

Meeting Minutes
Health Effects Subcommittee Meeting
Drinking Water Quality Institute
November 13, 2007
DSRT Director's Conference Room

Members present: Gloria Post, Judy Klotz, Perry Cohn, Leslie McGeorge, David Pringle

Also attending: Kristin Hansen

Meeting Notes:

- 1) The minutes from the August 6, 2007 Health Effects (HE) Subcommittee meeting were reviewed and approved with revisions.

As a result of reviewing the meeting minutes, MEK will be included on the agenda for the next Health Effects meeting. In addition, Kristin will follow up with Karen Fell to answer questions outlined in the meeting minutes regarding 2, 4, 6 – Trichlorophenol.

- 2) Update of DWQI Workplan

As requested, the Health Effects reviewed the DWQI workplan dated January 2007. The following changes were noted:

- Formaldehyde was already reviewed by the HE Subcommittee, and Kerosene will not be reviewed by the Health Effects Subcommittee.
- Ethylene glycol was reviewed and recommendations for a revised Health-based MCL were forwarded to the Testing Subcommittee in a memo dated September 14, 2007
- n-Hexane and MEK will be reviewed by the Health Effects Subcommittee. Anticipate completion by February 2008.
- Dacthal, 1,2,3 TCP, and TBA anticipate completion by February 2008.
- Existing NJ A280 MCLs are complete except for 1,1,1-Trichloroethane (completion TBD). Important new information on this chemical has become available since the HE Subcommittee completed its initial review of existing Health-based MCLs, as discussed below.
- Federal MCLs: Radium and Chromium anticipate completion June 2008. See notes below.
- Federal MCLs that differ with GWQS and remaining chemicals – completion date TBD.

Chromium:

Gloria Post briefly discussed the Chromium studies and DEP Chromium Workgroup. D. Pringle requested having a discussion of chromium at the upcoming full DWQI meeting.

D. Pringle expressed interest in beginning a Health Effects Subcommittee review of chromium.

In addition, the Health Effects Subcommittee had the following questions regarding chromium.

What is the status of the NTP chronic oral study?

How will the results of the NTP study affect the chromium MCL?

What is the detection limit for the method currently used?

Are there methods with lower detection limits?

What occurrence data is available for chromium?

Have there been detections above and below the current MCL?

Radium 226/228

P. Cohn briefly discussed his review of radium. The current detection limit of radium is 1 pCi/l. Essentially, the MCL for radium could be lowered from 5 to 1 pCi/l. Overall, the new epidemiology data generated by P. Cohn and others do not change the health-based goal, but rather supports the health-based number previously-generated by USEPA.

L. McGeorge raised concern of disposal issues if the MCL is lowered.

J. Klotz mentioned the possibility that lowering the MCL may could cause a different Ra exposure issue, due to disposal concerns. J. Klotz recommended reviewing Radium after the Radon Ad Hoc has made a recommendation concerning Radon. Many of the Radon Ad Hoc members may be interested in reviewing Radium. Also, decisions made for Radon may assist in decision making for Radium.

3) Dacthal

P. Cohn provided an executive summary for the review of dacthal for the subcommittee to review. The information available does not indicate degradates are more toxic than the chemical. P. Cohn mentioned he is waiting for copies of the actual EPA studies to review further. Studies show dacthal affects the liver, kidneys, and thyroid.

If a Health based MCL is developed based on EPA's cancer slope for liver tumors, it would be 0.023 mg/L.

4) 1,1,1 Trichloroethane

Since the literature review for 1,1,1-Trichloroethane, IRIS was updated and contains results of a recent subchronic study performed in 2000. The results of the study were not included in the subcommittee's literature review and therefore the results of the study were not included in the Health based MCL determination.

Currently the NJ MCL for 1,1,1-Trichloroethane is 30 ug/L and the Federal MCL is 200 ug/L. These levels are based on inhalation studies, as no appropriate oral studies were available when they were developed. A Health-based MCL based on EPA's new IRIS RfD (based on the new oral study) would be in the range of 5000 to 14000 ug/L.

The Health Effects Subcommittee decided to review 1,1,1-Trichloroethane further, to determine if the health based MCL should be revised based on the new oral data. It is important to note that even if the health based MCL is increased to 5000 ug/L, the MCL would not be increased above the Federal MCL of 200 ug/L.

Action: P. Cohn will continue his review of dacthal, including obtaining the study documents from EPA.

Action: G. Post will continue working on MEK, n-hexane, 1, 2, 3-Trichloropropane and tert-Butyl alcohol.

Action: K. Hansen will speak to K. Fell regarding 2, 4, 6 – Trichlorophenol.

Action: G. Post will speak with E. Murphy and K. Hansen will speak with B. Hamill regarding D. Pringle's request to have chromium on the next DWQI agenda.

Next HE Meeting: To be announced.