SENATE BILL REPORT SB 5803

As of February 18, 2011

- **Title**: An act relating to the allowance of point-of-entry and point-of-use treatment in public water systems in certain circumstances.
- **Brief Description**: Regarding the allowance of point-of-entry and point-of-use treatment in public water systems in certain circumstances.

Sponsors: Senator Morton.

Brief History:

Committee Activity: Environment, Water & Energy: 2/18/11.

SENATE COMMITTEE ON ENVIRONMENT, WATER & ENERGY

Staff: Karen Epps (786-7424)

Background: The Washington State Board of Health (Board) is authorized to adopt rules regarding public water supply systems. The Department of Health (DOH) implements the Safe Drinking Water Act under an agreement with the U.S. Environmental Protection Agency and rules adopted by the Board.

Point-of-entry and point-of-use treatment devices rely on many of the same treatment technologies that have been used in central treatment plants. Central treatment plants treat all water distributed to consumers to the same level; point-of entry and point-of use treatment devices are designed to treat only a portion of the total flow. Point-of-use treatment devices treat only the water intended for direct consumption, typically at a single tap or limited number of taps, while point-of-entry treatment devices are typically installed to treat all water entering a single home, business, school, or facility. Water systems in Washington may not use point-of-entry or point-of-use treatment devices to comply with water quality standards. A limited exception to this restriction is a single-connection water system that uses one treatment device to treat all the water entering a building.

The Safe Drinking Water Act requires 10 parts per billion (ppb) or less arsenic in public drinking water supplies with more than 14 homes. Community water systems must tell their customers what level of arsenic, if any, has been detected in their water and, if the level exceeds 5 ppb, provide information about the possible health effects of arsenic. Some Washington counties have adopted rules governing arsenic in private wells.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): A public water system in a county with a population of less than 11,000 that borders the Columbia River and is located east of the crest of the Cascade Mountains may allow the use of point-of-entry and point-of-use treatment in lieu of centralized treatment where it can be demonstrated that there is a problem with arsenic levels in the drinking water and centralized treatment is not immediately economically feasible. Use of point-of-entry and point-of-use treatment is limited to a water system with less than 100 service connections. Additionally, the public water system must own and maintain the point-of-entry or point-of-use treatment and have access to the point-of-entry or point-of-use treatment for installation, maintenance, and monitoring. The point-of-entry or point-of-use treatment must have mechanical warnings to automatically notify the customer of the public water system of operational problems.

DOH must not issue a permit to a public water system or amend a valid existing permit to allow the use of point-of-entry or point-of-use treatment unless DOH determines, after conducting a public hearing in the community served by the public water system, that there is no substantial community opposition to the installation of point-of-entry or point-of-use treatment devices. The public water system must develop a compliance monitoring plan and the department must approve the compliance monitoring plan before point-of-entry or pointof-use treatment may be installed. The public water system must submit requests to DOH for funding to be used to develop centralized treatment. The issuance of a permit allowing pointof-entry or point-of-use treatment is limited to not more than three years or until funding for centralized treatment is available, whichever occurs first.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.