

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

KEY TO COMMENT CATEGORIES

Comment Category	Topic
A	Support of regulation or parts of regulation
B	Oppose regulation / Not stringent enough
C	Oppose regulation / Too stringent
D	Oppose regulation / No specifics
E	Concerns regarding technological feasibility
F	Concerns regarding economic feasibility
G	Suggested Alternative
H	Comment period should be extended
I	Concerns regarding toxicology and/or health risk
J	Comment unrelated to proposed regulation

KEY TO COMMENTERS

Commenter ID	Comment Numbers	Comment Categories	Commenter Name	Date Comments Received
1	1	A	Adriann Saslow	8/16/2020
2	2	A	Alison Hollowell	8/15/2020
3	3	A	Alisson Hajasz	8/15/2020
4	4	A	Amanda Jensen	8/17/2020
5	5-7	E,F	American Chemistry Council, California Manufacturers & Technology Association, California Chamber of Commerce, Western Growers, California Farm Bureau Federation, California Citrus Mutual, California Building Industry Association, Partnership for Sound Science in Environmental Policy	5/1/2020
6	8	A	Amy Atchley	8/15/2020
7	9	A	Amy Staskiel	8/15/2020
8	10	A	Andrea Isais	8/15/2020
9	11	A	Angela Dimino	8/15/2020
10	12	A	Anita Utami	8/16/2020
11	13	A	Anne Marrie Furie	8/16/2020
12	14	A	Annette Nelson	8/16/2020
13	15	A	Ashlee Shewell	8/15/2020
14	16	A	Ashley McIntyre	8/17/2020
15	17	A	Assembly California Legislature - District 38	8/18/2020
16	18-24	A,E,F,G,H	Association of California Water Agencies, California Water Association, California Municipal Utilities Association, and the American Water Works Association, California-Nevada Section	8/7/2020
17	25	K	Bakman Water Company	4/28/2020
18	26	A	Barbara Nemecek	8/15/2020
19	27	A	Betsy Manchester	8/15/2020
20	28	A	Beverly Alexander	8/15/2020
21	29	A	Bill and Naomi Good	8/15/2020
22	30	A	Bonnie Rieger	8/17/2020
23	31	A	Brianna Michelle Singleton	8/15/2020
24	32	A	Brittany Beck	8/15/2020
25	33	E	California Laboratory Services	7/28/2020
26	34-39	A,E,F,G	CalMutuals	8/17/2020
27	40	A	Catherine Dodd	8/15/2020
28	41	A	Cindy Craig	8/17/2020
29	42-45	F,I	City of Ontario and City of Chino Hills	8/6/2020
30	46-59	A,E,F,I,G	City of Pasadena Water and Power Department	4/28/2020 7/29/2020 8/4/2020
31	60	A	Claire Williams	8/15/2020
32	61-70	E,G,I	Clean Water Action	4/28/2020

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33	71-78	A,C,E,G,H	Coachella Valley Water District	8/6/2020
34	79-86	E,F,G	Coalition of Accredited Laboratories	8/6/2020
35	87	A	Cody Ender	8/17/2020
36	88	A	Connor DeVane	8/17/2020
37	89	A	Daira DeVito	8/15/2020
38	90	A	Danielle Sherman	8/15/2020
39	91-95	E,G	David Kimbrough	8/7/2020
40	96	A	Deanna Marks	8/15/2020
41	97	A	Deanna Smith	8/17/2020
42	98	A	Debbie Davis	8/16/2020
43	99	A	Dennis Pocekay	8/15/2020
44	100	A	Destiny Deadwylier	8/16/2020
45	101	A	Dil Hasan	8/16/2020
46	102	A	Donia Key	8/15/2020
47	103	D	Donna McGue	8/15/2020
48	104	A	Elizabeth Gilbert	8/15/2020
49	105	A	Elizabeth Klein	8/15/2020
50	106	A	Elizabeth Lindquist	8/15/2020
51	107	A	Elizabethxox	8/17/2020
52	108	A	Emily Guerra	8/15/2020
53	109-110	B,J	Environmental Working Group	4/28/2020
54	111	A	Eric McKee	8/17/2020
55	112	A	Erin Axelrod	8/17/2020
56	113	A	Esther Lee	8/16/2020
57	114	A	Eunice Mullins	8/15/2020
58	115	A	Families Advocating for Chemical and Toxics Safety	8/15/2020
59	116	A	Francesca Truncale Adams	8/15/2020
60	117	A	Gary Schwimmer	8/17/2020
61	118	A	Gina Truncale	8/15/2020
62	119	A	Ginger Stabach	8/15/2020
63	120	A	Hai-Van Nguyen	4/28/2020
64	121	A	Heather Vander Wey	8/15/2020
65	122	A	Heidi Good	8/17/2020
66	123	A	Heidi Liivamagi	8/17/2020
67	124-130	E,F,G,I	Helix Water District	8/7/2020
68	131	A	Jessy James	8/15/2020
69	132	A	Joan Jacobsen	8/15/2020
70	133	A	John Luker	8/15/2020
71	134	A	Jordan Mills	8/18/2020
72	135	A	Julie Casagrande	8/17/2020
73	136	A	Karen DeRiso	8/15/2020
74	137	A	Karen Kuklin	8/15/2020
75	138	A	Karin Collins	8/16/2020
76	139	A	Kathleen Cappella	8/17/2020
77	140	A	Kathryn Plyler	8/17/2020
78	141	A	Kathy Birdt	8/15/2020
79	142	A	Katie Stafford	8/15/2020
80	143	A	Kay Carter	8/15/2020
81	144	A	Kayla Woods	8/15/2020

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82	145	A	Kerry Fugett	8/17/2020
83	146	A	Khadijah Hernandez	8/15/2020
84	147	A	Kim Allen	8/15/2020
85	148	A	Kim Moore	8/15/2020
86	149	A	Kim Tolander	8/15/2020
87	150	A	Kimberley Arruda	8/15/2020
88	151	A	Kristin Webberley	8/15/2020
89	152	A	Leah Segedie	8/17/2020
90	153	A	Leanna Partaker	8/15/2020
91	154	A	Lejon Peterson	8/17/2020
92	155	A	Lendri Purcell	8/15/2020
93	156	A	Leslie Foster	8/17/2020
94	157	A	Liz Barris	8/15/2020
95	158	A	Liz Platte Bermeo	8/17/2020
96	159	A	Lori Gibson	8/15/2020
97	160	A	Lori Lynner	8/15/2020
98	161	A	Lynda Michelle Sebastian	8/16/2020
99	162	A	Margaux Bennett	8/15/2020
100	163	A	Maria Rebecca Maguire	8/17/2020
101	164	A	Mark Segedie	8/15/2020
102	165	A	Marta Baker	8/15/2020
103	166	A	Mary OMalley	8/16/2020
104	167	A	Maya Kramer	8/15/2020
105	168	A	Meg Foreman	8/15/2020
106	169	A	Megan Bair	8/17/2020
107	170	A	Melissa Kuchinski	8/15/2020
108	171-177	A,E,G,H	Metropolitan Water District of Southern California	4/30/2020 8/6/2020
109	178	A	Milissa Ospina	8/17/2020
110	179	A	mitchman45	8/16/2020
111	180	A	Nikki Good Plyler	8/16/2020
112	181	A	Nina Green	8/15/2020
113	182-194	E,F,G,I,J	Norman Benson	4/30/2020 8/18/2020
114	195	A	Patrick Plyler	8/16/2020
115	196	A	Priscilla Rocco	8/17/2020
116	197	A	Rachel Mapes	8/17/2020
117	198	A	Rebecca Albarran	8/15/2020
118	199	A	Rebekah Meza	8/17/2020
119	200	A	Rick Brown	8/15/2020
120	201	A	Ricki Jones-Frost	8/16/2020
121	202	A	Rita Lewis	8/15/2020
122	203	A	Roberta Buttarazzi	8/15/2020
123	204	A	Rosandra Oliva	8/15/2020
124	205	A	Rosemary Alatorre	8/15/2020
125	206	A	Ryan Valencia	8/18/2020
126	207	A	Samantha Wyllie	8/15/2020
127	208	A	Sara McGinnis	8/17/2020
128	209	A	Sara Peregoy	8/15/2020
129	210	A	Sarah Aminoff	8/15/2020

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130	211	A	Sarah Stout	8/15/2020
131	212	A	Sarah Tatum	8/17/2020
132	213	A	Sarah Thomas	8/16/2020
133	214	A	Shannon DeSantis	8/16/2020
134	215	A	Shannon Parsons	8/16/2020
135	216-221	E,F,G	Silver State Analytical Laboratories	8/18/2020
136	222	A	Sondra Strand	8/15/2020
137	223	A	Sonya Neely	8/15/2020
138	224	A	Stacy Johnson	8/15/2020
139	225	A	Stephenie Hendricks	8/15/2020
140	226	A	Susan Pak	8/15/2020
141	227	A	Susan Price	8/17/2020
142	228	A	Tamara Wirtz	8/16/2020
143	229	A	Taryn Obaid	8/15/2020
144	230	A	Teresa Daniel	8/15/2020
145	231	A	Tiffany Lewis	8/18/2020
146	232	A	Tiffany Mull	8/15/2020
147	233	A	Tonya Howard	8/15/2020
148	234	A	Tracy Lingo	8/15/2020
149	235	A	Tracy Zinder	8/17/2020
150	236	A	Virginia Greenwald	8/15/202
151	237	A	Wendy Hellmann	8/15/202
152	238	A	William Good	8/17/2020
153	239	A	Zakia Kator	8/17/2020
154	240	A	Zen Honeycutt	8/15/2020

