs/polluters a priority over public health...or budgets over morality...time to put public safety ahead of corporate profits and influence or campaign contributions, etc. (CB-3)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>i. Suggests clean-up costs be ignored or increase in water bill is fine to ensure safe water. (CB-2)</p> <p>j. Asserts or implies that Cr6 is solely the result of industry/companies and if they were more careful about not contaminating the water, clean-up costs would be avoided. (CB-3)</p> <p>k. Notes "840 cancers will be avoided" at 10 ppb (i.e. 70 yrs x 12 theoretical avoided), with more at a lower number...while questioning why CDPH discussed cancers per year. [Spkr 14-Sacto]. Refutes [OTL]'s comments about taking 70 yrs to have an impact, noting the sooner it's out the sooner people will be protected. [Spkr 17-Sacto] (CB-3)</p>
HE	Health Effects	<p>a. Claims adverse health effects or general concerns because the proposed MCL is 500 times the PHG. [1] ...or generally asserts the MCL isn't safe. (HE-1)</p> <p>i. claims significant risk of cancer and liver toxicity (and other forms of non-cancer toxicity) at the proposed MCL (HE-1)</p> <p>ii. asserts the MCL is above the "non-cancer PHG" of 2 ppb (HE-1)</p> <p>iii. at levels even below the MCL Cr6 is a potent carcinogen and is linked to other serious health impacts; such as liver damage. (HE-1)</p> <p>iv. claims setting an MCL at 500 times the PHG is unprecedented (HE-1)</p> <p>v. claims state standards are made for 176-lb adult males, not children or women. [Spkr 13-Sacto] (HE-1)</p> <p>vi. claims it doesn't meet CDPH's "moral obligations, health obligations, or legal obligations". [Spkr 15-Sacto] (LGL-2)</p> <p>b. Notes that the MCL leaves more than 85% of Californians (or some similarly large percent or population, or "vast majority") will continue to be exposed to a known carcinogen. [1] (see GENc) (HE-2)</p> <p>i. includes estimates of populations receiving untreated water (below 10 ppb) and corresponding estimates of cancer cases avoided at 5 ppb and 1 ppb. (HE-2)</p> <p>ii. notes that those populations will also be exposed to non-cancer risks (HE-2)</p> <p>c. Suggests or asks for the MCL to be closer to the PHG (or should not be higher than the PHG), asserting that any level over the PHG is known to cause health problems (or that CDPH should listen to the scientists, etc.)...or that CDPH is required to publish scientific justification for any level above the PHG...or suggests CDPH listen to scientists and/or set the MCL at the PHG. (HE-1)</p> <p>d. Expresses concern regarding exposure via showering, washing clothes, washing dishes, washing fruits and vegetables, etc. (sometimes referring to the skin as an organ and/or noting that they can buy bottled water or install filters, but can't do anything about other such exposures) (HE-2)</p> <p>e. Notes that CA already has enough people dying from cancer (or some other health ailment), sometimes referring to Hinkley. (HE-1)</p>
EPA	U. S. Environmental Protection Agency	<p>a. States that EPA knows what they're doing and has always protected people from cancer causing chemical dangers (implying CDPH should also). (GS-1)</p>
LGL	Legal Issues	<p>a. Asserts CDPH failed to establish a standard that meets the statutory mandate of placing primary emphasis on protection of public health. [1] (LGL-1)</p> <p>i. cites the legislative intent to be establish a program "that is more protective of public health than the minimum federal requirements". [1] (LGL-1)</p> <p>ii. asserts that CA's law, unlike the federal SDWA, "tips the balance in favor of public health, designating cost a secondary consideration". [1] (LGL-1)</p> <p>iii. asserts EPA's safe or acceptable risk range is 1 in 10,000 (or 100 in 1 million) to 1 in 1 million that the proposed MCL doesn't meet that standard and therefore fails to meet legislative intent. [1] (LGL-1)</p> <p>b. CDPH has a mandate to establish a DW standard that ensures all known water sources contaminated with Cr6 are treated. [TH1-EWG] (LGL-2)</p> <p>c. Legislators mandated an MCL by 2004 and setting the MCL is overdue. (LGL-2)</p> <p>d. Asserts that CDPH is obligated by statute to use the PHG, "not the science that's thrown at you by the hired guns of the polluters..". [Spkr 14-Sacto] (LGL-2)</p> <p>e. Doesn't understand why the MCL is proposed at 10 ppb (500 times the PHG) "given the obligation by statute, to be as close to that public health goal as possible". [Spkr 14-Sacto]...or CDPH didn't meet its statutory obligation "to set the MCL as close as possible to the public health goal, and to place primary emphasis on public health". [Spkr 24-Sacto] (LGL-1) and (HE-1)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

