## EPA's New Beach Water Quality Criteria

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### BACKGROUND

- EPA adopted new beach water quality criteria November 26, 2012
- You asked for a briefing about the biggest changes contained in the new criteria
  - These are federal recommendations
  - California must determine which parts to adopt
- I gave a similar briefing to the California Beach Water Quality Workgroup
  - I will also share their thoughts on what California should adopt

### **MAJOR CHANGES**

#### • New beach management thresholds

- There are now three values instead of two
- The conceptual approach to thresholds has changed
- Increased consistency between freshwater and saltwater criteria
- Allows use of rapid QPCR-based methods
- Allows use of predictive models for health warnings
- Allows use of quantitative microbial risk assessment (QMRA) for developing site-specific objectives
- Opens the door to use of alternative indicators

### **THREE THRESHOLDS**

#### • Geometric mean (35 cfu/100 ml)

- Same value as we are presently using
- The allowable number of illnesses (on which it is based) changes, but that is in the weeds
- Statistical threshold value (130 cfu/100ml)
  - A new concept

#### Beach action value (70 cfu/100 ml)

- A new concept

# Eliminates the single sample maximum criteria (104 cfu/100 ml)

### **BEACH ACTION VALUE**

- EPA differentiates water quality criteria from beach health warnings
  - Water quality criteria are intended for discharge permit requirements and for determination of impaired water bodies

#### • The Beach Action Value is not regulatory

- Provides single sample guidance for when beach health warnings should be issued
- EPA refers to it as "a conservative, precautionary tool for making beach notification decisions"
- It is lower than the value we have been using for that purpose
  - 70 vs. 104
  - Would lead to about 20% more beach advisories, if adopted

### STATISTICAL THRESHOLD VALUE

#### A new regulatory value

Intended to supplement the geometric mean with a frequency of exceedance component

- Value not to be exceeded by more than 10 percent of the samples taken in a month
  - Does not explicitly provide for a seasonal adjustment
- It replaces the single sample maximum and would result in fewer 303(d) listings
  - Some Regional Boards presently use no more than 4% of samples above 104
  - This would be no more than 10% of samples above 130

### **RISK LEVEL**

#### • New criteria identifies two possible risk levels

- 32 illnesses per thousand or 36 illnesses per thousand

	Illness Rate: 36 per 1,000		OR	Illness Rate: 32 per 1,000	
Indicator	GM	STV		GM	STV
Enterococci – marine and fresh	35	130		30	110
OR					
<i>E. coli</i> – fresh	126	410		100	320

 Provides no guidance on which of these States should adopt

- 36 illnesses per thousand equivalent to present allowable illness rate

#### There were aspects they liked

- Consistency between fresh and salt water
- Separation of warnings from criteria
- An opportunity to eliminate *E. coli* and fecal coliform measurements

#### But mostly they weren't favorable to switching

- Changes would create confusion
- The underlying science was based on non-representative beaches

• Were also concerned that it would add to inconsistency across States

- Only some States would adopt new standards
- They didn't understand the different risk levels, which they felt would add to inconsistency

### **USE OF RAPID METHODS**

#### • EPA is allowing use of QPCR, with caveats

- "not currently suggested for NPDES permitting or effluent-related monitoring purposes because this method may not reflect the efficacy of WWTP disinfection"
- "EPA has limited experience with its performance across a broad range of environmental conditions"

• The methods we have been using in California are slightly different than the EPA method

- Recommended thresholds also differ from what we have been using
- Technology is evolving rapidly and their method is already dated
- EPA has opened the door to use of alternative methods, but hasn't laid out clear rules for method substitution

#### • EPA has not yet issued implementation guidance

- Due out later this year

### **BAV THRESHOLDS FOR QPCR**

- EPA is recommending a BAV threshold of 1000 cell equivalents when using QPCR
  - We have used 104 in our pilot testing
  - Makes a huge difference in the number of warnings that would be issued
- CA has flexibility in assigning this threshold, but the process for doing that is unclear
  - "EPA encourages a site-specific analysis of the method's performance prior to use"