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1	1	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
2	2	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
3	3	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
4	4	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
5	5	E	The ISOR further concludes that this analytical method can reliably quantify perchlorate in drinking water samples down to the proposed DLR of 2 ppb. We agree that Method 314.0 can be appropriate for these purposes, provided state certified laboratories employ good laboratory practices and utilize experienced personnel who understand: 1) the potential for false positive detections and 2) the importance of adhering to method protocols to prevent inadvertent reporting of false positives. Improper execution of Method 314.0 is more likely at lower reporting limits (e.g., 2 ppb vs. the current 4 ppb DLR) and false positives would indicate more widespread occurrence of perchlorate in drinking water than actually exists. Such an outcome could bias the SWRCB's subsequent review of the existing MCL.	Adherence to method protocols is a hallmark of good laboratory practices. ELAP recently adopted new regulations for laboratory accreditation that put a new emphasis on the implementation of quality management system requirements for consistent and uniform implementation by the laboratories conducting testing and the consistent and uniform evaluation of laboratories by accreditation bodies. The quality control manual that a laboratory must create and follow must include quality assurance and quality control procedures, such as "maintenance, calibration, and verification procedures used by the laboratory in conducting tests;" "verification practices, which may include inter-laboratory comparisons, proficiency testing programs, use of reference materials and internal QC schemes;" and procedures for audits and data review, among many others.

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5	5	E	(continued)	<p>In addition, standard operating procedures (SOPs) must be created and maintained for each accredited analyte or method, including quality control, calibration and standardization, procedure, method performance, and data assessment and acceptance criteria for QC measures. Although laboratories are not required to fully implement TNI requirements until 2024, the quality control requirements that laboratories may follow instead of TNI until 2024 also include minimum requirements that must be addressed in the quality manual, including quality assurance objectives for measurement data, calibration procedures and frequency, analytical procedures, internal quality control checks, and assessment of precision and accuracy.</p>

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5	6	E	<p>We recommend that the proposed regulation describe the limitations of available methods for perchlorate detection down to the proposed DLR. In the case of Method 314.0, the proposed regulation should identify sample conditions that increase the probability of interference leading to false positive detections. Laboratories should be specifically cautioned against deviating from method-prescribed protocols,</p>	<p>Title 22 of the California Code of Regulations (CCR), at section 64415(a), requires that required analyses be performed by laboratories certified by the State Water Board to perform such analyses pursuant to the Health and Safety Code, Division 101, Part 1, Chapter 4, Article 3, commencing with section 100825 (also known as the Environmental Laboratory Accreditation Act). To be accredited (certified) for a given analytical method, a laboratory must, among other things, pass both proficiency testing requirements and an on-site assessment demonstrating capability with the method.</p> <p>Please also see the response to Comment #5.</p>

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5	7	F	<p>the SWRCB's proposed cost analysis focused solely on the difference in analytical laboratory costs and does not account for indirect costs likely to be incurred as a result of reducing the DLR. The SWRCB's proposed cost impact analysis for the perchlorate DLR is also inconsistent with the analysis typically performed as part of the consideration of a proposed MCL. Most of these indirect costs will arise from the increased frequency of detection likely to arise at lower DLR. These indirect costs include the following:</p> <ul style="list-style-type: none"> • Increased sampling frequency associated with increased detection of perchlorate. For example, water purveyors that report perchlorate detections where none had been reported previously will likely be induced to implement monitoring programs. As a result, purveyors will likely incur increased analytical, administrative, and technical staff costs associated with increased sampling frequency and increased reporting. • Increased treatment costs associated with more frequent change-outs of treatment media (typically ion-exchange resin). Resin change-outs are typically dictated by perchlorate detections in treatment system effluent. By reducing the DLR, the SWRCB will effectively be reducing the lifespan of treatment facility resin, thereby increasing treatment costs. 	<p>As described in the Economic Impact Assessment and Cost Estimating Methodology in ISOR and its Addendum (pp. 4-14), "[t]he two primary variables affecting costs incurred by water systems under the proposed regulation are cost per analysis and the frequency of analyses...The proposed regulation is expected to lead to an increase in the number of sources required to conduct quarterly monitoring because more sources would be likely to have detections of perchlorate above the DLR...". The ISOR and its Addendum go on to state the conservative assumption that all sources without prior detections of perchlorate, but located within counties in which other sources have perchlorate detections, would see detections of perchlorate and be subject to increased monitoring frequencies. Tables 4 of the ISOR addendum specifically list costs associated with increased monitoring frequencies at both proposed DLRs of 0.001 mg/L and 0.002 mg/L.</p>

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5	7	F	<p>(continued)</p> <ul style="list-style-type: none"> • Reduced capacity for blending as a means of treating drinking water. Currently, water purveyors utilize blending strategies as a means of reducing perchlorate concentrations to non-detect levels. Although the DLR is not enforceable, reducing the DLR will likely induce water purveyors to adopt alternative blending strategies and incurring additional costs related to new well construction and/or treatment facilities. <p>The SWRCB's cost analysis for the proposed DLR regulation should be revised to account for indirect costs that typically result from a lower DLR, including those listed above.</p>	<p>(continued)</p> <p>Staff have consulted with the Field Operations Branches (FOB) regarding permit and operations plan conditions referencing "DLR". FOB staff will consider, upon request by the PWS, modification of permit and operations plan conditions to reference a fixed concentration--such as the current DLR of 0.004 mg/L--instead of to "DLR", or to consider other modifications that would allow the purpose of these conditions to still be achieved without incurring these type of additional costs to the water system while avoiding exceedance of the MCL</p> <p>A lower DLR is not expected to reduce blending capacity, as blending is a compliance technique used to <u>comply with the MCL rather than the DLR</u></p>
6	8	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
7	9	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
8	10	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
9	11	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
10	12	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.

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11	13	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
12	14	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
13	15	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
14	16	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
15	17	A	I am writing to you to express my support for the proposed regulations regarding perchlorate detection limit for the purposes of reporting (DLR) (SBDDW-20-001).	This comment is appreciated.

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16	18	A	<p>The proposed reduction to 2 ppb is based on thorough science and does not appear to present significant challenges to the testing community. As the State Water Board’s Initial Statement of Reasons identifies, the technical capability to meet a 2 ppb DLR currently exists. Many California laboratories currently utilize U.S. EPA Method 314 (Method 314) to conduct perchlorate analysis. Method 314 uses ion chromatography with conductivity detection to analyze samples.</p> <p>This method is currently the most affordable and easily implemented technique for perchlorate analysis and in most instances can reliably test to 2 ppb. As stated earlier we recognize the State Water Board’s desire to lower the perchlorate DLR as a step to lowering the MCL. We support lowering the perchlorate DLR to 2 ppb as an economically feasible next step in regulating perchlorate.</p>	This comment is appreciated.

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16	19	E, F	<p>In order to make the transition to U.S. EPA Method 331 or 332 laboratories would incur significant costs in equipment, staffing, and maintenance. The equipment required to implement these methods can cost ten times as much as what is required to perform the ion chromatography pursuant to Method 314. These expenses would translate into higher testing costs to water systems. A small sampling of water systems has identified that testing costs could quadruple. The proposed rulemaking also assumes that a sufficient number of laboratories would be able to transition their testing operations by 2024 in order to meet a 1 ppb DLR. However, our associations believe that given the current economic uncertainty it is unclear if there would be a sufficient number of accredited laboratories to meet testing demand further increasing costs and potentially delaying testing results.</p>	<p>The State Water Board cannot predict which methods may be refined or developed, or what choices California laboratories would make in response to the proposed regulation. For the purposes of projecting future costs associated with the regulation, it was assumed that the same methods that are currently available and reliably able to quantify to 0.001 mg/L would be used in the future. As described on pages 3 and 4 of the ISOR Addendum, "[t]o adequately allow for variability in financing, approval and procurement processes across commercial and municipal laboratories, and in consideration of the current economic uncertainty associated with the COVID-19 pandemic, the State Water Board is proposing an effective date of January 1, 2024 to allow adequate time for the laboratory industry to develop sufficient analytical capacity at 0.001 mg/L."</p>

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16	20	F	<p>In addition, for some water systems treatment costs would also increase significantly as a result of a reduced DLR. There are several different perchlorate treatment technologies including, ion exchange resin, reverse osmosis, and blending. In some cases, the cost of treatment is tied to either the DLR or the MCL. For example, in an ion exchange system, the resin from the lead vessel must be changed out at some point in order to maintain the efficacy of the treatment. The point at which the resin must be changed out is specified in the operating permit issued by the State Water Board. In some situations, when the effluent of the system reaches the DLR the ion exchange resin must be replaced. If the DLR is lowered from 4 ppb to 2 ppb, the ion exchange resin would have to be replaced more often. This would also hold true if the DLR were to be lowered to 1 ppb. Lowering the DLR could have a significant financial impact to water systems and some consideration should be given to try and mitigate the economic impact of a lowered DLR. One option would be to change operating permits to require resin changes when the effluent reaches 50% of the MCL for Perchlorate.</p>	<p>Please see response to Comment #7.</p>