		<p>a. ISOR fails to explain how the MCL places primary emphasis on public health [1] (LGL-1)</p> <p>b. ISOR fails to explain why the costs at lower MCLs would be economically or technically infeasible. [1] (LGL-1)</p> <p>c. Notes that certain communities will be hit harder than others and that 10 specific counties will bear a disproportionate burden of the untreated contamination (between 1 ppb and 10 ppb) [1] (see HEb) (HE-2)</p> <p>d. CDPH should protect the public rather than industry or polluters...or campaign contributors/industry shouldn't determine the MCL...CDPH shouldn't cater to PWS or polluters...or some other similar comment asserting that polluters influenced the MCL procedure...CDPH is conspiring with big business against people..."decision stinks of obvious corporate cronyism"...CDPH shouldn't "bending to the will of industry"... (GC-2)</p> <p>e. Polluters should pay for the treatment, not the public...or some other reference to stopping polluters/PG&E and putting public safety first...polluters should be held accountable. (GC-2)</p> <p>i. Requests to have the Toxic Police enforced to ensure they do their jobs and find and fine the polluters. [Spkr 19-Sacto] (GC-2)</p> <p>f. Asserts or implies CDPH is <i>increasing</i> the allowable concentration of Cr6 in DW...or CDPH is made a "disastrous decision to weaken the protection we are currently blessed to have."...or asks that it <i>remain</i> at its safe level...or that CDPH should "not be weakening the standard" [Spkr 14-Sacto] (GC-1)</p> <p>g. Expresses concern that CDPH never set any limit for Cr6 or asserts Cr6 is not limited in DW...or it's irresponsible of CDPH to not have an MCL. (GC-1)</p> <p>h. [NA]</p> <p>i. Incorrectly cites the existing MCL, the proposed MCL, or the PHG. (GC-1)</p> <p>j. Claims the draft MCL "puts a disproportionate focus on treatment costs over health impacts, perpetuating a cycle of injustice which uses the excuse of costs for low income communities and those relying on small water systems to allow them to be exposed to chemicals at levels that will harm their health." (CB-1)</p> <p>k. Asserts or implies that water bodies (groundwater, streams, rivers, estuaries, etc.) will be adversely impacted by the proposed DW standard...the DW standard won't protect streams, rivers, etc...asks CDPH to protect our lakes, streams, etc. (GC-2)</p> <p>l. Claims there are proven treatment technologies that are commercially available that will treat Cr6 to levels commensurate with the PHG (but provides no information regarding costs, the form of treatment, applicability to PWS use, etc.) (TCF-1)</p> <p>m. Requests that CDPH improve its "decision making between the MCL and natural background chromium 6." [Spkr 10-LA] (GC-2)</p> <p>n. Asserts that Cr6 is not natural and/or implies Cr6 is only present as a result of industrial activities. [Spkr 12-Sacto] (GC-2)</p> <p>o. Claims it's CDPH's job to establish a more protective MCL (lower than the proposed) "so that less clean-up is done at contamination sites, because the MCL is not just used for drinking water systems". [Spkr 14-Sacto] (GC-2)</p>
PA	Previously Addressed	This refers to a comment made that is addressed through addressing a similar comment received that was more detailed and articulate.
PERS	Personal Narrative	<p>Relates a personal account of the adverse effects of Cr6 or government in their lives. (NR)</p> <p>"My friend who lived on a dairy farm in El Mirage, CA, told me that a calf was born with two heads on her farm. It died soon after birth. The people were not allowed to drink the water due to chromium contamination, but the livestock drank it. Those are the consequences of this deadly toxin."</p> <p>a. A separate response will be prepared to address the testimony of Ms. Scales [Spkr 13-Sacto] (HE-3)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