	Enterolert <104	Enterolert >=104
EPA1600 <104	86.3	5.1
EPA1600 >=104	2.5	6.1
	qPCR <104	qPCR >=104
EPA1600 <104	qPCR <104 85.6	qPCR >=104 <u>5.8</u>

	qPCR <1000	qPCR >=1000
EPA1600 <104	90.6	0.7
EPA1600 >=104	8.3	0.4

### SOME IMPLEMENTATION ISSUES

#### Standard reference material

- What type will be used?
- Where will you obtain it from?

#### Training

- Who is going to provide training?
- How many locations will training be held?

#### No mention of financial assistance or incentives for adoption of new methods

- Have already eliminated traditional beach monitoring support funds
- Sequestration won't help

#### QA and laboratory certification

#### • Everyone liked the concept of rapid methods

- Particularly when it could be applied to a subset of beaches most in need of rapid methods
- Most expressed concern that EPA needs to provide implementation guidance and start-up funds
- Also concerned it would add inconsistency to monitoring systems
  - Methods are still evolving
  - The process for establishing site-specific thresholds for new methods is vague

### **STATISTICAL MODELS**

 EPA has opened the door to use of models for health warnings

- Some States are already doing it
- The new criteria provides approval and guidance

#### • Recognizes several categories of predictive models

- Statistical regression models
- Rainfall-based notifications
- Decision trees
- Deterministic models

 Mostly technical guidance about how to do it well, rather than a recommendation or criteria

- Interesting, but not compelling
- Noted that we are already using models for health warnings
  - Imperial Beach: Based on flow from Tijuana River
  - Rain-related warnings

## • Stanford/Heal the Bay currently doing a project to investigate whether models work at California beaches

 Group wants to hear results from that project before opining on likelihood of expanded use of models

### QUANTITATIVE MICROBIAL RISK ASSESSMENT (QMRA)

- One of the biggest complaints about previous criteria is that they are applied equally, regardless of fecal source
- States are presently permitted to conduct epidemiological studies to derive site-specific objectives

#### • EPA will now allow QMRA for site-specific objectives

- Less expensive, but scientifically less mature than epidemiology
- EPA is presently developing QMRA guidance

### **HOW DOES QMRA WORK?**

#### • Identify fecal sources

- Sanitary survey
- Source ID methods
- Stop if there is more than ~15% human contribution

#### • Quantify pathogen loads from each source

Eight pathogens account for >97% of non-foodborne illness in the US

#### Model illness potential based on known health risk from each of those pathogens

Norovirus	Giardia lamblia
Rotavirus	Campylobacter spp.
Adenovirus	Salmonella enterica
Cryptosporidium spp.	<i>E. coli</i> 057:H7

• This topic engendered the most discussion

#### • People were generally favorable

Recognize that some beaches have non-human sources

#### But they were also cautious

 Were concerned about relaxing standards based on inadequate evidence

#### • EPA has not yet produced guidance

- EPA is enthusiastic to partner with us on case studies

### **ALTERNATIVE INDICATORS**

- "EPA anticipates that scientific advancements will provide new technologies for enumerating fecal pathogens or FIB"
  - "As new or alternative indicator and/or enumeration method combinations are developed, states may want to consider using them to develop alternative criteria"
- Opens the door to both new methods and new indicators
- "If a state adopts WQS using alternative indicator/method combinations, EPA will review those standards to determine whether such standards are scientifically defensible and protective of the primary contact recreation use"
  - "A robust relationship need not be established between EPA's recommendation and alternative indicators for the whole range of indicator densities"
  - "It is important that a consistent and predictable relationship exist between the enumeration methods and an established indicator/health relationship in the range of the recommended criteria"

- No reaction, as they didn't see adoption of new indicators as likely to happen in the foreseeable future
  - They were glad to see flexibility for adopting new enterococcus measurement methods as they evolve

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