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16	21	G	<p>Simply stated, a 1 ppb DLR is not currently technologically or economically feasible and it is uncertain if laboratories would be able to get into compliance by 2024. For these reasons, we would instead recommend that the State Water Board lower the current DLR to 2 ppb and conduct another survey in 2024 to assess the capability of laboratories to meet a proposed 1 ppb DLR.</p>	<p>The ISOR (pp. 10-11) includes an assessment of analytical methods and laboratory capacity currently available for the analysis of perchlorate in drinking water. As stated in the ISOR, the findings are for the time of the survey, which commenced in September 2017, and are considered reasonably representative of current laboratory capabilities. As described in the ISOR, at the time of the survey eleven of the laboratories accredited to report results to the Division of Drinking Water's water quality database used methods demonstrated to be capable of confidently quantifying perchlorate detections in drinking water to 0.001 mg/L (e.g., EPA Methods 331.0 and 332.0) on behalf of their client public water systems.</p>

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16	21	G	(continued)	<p>(continued)</p> <p>In other words, a sizable fraction of accredited laboratories are already capable of providing analyses that would comply with the proposed 0.001 mg/L DLR. By including the 0.001 mg/L in the proposed regulations, the State Water Board establishes an unambiguous future regulatory standard, gives water systems and laboratories the confidence and certainty of a fixed target to work and plan toward, and encourages them toward that target, while allowing a compliance schedule as they work toward that goal. The State Water Board expects laboratories will begin to prepare for meeting the upcoming needs of their existing and potential client public water systems. Although it is likely that the analyses for the 0.001 mg/L could potentially be four times the current costs (depending on whether the laboratories could continue to use Method 314 or whether they needed to purchase additional equipment to run US EPA Methods 331 or 332), the State Water Board concluded that lowering the DLR was not economically infeasible, especially since the laboratories would have additional time to prepare to offer analyses that could achieve 0.001 mg/L.</p>

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16	22	E	<p>As previously stated, the State Water Board’s Initial Statement of Reasons seems to suggest that Method 314 would not be an approved method to test for Perchlorate after 2024. This seems to presuppose that Method 314 could not meet a 1 ppb DLR. However, some laboratories are already able to reliably test down to 1 ppb using Method 314 while others could, with time, refine their processes as well.</p> <p>While limiting the approved methodology for perchlorate testing may not be the intent of the State Water Board the proposed rulemaking text and Initial Statement of Reasons do not specifically state that. For this reason, the State Water Board should explicitly allow the continued use of Method 314 for those laboratories that can sufficiently demonstrate their ability to reliably test down to the proposed DLR when it is adopted. However, as previously stated, we request that the State Water Board postpone the adoption of a 1 ppb DLR until a sufficient number of laboratories can comply using Method 314.</p>	<p>The proposed regulations establish performance-based standards, rather than prescribing specific methods. The proposed regulations are silent with respect to analytical methods and do not state that EPA Method 314.0 or any other analytical method cannot be used for analysis of perchlorate in drinking water. If an ELAP-accredited laboratory is able to perform analyses using EPA 314.0 to reliably quantify perchlorate in drinking water to appropriate levels, nothing about the proposed regulation would preclude acceptance of data generated using that method, provided that other statutes and regulations governing environmental and drinking water laboratory practices are complied with.</p> <p>Please also see the responses to Comments #19 and #21.</p>

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16	23	H	ACWA, CWA, CMUA, and AWWA appreciate the opportunity to comment on the State Water Board's proposed rulemaking regarding the perchlorate DLR. This is an important issue for our members and we believe that a policy change of this magnitude should allow for adequate public input. We believe that a 15-day comment period is insufficient to adequately assess the impacts of such a significant shift in this regulatory proposal and believe that a longer comment period is more appropriate.	The proposed change is effectively a compromise between the original proposal and the considered and rejected alternative described on pages 13 and 14 of the ISOR. As such, it is considered to be a sufficiently related change and falls within the scope of Government Code 11346.8(c) for a 15-day notice. Nevertheless, the comment period deadline for the proposed change noticed on July 20, 2020 was extended to noon on August 18, 2020.
16	24	G	We recommend that if the State Water Board wishes to move forward as expeditiously as possible that these two proposals, a 2 ppb DLR and a 1 ppb DLR, be separated into two distinct regulatory rulemakings and that a 1 ppb DLR only be adopted when a survey of California laboratories indicates that there are sufficient testing laboratories to meet this more stringent requirement.	Please see response to Comment #21.
17	25	K	We have no comment at this time, but we'll be submitting written comment.	The interest in this matter is appreciated.
18	26	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
19	27	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
20	28	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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21	29	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
22	30	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
23	31	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
24	32	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
25	33	E	After reading and reviewing the text of “SBDDW-20-001: Perchlorate DLR, should this move forward we would drop our accreditation for perchlorate. The cost of instrumentation is too steep and not necessary; current IC technology has the capability to achieve the a goal without reinventing the wheel.	Please see the response to Comment #19 and #22.
26	34	A	CalMutuals is not opposed to a reduction of the Perchlorate DLR to 2 ppb.	This comment is appreciated.
26	35	G	Simply stated, a 1 ppb DLR is not currently technologically or economically feasible and it is uncertain if laboratories would be able to get into compliance by 2024. For these reasons, we would instead recommend that the State Water Board lower the current DLR to 2 ppb and conduct another survey in 2024 to assess the capability of laboratories to meet a proposed 1 ppb DLR.	Please see the response to Comment #21

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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26	36	F	CalMutuals believes that given the current economic uncertainty it is unclear if there would be a sufficient number of accredited laboratories to meet testing demand further increasing costs and potentially delaying testing results.	Please see the response to Comment #19.
26	37	E	Method 314 should continue to be an approved method for the detection of Perchlorate. As previously stated, the State Water Board's Initial Statement of Reasons seems to suggest that Method 314 would not be an approved method to test for Perchlorate after 2024. This seems to presuppose that Method 314 could not meet a 1 ppb DLR. However, some laboratories are already able to reliably test down to 1 ppb using Method 314 while others could, with time, refine their processes as well.	Please see the response to Comments #19 and #22.
26	38	E	we request that the State Water Board postpone the adoption of a 1 ppb DLR until a sufficient number of laboratories can comply using Method 314.	Please see the response to Comment #22.
26	39	G	We recommend that if the State Water Board wishes to move forward as expeditiously as possible that these two proposals, a 2 ppb DLR and a 1 ppb DLR, be separated into two distinct regulatory rulemakings and that a 1 ppb DLR only be adopted only after a survey of California laboratories indicates there are sufficient testing laboratories to meet this more stringent requirement.	Please see the response to Comment #21.

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Attachment 2 - Responses to Comments**

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27	40	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
28	41	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
29	42	F	Current regulations state that with a detection at or above the DLR, quarterly monitoring takes precedence. Groundwater facilities that do not address perchlorate wellhead treatment are the most vulnerable to the 1 ppb DLR revision. As monitoring increases, reliability decreases and decisions to employ treatment technologies to reduce concentrations may severely impact public water systems. increasing costs to customers.	The proposed regulation does not include lowering the California perchlorate MCL and is not expected to result in any increase in costs associated with treatment to comply with the existing perchlorate MCL.
29	43	F	Setting a DLR at 1 ppb may result in increased capital funds along with the expenses to operate and maintain new treatment facilities.	Please see the response to Comment #42.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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29	44	I	<p>the 1 ppb DLR provides an unrealistic perception of public water systems' ability to deliver safe and reliable drinking water supplies to its customers</p>	<p>State Water Board staff appreciate the challenges associated with public health risk communication.</p> <p>As described on the first page of the Initial Statement of Reasons (ISOR), Health and Safety Code (HSC) 116365(a) and (b) require the State Water Board to establish primary drinking water standards for contaminants at levels as close to the public health goal (PHG)--placing primary emphasis on the protection of public health--as is technologically and economically feasible. The current detection limit for purposes of reporting (DLR) of 0.004 mg/L hinders the State Water Board's ability to evaluate whether technology can achieve a materially greater protection of public health or attainment of the PHG than the current DLR, and to determine the economic feasibility of lowering the current primary drinking water standard from a maximum contaminant level (MCL) of 0.004 mg/L.</p> <p>As identified on the second page of the ISOR, expected benefits of the proposed regulatory action include improved reporting of perchlorate in drinking water sources. This reporting of perchlorate in drinking water sources would provide information on human exposure and doses at concentrations below the current DLR.</p>

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29	45	F	<p>the Cities would like to re-emphasize that due to the uncertainty of COVID-19 and the extent of the recovery phase, raising water rates to meet monitoring efforts prescribed in §64432.3(e) may not be economically feasible in the coming years.</p>	<p>Please see the response to Comment #19 and 21.</p>