HKLY	Hinkley	<p>A comment beyond the scope of the proposed regulatory action, stemming from the Hinkley/PG&E/“Erin Brockovich” movie, such as:</p> <ul style="list-style-type: none"> - inability to sell property or property value being zero (or little) as a result of PG&E (NR) - Personal narrative (PERS) about the effects of Cr6 on themselves or their family (NR) - Provides data or statistics about their well water (GC-2) - Provides history of PG&E actions and Hinkley area contamination (GC-2)
		<ul style="list-style-type: none"> - Notes failures of PG&E regarding clean-up efforts or PG&E’s handling of the situation (GC-2) - Asserts or implies the proposed standard essentially loosens the requirements on PG&E (GC-2) - Makes assertions similar to GENd, specific to PG&E (i.e. PG&E should pay for clean-up or treatment costs) (GC-2)
NR/PERS	Not Relevant/Personal Narrative	<p>Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures, comment is beyond the scope of the proposed action, poorly articulated or nonsensical comments, comments with unclear meanings, insults or veiled threats, or rhetorical and grandiloquent comments or questions: For example: A number of commentators asked for fluoride, chloramines, and magnetic charged particles be removed too; “Are you crazy?”; “What do you think all the chemicals that are aloud to be put in our water is doing to us and our health?”; “Might this lead to law suits from out of state due to the known health risks?” [while asserting CDPH is <i>increasing</i> the allowed level]; “Do not poison our water”; “Maybe the Department should watch the movie that was about this real life subject Erin Brockovich”; “This battle has been fought and won. Why are we wasting our time arguing it again?”; “Is it possible the intent here by Government is an overpopulated condition and this provides a means to an end, literally”; while seeking a more stringent MCL, notes that “from global warming to dirty water our state will eventually go the way of Detroit due to regulatory overkill”; “..it’s inevitably much more expensive to treat victims and remediate contamination”; “I would like to take this opportunity to ask you to question your vote [on the Cr6 MCL]”; “Please read wikipedia’s information if you need to brush up on the problem”; “What the hell is wrong with you people?”; “Learn to behave as if the God in all things matters and remember your responsibility to people less fortunate than yourself”; providing quotes from various historical figures (Ansel Adams, Aldo Leopold, T. Roosevelt, etc.); “What the hell are you thinking raising the limit...?; “Is the plan to poison the water, soil and air so we all die miserably from unnecessary toxic chemicals???”; “It’s sad when the average citizen has to nag public service agencies into acting effectively.”; “If we have to, we’ll bring Erin Brokovich back, plus all of her friends.”; “..just as all government agencies, you are not capable of doing your job”; “May all of you drink pure Hexavalent Chromium in the Dept. of Public Health!!! I hear it makes you rich and powerful!”; “Fukushima truth is out!”; “Cancer drugs peed in water supply we showered in this morn!”; “I am a US Citizen and this is voted against this probosal.”; refers to Cr6 being an air pollutant and to Cr6 in creeks, lakes, etc. (NR)</p>

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

Section 64432 (unless otherwise noted, comments and responses may be found under the associated section in the FSOR)

Comment received for (f)(2), which was not proposed to be revised. Therefore, NR. [20]

Comment received for (i), which was not proposed to be revised. Therefore, NR. [20]

Comments received for (d):

-----proposed rule does not provide sound reason for CDPH's exclusion of Method 218.7. The method has been approved by EPA, cost difference is insignificant, causes reporting confusion for CCRs and PHG reports [22]. (TF)

Comment received for (g)(2), which was not proposed to be revised. Therefore, NR. [37]

Comment received for (h)(1) and (2)(B)(i). The comment was not relevant to the proposed change, which was a non-substantive grammatical revision. Therefore, NR. [37]

