



NSF Standard(s) Impacted: NSF/ANSI 61

Background:

Provide a brief background statement indicating the cause and nature of concern, the impacts identified relevant to public health, public understanding, etc, and any other reason why the issue should be considered by the Committee. Reference as appropriate any specific section(s) of the standard(s) that are related to the issue.

Many states and cities are now conducting aggressive monitoring program for lead in schools and day care centers. The American Association of Pediatrics has called for regulations limiting exposure of lead in drinking water for schools and day care centers to no more than 1 part per billion:

<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/With-No-Amount-of-Lead-Exposure-Safe-for-Children,-American-Academy-of-Pediatrics-Calls-For-Stricter-Regulations.aspx>

Both EPA and CDC have determined that there is no safe level of lead. Most school monitoring is done using the EPA 3Ts program guidance, which uses 250 mL first draw samples, not 1 L as is used by the Lead and Copper rule, and which has been the basis for the Q value used for NSF/ANSI 61 Section 9, after normalization to 1 L. While EPA originally recommended 20 ppb as the lead concentration where replacement or treatment is suggested, that value is now almost universally considered to be a highly unsafe level, and many state and city testing programs are setting their own trigger concentrations, usually in the 1 to 10 ppb range. In at least one state, there is testing of all consumptive outlets, including bathroom, and there is no requirement to draw only from cold water line.

Numerous reports from school monitoring programs have found that replacement of old faucets and valves often has not resulted in lower lead levels below their preferred trigger levels for treatment or replacement. There are multiple sampling bias reasons why this may be the case, but anecdotal evidence also strongly suggests that in some cases undesirable levels of lead are released by faucets and valves by devices certified under NSF/ANSI 61 Section 9.

On the positive side, the monitoring programs and knowledge of fixtures and fittings on the market also show that often the amount of lead leached out of faucets and valves is negligible. The labeling system is confusing and doesn't separate out for preferential selection by schools, day care centers, and concerned parents, the genuinely lead-free products (zero lead) from the ones that have lead in varying degrees that would generate undesirable levels in that first 60 or 125 mL that a child would most likely actually drink.

Recommendation:

*Clearly state what action is needed: e.g., recommended changes to the standard(s) including the current text of the relevant section(s) indicating deletions by use of ~~strike-out~~ and additions by **highlighting** or underlining; e.g., reference of the issue to a Task Group for detailed consideration; etc.*

There are a number of ways the standard could be modified towards helping schools, day cares and consumers identify the most desirable products for their need for increased levels of lead protection. From a leachate perspective, options to consider include:

- Allowance of an optional certification designation for faucets and valves that can be tested as an assembled product, and the assembled product meet the current NSF/ANSI 61 Section 9 test protocol Q value criterion.



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- Requiring compliance with lead extraction requirements earlier in the Section 9 test protocols such as Days 3, 4, and 5 rather than basing it on the full 19 day protocol and perhaps holding those results to a lower Q requirement.
- A more difficult and complex solution could be making changes in the Q value and maximum allowable concentration for all products under the standard.

If an option is to be established for a more rigorous lead criterion, a corresponding product marking should also be established so schools, day cares and consumers can identify the most desirable products for their need for increased levels of lead protection.

Therefore, I recommend forming a special Task Group to investigate implementing a special higher-stringency certification level for products to be used in schools, day care centers, and for consumers desiring the additional level of protection for their families.

Supplementary Materials (photographs, diagrams, reports, etc.): To be provided later.

If not provided electronically, the submitter will be responsible to have sufficient copies to distribute to committee members.

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**Type written name will suffice as signature*