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30	46	A	<p>I wanted to speak in favor of this proposed regulation. Mainly I think the main point we'd like to make is we like the process that was involved. The Division worked with the laboratory community to determine the capacity. It was a -- they worked through the Environmental Laboratory Technical Advisory Committee which created a subcommittee or task force which worked with industry and with environmental divisions within State Board. And I think they came with a good process to help determine what this number should be.</p> <p>It's important to note that the objective was to have not just a few laboratories that were able to make a certain detection limit, but enough laboratories that could accurately and precisely measure down to the DLR so that all data users who needed the laboratory capacity would be available.</p> <p>It's true there -- we could -- there's a number of labs can go much lower and produce accurate (indiscernible), our laboratory can, but we need enough laboratories with that capacity to support all activity. So this was a very good approach to look at both accuracy of data analysis precision and overall laboratory capacity.</p>	<p>This comment and support of the approach is appreciated.</p>

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30	47	F	<p>I would like to note than in terms of cost of compliance that the DLR has an impact on reaching operations. We currently have a facility to remove perchlorate. We have to change out ion-exchange resin every time we detect perchlorate at the top of the resin. So if we were to lower the MCL down to 2 or 1, we would then triple our costs, we'd have to change out the resin much more quickly. So this is not a zero cost issue or strictly a laboratory issue but ultimately, this could impact those of us who are already treating it to increase our cost considerably.</p>	Please see the response to Comment #7.
30	48	A	<p>With that, I'd like to thank the board for this moment to give a presentation and I support their efforts on this project.</p>	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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30	49	E	<p>... the text of the regulation itself is quite brief and does not discuss laboratory methods at all. However the Initial Statement of Reason {ISOR) does indeed discuss laboratory methods and implicitly eliminating Method 314. The proposed regulation implements two DLRs, one at 2 ppb between 2021 and 2024 and the other at 1 ppb after 2024. The reason that this was done was to allow laboratories time to purchase equipment necessary to implement methods 331 and 332. Although the ISOR does not explicitly say "After 2024 accredited laboratories cannot use Method 314" it is difficult to read the ISOR as saying anything else. The ISOR references a survey conducted of 50 accredited laboratories and concluded that: "Only accredited laboratories that use EPA Method 331.0 or EPA Method 332.0 are capable of confidently quantifying perchlorate detections in drinking water below the public health goal of 0.001 mg/L."</p>	<p>The commenter correctly notes that attainment of an MCL equal to the PHG of 0.001 mg/L is not possible without a DLR also at least as low as 0.001 mg/L. As described in the ISOR, HSC 116365(a) and (b) require the State Water Board to establish primary drinking water standards for contaminants at levels as close to the public health goal (PHG)--placing primary emphasis on the protection of public health--as is technologically and economically feasible. This statutory mandate is sufficient cause and justification on its own. What a lower DLR would provide is not the cause for lowering the MCL, but the ability to adequately assess the practical means of doing so. Resultant data would allow determination of how many sources might require treatment (and be subject to associated cost increases) if the MCL were to be lowered, treatment technology performance at concentrations below the current DLR, and ultimately, whether it is economically and technologically feasible to achieve a materially greater protection of public health or attainment of the PHG than the current MCL of 0.004 mg/L.</p>

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Attachment 2 - Responses to Comments**

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30	49	E	<p>(continued) Again on page five it says: "If businesses providing laboratory analytical services for required monitoring opt to seek accreditation to comply with Phase II, there would likely be substantial costs related to new equipment procurement and laboratory staff training." What else can that mean but not allowing the use of Method 314?</p> <p>My reading of the ISOR is that DDW would like to determine if there is sufficient cause to lower the MCL to 1 ppb, the PHG. They cannot do that with a DLR higher than 1 ppb. To get a DLR of 1 ppb, the ISOR says, in so many words, that only Methods 331 and 332 can be used</p>	<p>(continued) The tables provided in the Cost Estimating Methodology portions of the ISOR and its Addendum list areas and counts of sources that were considered--based on geographical proximity to other sources with perchlorate detections--to be most likely to see detections of perchlorate that might trigger increased monitoring frequencies and associated costs.</p> <p>Please also see the responses to Comments #19, #22, and #44.</p>
30	50	F	<p>Currently, systems treating water for perchlorate have operating permits which establish the conditions for treatment. A number of different treatment processes are allowed and each has unique requirements. A single-pass ion exchange (IX) resins in a lead-lag configuration is common. The operating permit specifies the conditions which qualify a resin as being spent. In many current operating permits, IX resins need to be replaced when the effluent of the lead IX vessel reaches the MCL while in others it is the DLR. Lowering the DLR by itself will significantly increase the treatment costs for those utilities which have an operating permit with this condition.</p>	<p>Please see the response to Comment #7.</p>

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30	50	F	<p>(continued)</p> <p>If the DLR were lowered from 4 mg/L to 1 mg/L, these utilities would need to replace their resin four times more frequently. Similarly, if the MCL were lowered from 6 mg/L to 1 mg/L other utilities currently treating for perchlorate could see their treatment costs increase by a factor of six. If water systems are blending, they will need much more blending water and if they are using reverse osmosis, they will need to change membranes more frequently. It is important note, that these increased costs are to public water systems that are already treating perchlorate. The increased costs would not improve public health at all as the final effluent, the discharge from the lag IX vessel, will not change. It will remain perchlorate free despite a very significant increase in costs. This would create a very high hurdle to justify lowering the MCL. What this means is that even if the DLR were lowered to 1 mg/L and at least some new sources with untreated perchlorate in the 1 to 4 mg/L are found, it is not a given that MCL will be reduced. If this is how it turns out after 2027, a great deal of money will have been spent by laboratories and public water systems without any benefits accruing the protection of public health. Just lowering the DLR by itself will increase some treatment costs right now for some systems.</p>	<p>(continued)</p>

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30	51	I	<p>The timeline implicit in the ISOR requires six years to complete. If in fact there were a real public health risk because of low level perchlorate exposures, that is a long time to make that determination.</p>	<p>The commenter is correct that it would likely be six years before the State Water Board would receive results from all PWS monitoring for perchlorate at the 0.001 mg/L level. Reporting of perchlorate at lower concentrations would, however, commence in 2021, with detected results being reported to consumers in the consumer confidence reports for the 2021 calendar year, and available to State Water Board staff for consideration upon receipt of results. Should early results warrant, the State Water Board need not delay consideration of a revised perchlorate MCL for a full six years.</p> <p>Expected benefits of the proposed regulation are listed on page 2 of the ISOR and include improved reporting of perchlorate occurrence in drinking water sources at concentrations less than the DLR; improved ability to evaluate performance of existing treatment to remove perchlorate to concentrations less than the current DLR; improved ability to evaluate economic feasibility of treating perchlorate to concentrations less than the current DLR; improved determination of whether current treatment can achieve greater health protection than realized; and improved ability to reliably determine whether an MCL closer to the PHG is economically and technologically feasible.</p>

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30	51	I	(continued)	<p>(continued)</p> <p>While not one of the stated benefits listed in the ISOR, the two-stage reduction of the perchlorate DLR which would occur over the course of three years would offer an additional incidental benefit of increased consumer confidence and informed health-based decision making by consumers. A DLR of 0.001 mg/L would offer the greatest insight for characterizing the potential public health risk and to determine the economic and technological feasibility of lowering the perchlorate MCL.</p>
30	52	I	<p>3. Unnecessary Testing – Not all water systems are at risk for the presence of low level perchlorate. The ISOR identifies a definite set of areas and systems at risk for which a lower DLR would provide benefits to DDW to determine whether a lower MCL is beneficial. However there are a great many systems that are not at risk yet they will also have to bear increased monitoring and laboratory costs. Moreover, there are more than a few systems that are well known to have perchlorate and are already treating for it. Lowering the DLR for those systems provides is no benefit to anyone. These systems have been and can use Method 314 quite effectively.</p>	<p>As described in the ISOR, the primary purpose is to determine occurrence of perchlorate in drinking water sources closer to the PHG to evaluate (1) prevalence of perchlorate at concentrations greater than the PHG and below the current DLR and (2) treatment to support determination of the economic and technological feasibility of lowering the MCL. The occurrence data would further support determination of exposure at the lower concentrations for consideration of the potential health benefits of lowering the MCL.</p> <p>Please see the responses to Comments #19, #21, #22, and #51.</p>