Subsection	Topic	Notes
(a)	NS	No comments
(b)(1)	Allows grandfathering of samples	a: asks how (b)(1) grandfathering will "inform MCL compliance determinations" under 64432(i). [55]
(b)(2)	Allows total chromium in lieu of Cr6	No comments
(c)	NS	No comments
(d)	Proposed DLR	a: *Recommends a DLR of 0.03 ppb, consistent with EPA's UCMR requirements to eliminate public notification confusion in CCR and PHG reports (i.e. which DLR would be used for CCR). [22, 54]
(h)	NS	No comments
(m), (n), (o)	NS	No comments
(p)	Distribution System Monitoring Study	a: Notes that the expected compliance (or consequence, such as having to install treatment) isn't defined or is confusing. [2, 6, 13, 17, 33, 41, 49, 54, 55] i. compliance should be from source monitoring results [54] b: Lawmakers didn't direct CDPH to revise its regulations for total chromium. [6, 13, 17, 68] c: Purpose is unclear. [6, 13, 17, 33, 37, 41, 55, 68] d: Unclear if costs of monitoring were included. [13] e: Requirement details should be provided and how information will be used. [13, 17, 41, 49] f: Isn't consistent with how other inorganic compounds are regulated. [33] g: The need for a study should be based on entry point monitoring results, not source, to be more representative of public exposure [54] h: The requirement is duplicative of US EPA's [59]
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014

Section 64447.2 (BAT)

Asserts that Dept needs to identify full-scale field applications for BAT, yet the commenter is unaware of full-scale treatment using RO. (Also see GENs, vii) [59] (GC-8 [OTL])

Section 64463 (public notification, general)

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(b)	Notice to CDPH in English	No comments
(d), (e)	NS	No comments
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Section 64465 (public notification, content and format) (unless otherwise noted, comments and responses may be found under the associated section in the FSOR)

General support [22]

Unclear if costs for PN requirements were included. [59]

(c) –

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(c)	Notice opening	a: should refer to "multilingual" rather than "bilingual" since requirements result in multilingual requirements. [59]
(c)(1)	Tier 1 notice	a: Unclear if costs for PN requirements were included. [59] (CF-4 [OTL])
(c)(2)	Tier 2 & 3 notice	a: Unclear if costs for PN requirements were included. [59] (CF-4 [OTL])
(c)(3)	Bilingual Services Act	No comments
(d)	NS & Health Effects Language	No comments
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014

Section 64481 (CCR content) (unless otherwise noted, comments and responses may be found under the associated section in the FSOR)

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(d)(2)(D)3	Repeals IDSE reference	No comments
(d)(2)(I)	Adds MRDL, action level, and TT	No comments
(g)(2)	Repeals health effects language and refers to appendix 64465-B	No comments
(I)	Removes 'whichever is less'	No comments
(m)	Adds source language Table 64481-A	a. suggests using "chromium (hexavalent)" rather than "hexavalent chromium" to result in a pattern more closely paralleling nitrate/nitrite. [59]
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Section 64530 (correction of federal references)

No comments.

Section 64534 (correction of federal references)

No comments.

Section 64534.2 (Disinfection Byproducts Monitoring)

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(a)(2)	Adds terminal "0"	No comments
(c)(2)	Repeals bromide monitoring text	No comments
(c)(3)	Repeals RAA bromide text	No comments
(d)(2)	correction of federal references	No comments
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

**Addendum to FSOR - DPH-11-005 – Coded Comment Tables for OAL use
April 2014**

NS = nonsubstantive

Section 64534.8 (Monitoring Plans)

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(b)(3)	NS	No comments
(d)(1), (2)	correction of federal references	No comments
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Section 64535.2 (DPB compliance)

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(a)	Re-writes compliance	No comments
(d)	NS	No comments
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Section 64535.4 (DPB compliance)

<i>Subsection</i>	<i>Topic</i>	<i>Notes</i>
(a)	Re-writes compliance	No comments
NR	Not Relevant	- Background, preaching, etc., not an objection or recommendation directed at the proposed action or the procedures.

NS = nonsubstantive

Section 64671.80 (spelling correction in WQP definition)

No comments.