# REGULATING DIRECT POTABLE REUSE

A CALIFORNIA PERSPECTIVE

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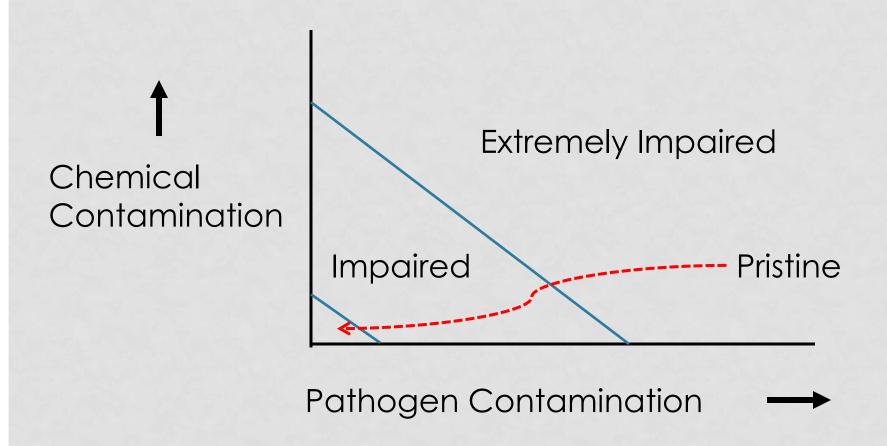
## CALIFORNIA LEGAL FRAMEWORK WATER CODE

- California DPH develops reuse criteria
- Wastewater or reclaimed water activities that involve releases to the environment are permitted by the State Water Boards
- Potable reuse Sections 13560-13569
  - Code requires a CDPH study of DPR feasibility by the end of 2016
  - Consider health effects, available treatment and reliability, monitoring needed, research needed, et cetera
  - Consult
    - Expert panel (water quality technical experts)
    - Advisory group (representing community interests)

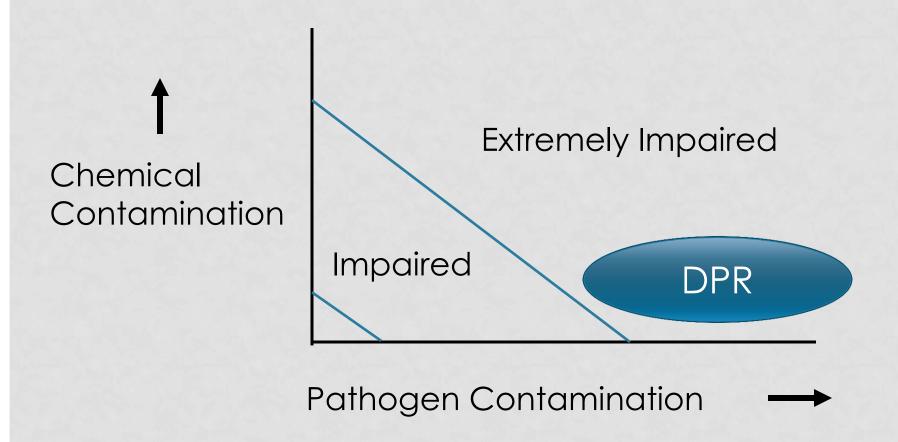
### CALIFORNIA LEGAL FRAMEWORK HEALTH AND SAFETY CODE

- Calif. Safe Drinking Water Act
  - CDPH permits Public Water Systems
  - Permit addresses individual water sources and prescribes suitable controls and treatment
  - CDPH has experience with:
    - Good water sources standard treatment for source
    - Impaired sources need extra evaluation/ treatment
    - Extremely impaired sources (Policy 97-005) extensive study and treatment
    - Planned indirect potable reuse
  - DPR must comply with the State and Federal Safe Drinking Water Acts

### SOURCE QUALITY



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#### DRINKING WATER STANDARDS

- Chemical Standards (MCLs)
- Surface Water Treatment Rule (SWTR)
  - A water system "using an approved surface water shall provide multibarrier treatment necessary to reliably protect users from the adverse health effects of microbiological contaminants ..."
  - Organism log reductions determined as part of source approval process

## TRANSITION: WATER CODE TO SDWA WHEN "APPROVED SOURCE"?

Raw sewage

Secondary/tertiary effluent

Advanced treatment product

Engineered storage outlet

Drinking Water

## A REGULATORY SCHEME FOR DPR

- Clean Water Act regulators could regulate what they have the authority, expertise, and operator certification program for:
  - Source control for the collection system
  - Treatment through secondary or tertiary
  - Disposition of inadequately treated wastewater
- Drinking Water Regulators could:
  - Approve secondary or tertiary effluent meeting the SWB permit as the "approved" surface water source
  - Specify advanced treatment and monitoring in the water system permit as it would for any impaired or extremely impaired source

#### **PRINCIPLES**

- Make a "safe" drinking water
- Low tolerable risk
  - 10<sup>-4</sup> annual risk of infection
  - Drinking water standards
  - Unregulated chemical controlled to match good existing supplies
- No degradation of an existing drinking water supply
- Multiple barriers for contaminants

#### THREATS IN THE SOURCE WATER



#### PATHOGENIC MICROORGANISMS

- Acute risk
- Set a log reduction requirement
  - Raw sewage to drinking water
  - 12-log Virus
  - 10-log Giardia
  - 10-log Cryptosporidium

#### PATHOGENIC MICROORGANISMS - 2

 Start from highest levels found in wastewater

• End point is USEPA allowable drinking water levels (based on 10<sup>-4</sup> annual risk of infection goal)

Multi-barrier treatment required

#### PATHOGENS CONTROL ISSUES

- How consistently must the treatment meet the organism log-reduction goal?
  - mean time between failures or 6σ?
- Is the monitoring sensitive enough to tell us when the organism reduction is not being met?
- Multiple barriers minimize the chance of a complete failure of treatment.
  - How do we determine the necessary number and capability of the barriers?

## CALIFORNIA POTABLE REUSE COMMITTEE (1996)

• DPR is "unacceptable ... because of the lack of reliable real-time water quality monitoring methods and lack of time to react to accidental emergencies or system upsets."

#### A PATHOGEN CONTROL APPROACH

- We can assure safe water by providing:
  - Reliable, real-time treatment monitoring for the required barriers, or
  - Best available monitoring and redundant barriers to provide extra log reduction capacity to compensate for monitoring limitations
    - How do we determine the amount of redundant capacity?

#### TREATMENT FOR TOrCs

- Chronic risk
- CDPH is happy with the effectiveness of the full advanced treatment called for in the IPR draft regulation where 100% reclaimed water reaches a drinking water source.
- Full advanced treatment is continuous treatment of the entire flow with RO and AOP
- Alternatives may be allowed if they "assure at least the same level of protection to public health"

## TREATMENT MONITORING AND CONTROL

- On-line monitoring with real-time control for each treatment barrier for acute contaminants
- Fault tolerant design of monitoring and control systems with a high availability (4+ nines)
- HAACP and other system reliability approaches should be investigated

#### RESPONSE: FAIL -> SAFE

#### · A failure:

- Treatment efficacy falls below some specified level
- A loss of monitoring capability

#### The response to a failure:

- · go to a safe condition halt drinking water production
- Identify and correct the fault
- Restart per a start-up procedure

#### **CONCLUSIONS**

- Focus on acute risks (pathogens)
- Continuously verify treatment performance
- Provide sufficient barriers with:
  - Reliable, real-time monitoring, or
  - Best available monitoring and redundant barriers to strictly restrict the chance of inadequately treated product
- Fail-safe response to a system problem