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30	53	E	<p>4. Laboratory Methods – Right now, none of the laboratory methods being used have been promulgated. USEPA does not regulate perchlorate and so they have never adopted 314, 331, or 332 into 40 CFR 141. Similarly none of these methods are listed in CCR Title 22. Also, the three methods do not have the same reporting limit requirements. They all require laboratories to validate their Minimum Reporting Level (MRL) by running a sample with perchlorate at the MRL and getting a certain percentage back. There is not fixed MRL in Federal regulations so each lab gets to decide what he MRL is for their lab. Method 314 requires that the laboratory recover +/-30% of whatever MRL the laboratory uses. Methods 331 and 332 require +/-50%. Those two actually have a less stringent requirement than Method 314.</p> <p>It seems to me that what is being proposed will definitely cause a number of significant problems while it may or may not produce any benefits</p>	<p>California Code of Regulations, Title 22, section 64415, requires that unless directed otherwise by the State Water Board, analyses shall be made in accordance with U.S. EPA approved methods as prescribed in 40 CFR parts 141.21 through 141.42, 141.66, and 141.89.</p> <p>The commenter is correct that U.S. EPA has not incorporated its EPA Methods 314.0, 331, or 332 into 40 CFR 141; U.S. EPA has chosen not to regulate perchlorate in drinking water. All methods identified, however, have been validated and are offered for ELAP accreditation through the State Water Board.</p> <p>Please see the responses to Comments #19 and #22.</p>

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30	54	G	<p>Why not just to create a temporary DLR of 1 mg/L that goes into effect right now? It would only be required for just those system listed in Table 2 of the ISOR for two or three years. Public water systems that already treat perchlorate and have well characterized source waters would continue as before, as would the public water system which have little risk of perchlorate contamination. This would greatly reduce the cost of the proposed rule while still acquiring the data necessary for DDW to determine if there are a significant number of untreated water sources with perchlorate in the 1 to 4 mg/L. Further, the lower 1 mg/L DLR could be implement immediately, reducing the amount of time needed for DDW to accumulate the additional data. The regulation could say that where Methods 314, 331, and 332 says "MRL" it should be interpreted as "DLR" and that all methods need to comply with the more stringent requirement of Method 314 of +/- 30% recovery at the DLR.</p>	<p>If the proposed regulation were to be modified to require only the systems in Table 2 of the ISOR to monitor sources to 0.001 mg/L, that would not provide information on performance of existing treatment to remove perchlorate to concentrations less than the current DLR, nor would it allow for an improved determination of whether current treatment can achieve greater health protection than realized and whether an MCL closer to the PHG is economically and technologically feasible. In addition, the occurrence of perchlorate above the PHG but below the current DLR in water sources outside the identified systems would remain unknown.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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30	54	G	<p>(continued)</p> <p>If after monitoring the Table 2 system for two or three years, there are a significant number of water sources with low level concentrations of perchlorate and if the increased treatment costs can justify a lower MCL, then the new MCL and new DLR can be made permanent and universal. If not, the MCL and DLR can remain as they are. Either way, unnecessary costs are minimized and the data DDW needs is collected more quickly. The USEPA has a history of this approach. In 1996 they promulgated the Information Collection Rule (ICR) to collect data on specific analytes using new tests that they were considering setting MCLs for or otherwise regulating. Since then they have promulgated four different Unregulated Chemical Monitoring Rules (UCMR) with the same objective. Perchlorate was in fact monitored under the UCMR. In each case, at risk public water systems conducted specialized testing over a limited time frame. The DDW itself did this in the late 1990's with their ICR which included perchlorate. A focused and limited regulation on the low level occurrence of perchlorate in untreated drinking water sources in high risk areas would benefit the accredited laboratory community, DDW, and the public.</p>	<p>(continued)</p> <p>As described in the ISOR, at the present time, there does not appear to be sufficient laboratory capacity to analyze samples and quantify perchlorate to 0.001 mg/L should the State Water Board require all PWS sources subject to perchlorate monitoring requirements and not currently being treated for perchlorate to monitor to this level. Sources that are already treating or blending for compliance purposes are the sources for which the more sensitive analytical methods are most likely to already be in use for. This proposal would add to the existing demand on laboratory resources, without the ameliorating benefit of time to develop additional lab capacity or over which to spread the demands on the laboratory industry.</p> <p>Please see the responses to Comments #7, #19, #21, #22, and #44</p>

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30	55	F	The ISOR states that laboratories using Method 314 cannot adequately quantify perchlorate in drinking water to meet the needs of DDW. This would increase the cost of analysis considerably.	Please see the responses to Comments #19 and #22.
30	56	I	The benefit of lowering the DLR, being able to assess the possibility of lowering the MCL, would not apply to these water systems or their customers.	Please see the responses to Comments #21, #49, and #51.
30	57	F	In many current operating permits, IX resins need to be replaced when the effluent of the lead IX vessel reaches the MCL while in others it is the DLR. Lowering the DLR by itself will significantly increase the treatment costs for those utilities which have an operating permit with this condition. If the DLR were lowered from 4 mg/L to 1 mg/L, these utilities would need to replace their resin four times more frequently.	Please see the response to Comment #7.
30	58	I	It is important note, that these increased costs are to public water systems that are already treating perchlorate. The increased costs would not improve public health at all as the final effluent, the discharge from the lag IX vessel, will not change.	Please see the response to Comment #7.

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30	59	G	It is proposed that it is more appropriate to create a temporary DLR of 1 mg/L be required for just those system listed in Table 2 of the ISOR for two or three years. Public water systems that already treat perchlorate and have well characterized source waters would continue as before, as would the public water system which have little risk of perchlorate contamination.	Please see the response to Comment #54.
31	60	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
32	61	E	We strongly believe it is in the public's interest, and a responsibility of the Board to help drive the investments needed to ensure that adequate numbers of laboratories can employ these methods by establishing the DLR at the current PHG of 1 ppb. Otherwise, the state will create an unnecessary technical barrier to potentially revising the perchlorate MCL to the PHG level in future and leaving some impacted communities unprotected.	The proposed regulation has been revised to include a further change in the DLR from 0.002 mg/L to 0.001 mg/L, to take effect on January 1, 2024. This two-phase proposal will allow for the time required to develop sufficient laboratory service capacity.

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32	62	I	<p>Consequently, we believe it will ultimately be necessary to lower the MCL to 1 ppb in order to optimize public health and avert the costs that these health impacts will have on families and local social and educational services. This is only possible if the DLR is set at that level as well.</p> <p>Ultimately setting an MCL at the PHG is in keeping with state policy. As David Spathe, former Chief of the Division of Drinking Water and Environmental Management, said at the time that perchlorate was first regulated in California, it is the responsibility and practice of the state to establish MCLs at the PHG when economically and technically feasible.</p>	Please see the response to Comment #61.

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32	63	E	<p>While the staff's statement of reasons indicates that there are insufficient numbers of laboratories currently equipped to test down to 1 ppb, the existence of EPA methods 331.0 and 332.0 means that there is no technical barrier to setting the DLR at the PHG level. Instead, there is no market incentive for a greater number of laboratories to develop the ability to detect perchlorate below 2 ppb. Given that it will take several years to consider and develop a revised MCL for perchlorate, public health would be better served to establish the DLR at 1 ppb and promote the need for labs to invest in the necessary equipment and staff development to meet the state's requirements. This could also provide an economic benefit, as the staff statement of reasons points out that lowering the detection limit could "result in a minimum expansion of the laboratory business within the state."</p>	Please see the response to Comment #61.
32	64	G	<p>Setting the DLR for perchlorate at 1 ppb will provide the Board with the data and tools to ensure that we honor those rights.</p>	Please see the response to Comment #61.

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32	65	G	<p>And I'm very concerned about the choice that was made today. We have -- we seem to have moved away from the thinking that permeated MCLs in the past. In fact, in terms of this -- this very chemical that the ultimate goal was to set an MCL at the public health goal when it was economically and technically feasible. That's why it's called a public health goal. And that's -- that's because the goal is to protect everyone that we can. And the PHG for perchlorate now is 1 part per billion. That is just 1 part per billion lower than what's being proposed here as the detection limit and we believe that that is what the detection limit should be, 1 part per billion.</p>	<p>Please see the response to Comment #61.</p>
32	66	E	<p>in the case of perchlorate, there is no technical barrier. We know because we just heard that some labs can see down to 1 part per billion. In fact, I did my own survey of experts working on this issue around the country, you know, just an anecdotal survey, and most of them say they're seeing far below that. And so there is no technological barrier, the technology exists. But by this proposal of 2 parts per billion, we are creating a barrier to ever considering the possibility of revising the MCL to the PHG. We are ensuring that the detection limit is higher than that. In other words, the board is creating the barrier.</p>	<p>Please see the response to Comment #61.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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32	67	I	<p>Now a lower detection limit and potential lower MCL in the future will not impact communities with water being treated now. Okay. If you're treating down to six, you're probably getting most of your perchlorate out and certainly getting to a nondetect or very, very low levels. Why this matters is to ensure that all communities with water at or above that which we would not expect significant health impacts would be captured and thus protected. And we have to push the envelope.</p>	<p>Please see the response to Comment #61.</p>
32	68	E	<p>We contend that while the majority of labs were identified may currently be set up to detect 2 parts per billion, that's because they don't need to see any lower, they're not being asked to. So if we establish a detection limit of one, the technology will follow. And even as the document directed by staff admitted, it might even provide a business growth opportunity as labs expand their opportunity. So this is a market issue.</p>	<p>Please see the response to Comment #61.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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32	69	I	<p>But there are two things missing in the cost estimating methodology in this proposal. First is that there is no analysis of the cost to ratepayers to not only to ratepayers but to local government and education systems due to child -- children with learning and physical disabilities. That is the problem with perchlorate, that is the health impact of perchlorate. So we're in the healthcare cost of dealing with children with these problems. I have a friend who lives in Gilroy with a disabled child, drank perchlorate. The cost over her life have been in the hundreds of thousands to the state and to the county for her care. There is also no pollution pay consideration here. In the communities I work in, Olin Corporation was at the table. They were held responsible for providing alternate water, putting treatment on public water systems and even private wells, stopping perchlorate contamination and studying the plume, and now they're pumping and treating. So we need to get to the right detection limit so that we can bring polluters to the table, that we can hold them to the proper cleanup requirement, and so that we can drive the technology in the state that will rise to the occasion, and we can protect all people.</p>	<p>The State Water Board appreciates the concern with healthcare costs associated with exposure to particular contaminants. The proposed regulation does not consider this cost because the regulation would lower the detection limit for purposes or reporting for perchlorate, but would not alter the maximum contaminant level. This type of cost may be considered in a future rulemaking considering a revised maximum contaminant level. The proposed regulation does offer the indirect benefit of additional public health awareness to allow for informed consumer decisions regarding drinking water quality.</p> <p>With respect to the concern about polluters paying, the proposed regulation is not intended to identify responsible parties.</p>
32	70	G	<p>our members do not agree with 2 parts per billion, we think it should be 1 part per billion so that we protect all Californians.</p>	<p>Please see the response to Comment #61.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
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33	71	A	CVWD agrees with not opposing a reduction of the Perchlorate DLR to 2 ppb.	This comment is appreciated.
33	72	C	CVWD also agrees that a reduction of the Perchlorate DLR to 1 ppb in 2024 and requiring the use of U.S. EPA Method 331 or 332 is not economically and technologically feasible as it would present significant economic and technological challenges to the laboratory community and would significantly increase testing costs.	Please see the responses to Comments #19 and #21.
33	73	G	CVWD joins ACW A, CMUA, and CW A in recommending that the State Water Board lower the current DLR to 2 ppb and conduct another survey in 2024 to assess the capability of laboratories to meet a proposed 1 ppb DLR.	Please see the response to Comment #21.
33	74	E	CVWD agrees that U.S. EPA Method 314 (Method 314) should continue to be an approved method for the detection of Perchlorate.	Please see the responses to Comments #19 and #22.
33	75	E	CVWD joins ACW A, CMUA, and CW A in recommending a postponement of 1 ppb DLR until a survey in 2024 can show that a sufficient number of laboratories can comply using Method 314,331, or 332.	Please see the response to Comment #21.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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33	76	H	CVWD agrees that a policy change of this magnitude should allow for adequate public input and joins ACWA, CMUA, and CW A in expressing concern that a 15-day comment period is insufficient to adequately assess the impacts of such a significant shift in this regulatory proposal and believe that a 45-day comment period is more appropriate.	Please see the response to Comment #23.
33	77	G	CVWD agrees that if the State Water Board's intent is to move as expeditiously as possible then CVWD joins ACW A, CMUA, and CWA in recommending that these two proposals, a 2 ppb DLR and a 1 ppb DLR, be separated into two distinct regulatory rulemakings.	Please see the response to Comment #21.
33	78	G	An additional benefit of waiting until 2024 to conduct a new survey on reducing DLR to 1 ppb is that it would allow time for California laboratories to implement the State Water Board's newly adopted Environmental Laboratory Accreditation Program (ELAP) regulations including the implementation of The NELAC Institute (TNI) standards by October 2023.	Please see the responses to Comments #5 and #21.
34	79	G	CAL believes that this system of linking MCLs to a single DLR to a list promulgated methods in CCR 22 has generally worked very well and is a good model.	Please see response to Comment #53.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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34	80	E	<p>“Only accredited laboratories that use EPA Method 331.0 or EPA Method 332.0 are capable of confidently quantifying perchlorate detections in drinking water below the public health goal of 0.001 mg/L.” Unfortunately the ISOR does not explain how this conclusion was reached. There is no explanation what information was collected from the laboratories or how that information was assessed. It is a simple assertion without any foundation.</p>	<p>As described in the ISOR, the Cost Estimating Methodology used the source water quality monitoring data from the Water Quality Information replacement (WQIr) database for the time period of January 1, 2012, through April 27, 2018. The WQIr database identified all laboratories that submitted data for perchlorate. The query established both the methods used and findings associated from using that method. The majority of labs that reported findings at or below 0.001 mg/L were using Method 332. There were a few laboratories that indicated use of Method 314.0. Therefore, a survey was developed to determine capacity, or accredited laboratories that could report findings to the database at or below 0.001 mg/L.</p> <p>Please see responses to Comments #19 and #21.</p>
34	81	F	<p>What CAL is concerned with is that all of these additional costs for laboratories, and ultimately PWSs, is that there is not actual benefits.</p>	<p>Please also see responses to Comments #7 and #19, and #51.</p>
34	82	E	<p>Perhaps more to the point, many laboratories using Method 314 were able to accurately measure results down to 1 mg/L. [sic] This means that the method, when properly applied, is able to accurately measure results down to the proposed DLR. If many laboratories can in fact measure results at the proposed DLR, it makes no sense to disqualify them.</p>	<p>Please also see responses to Comments #19 and #22.</p>

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34	83	E	<p>Why should have to give up a method that works just fine for 90% of our samples? A lower DLR is only really needed for uncharacterized samples, those that have not been analyzed previously. This course makes sense given that the goal of this effort is to determine if previously untested sample locations might have perchlorate at concentrations between 1 and 4 µg/L. However the vast majority of perchlorate samples analyzed by ELAP accredited laboratories do not fall into this situation. Most perchlorate samples are collected at locations where perchlorate is known to occur and false negative results are not the main concern. In this situation, Method 314 will do more than an adequate job but at a fraction of the cost of Methods 331 and 332.</p>	<p>Please see the responses to Comments #19 and #22.</p>
34	84	F	<p>However it is entirely possible that there are not a large number of drinking water sources with perchlorate in the range 1 to 4 mg/L. The cost of treatment for these sources maybe so high that it is not economically feasible to lower the MCL. Then the MCL will remain where it is but the DLR will have been permanently lowered with greatly increased laboratory costs but with no benefits being accrued to the protection of public health and the environment. This is definitely possibility and it is an area of concern to the laboratory community.</p>	<p>In the event that sampling at the proposed DLRs result in fewer sources with new detections than assumed in the ISOR and its Addendum, the overall cost impact of the proposed regulation would be reduced, as these sources would continue with their current lower frequency monitoring schedules.</p> <p>Please see response to Comment #51.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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34	85	G	<p>CAL would like to propose an alternative approach. This approach has three parts. First, create a temporary DLR for the purposes of collecting information on a possible lower MCL for perchlorate at 1 µg/L which would go into effect immediately. Second, require PWS that are not now treating their sources for perchlorate or whose sources are considered vulnerable to test all of their sources using a laboratory that can accurately measure down to 1 µg/L. Third, require all laboratories participating in this information collection plan to use the existing QC requirements for the MRL but checking the accuracy on a batch by batch basis at 1 µg/L. DDW will have the data that they need to determine if the MCL needs to be lowered now rather than years from now and laboratories and PWS can use the much more economical Method 314.</p>	<p>While the proposal regarding the QC [quality control] requirements is outside the scope of the proposed regulation and is not being incorporated in this rulemaking, it is of interest and may be pursued in a future rulemaking.</p> <p>Please see the response to Comments #7, #19, #37, and #44.</p>
34	86	E	<p>The USEPA has never regulated perchlorate and so, none the three methods were ever promulgate and are not listed in 40 CFR 141. As a result, CCR 22 also does not list any of these methods. There are currently no promulgate methods for the analysis of perchlorate in California. The vast majority of other analytes with MCLs have promulgated methods. If the State board wants to address the issue of perchlorate systematically, it needs to resolve this outstanding issue.</p>	<p>Please see the response to Comment #22 and #53.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
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35	87	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
36	88	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
37	89	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
38	90	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
39	91	G	DDW can simply require that all laboratories accredited by DDW set the MRL equal to the DLR and that no results be reported unless this standard is met.	This proposal would expand the scope of the proposed rulemaking from revision of a DLR to establishment and specification of the definition and use of minimum reporting levels. While the proposal regarding the MRL [minimum reporting level] requirements is outside the scope of the proposed regulation and is not being incorporated in this rulemaking, it is of interest and may be considered as part of a future rulemaking.
39	92	E	Rather, in the Initial Statement of Reason (ISOR) the text strongly implies, although it is not explicitly stated, that the use of Method 314 would not be acceptable....it is obvious that Method 314 can yield sufficient sensitivity if properly implemented so that the LDR would include 1 ppb.	Please see the responses to Comments #19, #21, and #22.
39	93	E	What DDW needs to do is not ban the use of Method 314 but rather demand that those using that method meeting the MRL requirements found in Method 314 for a DLR of 1 ppb. The proposal to ban Method 314 is completely unnecessary and indeed counterproductive.	Please see the responses to Comments #19, #21, and #22.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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39	94	G	Further, it would be possible to implement this 1 ppb DLR without waiting three years so that DDW can collect the data needed to decide is the MCL can indeed be lowered much sooner.	Please see the response to Comment #54.
39	95	E	My recommendation is for DDW to re-write their proposed regulation and not eliminate the use of Method 314 but rather establish Data Quality Objectives (DQO) for the regulation of perchlorate, including Measurement Quality Objectives (MQO) for laboratories, and create a Quality Management Program (QMP) which ties those DQOs to all public water systems and DDW programs involved with the regulation of perchlorate and the MQOs to all laboratories accredited for the analysis perchlorate so that all parties get data of known and useful quality to protect public health and the environment. DDW could achieve their objectives much quickly and at considerably less expense to the regulated community.	This proposal would expand the scope of the proposed rulemaking from revision of a DLR to establishment and specification for the application of data quality objectives. While this proposal is outside the scope of the proposed regulation and is not being incorporated in this rulemaking, it is of interest and may be considered as part of a future rulemaking. Please also see the responses to Comments #5, #19, #21, #22, and #91.
40	96	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
41	97	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
42	98	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
43	99	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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44	100	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
45	101	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
46	102	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
47	103	D	I do not support this.	This comment is appreciated.
48	104	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
49	105	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
50	106	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
51	107	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
52	108	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
53	109	J	We support OEHHA's determination of a 1 part per billion of public health goal and understand limitations in labs and economic cost or consideration.	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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53	110	B	We're really concerned about exposure, the populations especially the most vulnerable, pregnant women, their children incensed to these chemicals. And so we're urging that -- that this level be set below the recommended 2 parts per billion and down to 1 part per billion. We think it's feasible and necessary just to protect public health at a relatively small cost compared to the potential health cost if we continue to have this toxic chemical at levels which cause cancers and other endocrine disruption in the body. So that's our position right now as we urge an adoption of a 1 part per billion detection level.	Please see the response to Comment #61.
54	111	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
55	112	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
56	113	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
57	114	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
58	115	A	Letters present the following general comment: "support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb"	This comment is appreciated.
59	116	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
60	117	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

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Attachment 2 - Responses to Comments**

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61	118	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
62	119	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
63	120	A	I have worked in the lab industry for quite some time and just recently switched over to the drinking water -- San Gabriel. And the lab reporting limit of 2 parts per billion has been implemented for quite some time and laboratories are able to meet this limit and I support this 2 ppb limit.	This comment is appreciated.
64	121	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
65	122	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
66	123	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
67	124	E	The proposed regulations suggest that USEPA Method 314 may be disallowed as it is believed that it lacks sufficient sensitivity to support a DLR of 1 ppb. However, the text is actually not quite on clear on this. It seems to suggest that Method 314 will no longer be offered for accreditation but it does not state this explicitly.	Please see the responses to Comments #19, #21, and #22.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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67	125	F	<p>For some public water systems, this will be problem. Some PWSs currently treat their water for perchlorate using single pass IX resin in lead-lag series. In their permit, DDW requires them to change their lead resin when the effluent reaches the DLR. Lowering the DLR would mean for these PWS that they would need to change their resin out four times more frequently, driving up their treatment costs. The proposed regulations do not address this issue.</p>	<p>Please see the response to Comment #7.</p>
67	126	F	<p>For the vast majority of laboratories, including those owned by PWS but also fee-for-service standalone laboratories that PWS use, would need to purchase much more expensive equipment and commit more resources to the on-going operations of their equipment. This would be very costly and some laboratories may not find it cost effective and may decline to remain accredited. The DDW is aware of this situation and has proposed that the DLR be lowered in two steps, Phase I with a DLR of 2 ppb (2020 – 2023) and Phase II with a DLR of 1 ppb (2024 on) but it is not clear that that would solve the problem. It simply delays the problem three years.</p>	<p>Please see the responses to Comments #19 and #22.</p>
67	127	F	<p>...treatment costs for many PWS that currently treat perchlorate would rise significantly if the [stringency of the] MCL were increased.</p>	<p>Please see the response to Comment #42</p>

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Attachment 2 - Responses to Comments**

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67	128	I	It would serve no public health improvement to lower the DLR and increase the monitoring costs for PWSs that are already treating perchlorate.	Please see the responses to Comments #44 and #51.
67	129	I	The DDW proposal would permanently lower the DLR for all laboratories and all PWSs with only a limited possibility of lower the MCL and increasing public health protection.	Please see the responses to Comments #44 and #51.
67	130	G	DDW could establish a Perchlorate Information Collection Rule. This is something that the USEPA has done a number of times and DDW did once as well...The DLR would not be changed permanently unless a change in the MCL was really to occur. If there was no need to lower the DLR on a permanent basis, then laboratories would not have to purchase very expensive instruments.	Please see the responses to Comments #19, #21 and #54.
68	131	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
69	132	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
70	133	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
71	134	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
72	135	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
73	136	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

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Attachment 2 - Responses to Comments**

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74	137	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
75	138	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
76	139	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
77	140	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
78	141	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
79	142	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
80	143	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
81	144	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
82	145	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
83	146	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
84	147	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
85	148	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
86	149	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.

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Attachment 2 - Responses to Comments**

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87	150	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
88	151	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
89	152	A	<p>I'm organizing all the residents to send you emails with their support of the California Water Board lowering the DL of perchlorate.....</p> <p>Every constituent emailing you wants the new law to go down to 1ppb for perchlorate because that is the health standard. Please assume that they added this to each letter "and to 1ppb in 2024." I've corrected most of the people going forward, but you may have about 100 emails just saying 4ppb to 2ppb and trust me, they want it to 1ppb. We didn't know that was an option at the time.</p> <p>I hope this suffices as a way to let you know that we had old information and have just been updated and are really excited at the idea of having the DL down to 1ppb in 2024</p>	This comment is appreciated.
90	153	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
91	154	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
92	155	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

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93	156	A	Feel free to add anything else you want to add! But the most important thing to do is make sure that you reference "SBDDW-20-001: Perchlorate DLR" and say you are in support of this rule change.	This comment is appreciated.
94	157	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
95	158	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
96	159	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
97	160	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
98	161	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
99	162	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
100	163	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
101	164	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
102	165	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
103	166	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
104	167	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
105	168	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

Committer ID	Comment ID	Comment Category	<p align="center">Comment</p> <p align="center">(Note: Comment Category A includes paraphrases; all other comments are excerpted verbatim from comment letters or oral comments)</p>	Response
106	169	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
107	170	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
108	171	A	<p>Metropolitan concurs with the State Water Board regarding lowering the detection limit to 0.002 mg/L to collect occurrence data in drinking water sources at concentrations below the current DLR. The proposed DLR of 0.002 mg/L is reasonable, consistent with current laboratory analytical capabilities, and would help the State Water Board to get a more accurate and complete assessment of perchlorate occurrence in drinking water sources across the state. Metropolitan agrees that the lower DLR would improve the State Water Board's ability to evaluate the efficacy of various treatment technologies to economically treat perchlorate to concentrations less than the current DLR.</p>	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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108	172	G	Metropolitan reiterates that the DDW should develop guidance for water systems responsible for conducting monitoring, and the data collection time period and frequency...Metropolitan recommends that DDW solicit stakeholder input and develop a detailed monitoring program before collecting new occurrence data.	As described in Cost Estimating Methodology portion of the ISOR (pp. 6-7), perchlorate monitoring would continue in accordance with California Code of Regulations, Title 22, section 64432.3.
108	173	H	the new proposal of lowering the DLR to 0.001 mg/L by 2024 is a major shift from the State Water Board's initial approach and thus inappropriate for a 15-day comment period. A 15-day comment period is insufficient for laboratories and public water systems to evaluate their current capacity and thoughtfully comment on the proposal.	Please see the response to Comment #23.
108	174	E	it is premature to assume laboratory capacity 3½ years in the future and to incorporate that assumption into rulemaking in the present.	Please see the response to Comment #19.
108	175	E	with the ongoing COVID-19 pandemic and economic recession, the operational and financial outlook of laboratories may be uncertain. Laboratories need sufficient time to acquire the necessary instrumentation, train staff and gain accreditation to perform a method capable of achieving the proposed DLR of 0.001 mg/L.	Please see the responses to Comments #19 and #22.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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108	176	G	Metropolitan recommends that the State Water Board move forward with its initial proposal of lowering the DLR to 0.002 mg/L, collect occurrence data, and then re-visit whether to lower the DLR to 0.001 mg/L in a few years after assessing laboratory capacities.	Please see the responses to Comments #21 and #54.
108	177	G	Metropolitan reiterates that the State Water Board develop monitoring guidance and establish a phased monitoring approach to assist water systems in collecting occurrence data.	As described in Cost Estimating Methodology portion of the ISOR (pp. 6-7), perchlorate monitoring would continue in accordance with California Code of Regulations, Title 22, section 64432.3.
109	178	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
110	179	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
111	180	A	Please include my SUPPORT of the rule change to LOWER the Detection Limit of perchlorate from 4ppb to 2ppb.... A reduction in perchlorate levels would benefit the health all of the people of California. When the perchlorate levels are dropped to this lower level this would also legally hold private water companies (like Golden State Water in Simi Valley) to a higher standard of water treatment and disbursement.	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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112	181	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
113	182	J	<p>The SWRCB information page states that “Perchlorate and its salts are used in solid propellant for rockets, missiles, and fireworks, and elsewhere (e.g., production of matches, flares, pyrotechnics, ordnance, and explosives).” The information ominously adds, “Their use can lead to releases of perchlorate into the environment. ”</p> <p>Perhaps it was meant to simplify, but the information is incomplete. It neglects to mention that perchlorate occurs naturally in the environment, and, in certain desert areas, in concentrations higher than those quoted as being found in California.</p> <p>Perchlorate is also a byproduct of water treatment disinfection with sodium hypochlorite.</p>	<p>The commenter is correct that there are additional, less common contributing sources of perchlorate than those discussed on our Internet web page: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Perchlorate.html.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
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113	183	I	<p>Dose determines risk. In a peer-reviewed paper on perchlorate, the ACSH emphasized, “it is imperative that this cornerstone principle of toxicology be included in any assessment of perchlorate. Mere detection of a chemical in the environment cannot be equated with increased risk, but must be evaluated in terms of the hazard, dose-response, and human exposure, all steps in the characterization of health risk.” This, the SWRCB has neglected to do. It relies on the new technology to detect lower perchlorate levels without justifying the need using the above criteria.</p>	Please see the response to Comment #44.
113	184	J	<p>SWRCB’s selection of information may be charitably viewed as providing a worst-case scenario. While that may be the intent, SWRCB’s background information is rendered biased rather than useful or informative. It is pearlclutching designed to scare people and thus allow the SWRCB to further ratchet down the already unreasonable EPA maximum contaminant level (MCL) of six parts per billion (6 ppb) in drinking water to something so low as to be ludicrous.</p>	Please see response to Comment #42.

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113	185	I	It is disturbing to find SWRCB providing a hypothesis without any data to support it. The people who depend on us for clean and safe drinking water are ill-served if they are made poorer and not safer with ill-considered regulations. If this new MCL is adopted one can only conclude that SWRCB has abandoned basic science for basic fear-mongering.	Please see response to Comment #42.
113	186	I	The Initial Statement of Reasons is long on statutory authority and nonexistent on need. It lists no technical, theoretical, or empirical studies, reports, or similar documents regarding health or the life-years gained by the imposition of the new proposed regulation.	<p>Pages 14 and 15 of the ISOR list the technical, theoretical, or empirical studies, reports, or similar documents relied upon. The first item on that list is OEHHA's 2015 public health goal, for which the Final Technical Support Document on the Public Health Goal for Perchlorate in Drinking Water can be found at https://oehha.ca.gov/water/public-health-goal-fact-sheet/final-technical-support-document-public-health-goal-perchlorate.</p> <p>As described on the first page of the ISOR, OEHHA is the governmental entity charged with developing public health goals pursuant to Health and Safety Code 116365(c).</p>
113	187	I	The Water Board's Problem Statement has a fatal flaw. It fails to demonstrate a need for a lower standard. If this is a health issue, as the Water Board contends, then a problem statement would list how many people are debilitated by the current standard not being stringent enough.	Please see the responses to Comments #44, #51, and #186.

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Attachment 2 - Responses to Comments**

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113	188	J	<p>There are no benefits to this new MCL. The Water Board fails to give an estimate of increased Quality-Adjusted Life Years (QALYs)1 were their proposal to be enacted. They assume that it will, absent any analysis.</p>	<p>Please see response to Comment #42.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
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113	189	I	<p>...due to the studies, that have been conducted regarding perchlorate since the mid 1990s, there is less uncertainty that accompanies the establishment of a safe exposure level. Thus, the need for conservatism in the absence of knowledge has been replaced with data and knowledge, and doesn't necessitate a lower DLR. In fact, the Environmental Protection Agency has determined that levels found in U.S. drinking water are so much NOT of concern, it has opted to not even set an MCL for perchlorates.</p>	<p>In the Federal Register notice announcing U.S. EPA's withdrawal of its 2011 determination to regulate perchlorate in drinking water (available at https://www.federalregister.gov/documents/2020/07/21/2020-13462/drinking-water-final-action-on-perchlorate), U.S. EPA found that "perchlorate levels in drinking water and sources of drinking water have decreased since the UCMR 1 data collection. The main factors contributing to the decrease in perchlorate levels are the promulgation of drinking water regulations for perchlorate in California and Massachusetts and the ongoing remediation efforts in the state of Nevada to address perchlorate contamination in groundwater adjacent to the lower Colorado River upstream of Lake Mead" and noted that "[t]he small number of water systems with perchlorate levels greater than identified thresholds, and the correspondingly small population served, provides ample support for the EPA's conclusion that the regulation of perchlorate does not present a "meaningful opportunity for health risk reduction for persons served by public water systems," within the meaning of SDWA 1412(b)(1)(A)(iii)."</p> <p>Please see the responses to Comments #44 and #186.</p>

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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113	190	E	The lack of data on perchlorate occurrence at concentrations below the current DLR hinders the State Water Board's ability to evaluate whether technology achieves a materially greater protection of public health ... " is false.	Committer does not explain rationale for why he believes statement is false, and State Water Board disagrees, finding the lack of occurrence data below the current DLR hinder its ability to evaluate whether technology achieves a materially greater protection of public health.
113	191	F	Forcing people to spend money on an imagined benefit does make them poorer, and your ability to do that, while statutorily authorized, is theft.	Please see the responses to Comments #44, #51, and #186.
113	192	G	Let me suggest a less burdensome and equally effective alternative to the State Water Board for consideration: Do nothing.	Comment noted.
113	193	C	This also means that California has a stricter standard than the Federal one already. I realize that California prides itself on its strict environmental standards, but enough is enough already.	Please see the responses to Comments #44, #51, and #189.
113	194	B	In summary, the Water Board has not done its due diligence to research and explain the need for a more restrictive Detection limit for Purposes of Reporting (DLR). You must show us the data, research, scientific journal articles, or other scientific peer-reviewed articles that this new standard is "more protective of public health than the minimum federal requirements."	Please also see the response to Comment #186.
114	195	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
115	196	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
Attachment 2 - Responses to Comments**

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116	197	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
117	198	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
118	199	A	I support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
119	200	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
120	201	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
121	202	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
122	203	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
123	204	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
124	205	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
125	206	A	Perchlorate standards should reflect the most up to date science on this chemical compound, as even the Office of Environmental Health Hazard Assessment (OEHHA) updated their public health goal (PHG) to 1 part per billion (ppb).	This comment is appreciated.
126	207	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.

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Attachment 2 - Responses to Comments**

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127	208	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
128	209	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
129	210	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
130	211	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
131	212	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
132	213	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
133	214	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
134	215	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
135	216	G	After exhaustive and long-term study at the Federal Level – EPA tabled the adoption of a federal standard in June 2020. Why is CA intent on pushing the limits down in the face of evidence contrary to the need for public health concerns. Re-setting and reviewing the need and parameters for revised/lower limits seem to be in order.	Please see the responses to Comments #44, #51, and #189.
135	217	E	Why then are we continuing to push the phase out of method 314?	Please see the responses to Comments #19 and #22.

**Final Statement of Reasons for Proposed Perchlorate Detection Limit for Purposes of Reporting Regulations
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135	218	E	<p>Small independent labs can not afford the capital investment for method 331, or the staffing costs, and could be forced out of business. Some financial aide or financial transition plan for smaller labs that are forced to give up their 314 methods needs to be considered.</p>	<p>Please see the responses to Comments #19 and #22.</p>
135	219	F	<p>The continued push to eliminate and harm small labs using method 314 in favor of 531[331] at large government agency or private national labs could be interpreted as: i. Unfair competition, ii. Unfair trade practices, iii. Anti-trust concern</p>	<p>Please see the responses to Comments #19 and #22.</p>
135	220	E	<p>We urge for the more complete review of the science for both the public health impacts and DLR requirements AND the endorsement or elimination of certain test method technologies. Any fast decisions to ban the use of Method 314 would irreparably harm certain small labs struggling to provide a public service of providing independent and certified lab data.</p>	<p>Please see the responses to Comments #19 and #22.</p>
135	221	F	<p>This proposed rule would further the continued consolidation and uneconomically operation of small governmental or independent laboratories and is NOT in the public interest. The public interest and industry sustainability needs fair and economical solutions that allow for independent labs to exist and offer the communities choice in services and a robust regulated lab industry – not a monopoly.</p>	<p>Please see the responses to Comments #19 and #22.</p>

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136	222	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
137	223	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
138	224	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
139	225	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
140	226	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
141	227	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
142	228	A	support lowering the DL {detection limits} of Perchlorate from 4ppb	This comment is appreciated.
143	229	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
144	230	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
145	231	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
146	232	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
147	233	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
148	234	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.

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149	235	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
150	236	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
151	237	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
152	238	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.
153	239	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb and then to 1ppb in 2024	This comment is appreciated.
154	240	A	support lowering the DL (Detection Limit) of perchlorate from 4ppb to 2ppb	This comment is appreciated.