

Massapequa Water District

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May 23, 2011

Rodger C. Sokol Ph. D. Director
New York State Dept. of Health
Bureau of Public Water Supply Protection
Flanigan Square
547 River Street
Troy, NY 12180-2216

Reference: Grumman-Navy Groundwater Contamination Plume

Dear Dr. Sokol:

We appreciate that staff from your Department have been participating in committee meetings and conference calls that have been scheduled and coordinated by U.S. Senator Schumer's Long Island Representative. Therefore your Department should be keenly aware of our public health protection concerns as it relates to the adverse impact that the Grumman-Navy plume will have on our drinking water supply wells. Up until the date of this letter the NYSDEC has been making egregious health related decisions that are based on financial considerations and on a highly inaccurate groundwater model. For the past dozen years the Massapequa Water District has been opposed to the flagrant use of wellhead treatment by the DEC as the answer to mitigation of this highly toxic plume emanating from the Bethpage Navy Grumman site. Although MWD's dozen years of technical and written opposition to the DEC approach needs no confirmation, recently both the EPA and USGS have confirmed the inadequacies and subsequent findings utilized by the DEC from this model. The DEC cannot rely upon their terminology of implementation i.e. cost as the determining factor in cleanup alternatives when the health of over 200,000 people is at stake. Their misunderstanding of the hydrogeology involved in our complex sole source aquifer system has also been ignored especially in determining when this highly toxic plume will enter the public water supplies and the Great South Bay. Once this plume enters the Great South Bay it would continue to adversely affect public health through the food chain. MWD has submitted alternatives to the regulatory authorities that are both less costly and end the debate over wellhead treatment and ingestion of contaminants, the true health risk.

As you are aware New York State Public Health Law, Section 225, Part 5, Subpart 5- Public Water Systems, Section 5-1.70 (Protection and supervision of public water systems) requires the supplier of water and the person or persons operating a public water system shall exercise due care and diligence in the maintenance and supervision of all sources of the public water system to prevent, so far as possible, their pollution and

Committed to deliver and preserve our water supply for the welfare, health, and safety
of the inhabitants of the Massapequa Water District.

depletion. As you may be aware our District has taken a proactive leadership role to prevent the high magnitude plume from impacting our supply wells. Over the past decade the District has placed the Nassau County Department of Health, New York State DEC and USEPA on notice of our concern that these highly contaminated plumes be remediated before they have the ability to impact our vital drinking water supply wells. The DEC approach through the utilization of their inaccurate groundwater model has been almost 30 years off in their prediction as to when South Farmingdale and Seaford public water supply wells would be impacted by the Grumman Navy plume. Utilizing the DEC approach and recalculating based upon their 30 year error, MWD's consulting experts estimate that plume impact may be less than four years from contaminating our public water supply wells. Time is of the essence.

Wellhead treatment is not desirable based on a health risk concern. Proactive plume clean-up and containment is the most desirable alternative. Over the past 25 years the EPA has continued to set forth more stringent requirements for public drinking water. These more restrictive measures primarily have initiated more advanced wellhead treatment needs periodically. However the fact remains that even though these regulations are more stringent, people are ingesting the water before the regulations are promulgated and during the time that more enhanced wellhead treatment is brought online. In other words we keep drinking the water until the technology and/or the resources of the EPA deem that they need to be treated further. In essence this is comparable to inviting a disease into your body and then hoping that the existing cure works. It begs the question of why these contaminants are allowed into the public water supply in the first place. Prior to 1986 people ingesting the "treated" Navy/Grumman plume water was perfectly safe according to the EPA regulations that were basically a 10 ppm total organic compounds threshold level for treatment. However when the new regulations were promulgated defining the specific contaminant limits of organic compounds resulting in wellhead treatment to 5 ppm (per each constituent), the public had ingested (or potential) that water until the new regulations went into effect and the appropriate wellhead treatment for them was in operation. Again the EPA promulgated more stringent regulations resulting in a parts per billion limit for the removal of each contaminant. These current regulations are far more stringent than those of even 10 years ago requiring significant wellhead treatment and does not reclaim the contaminants that were already ingested over the previous 2 1/2 decades. The DEC record on selection of wellhead treatment also ignores the fact that wellhead treatment is local and does not address the entire plume and therefore guarantees that downstream public supply wells will be contaminated, continuing the ingestion of contaminant.

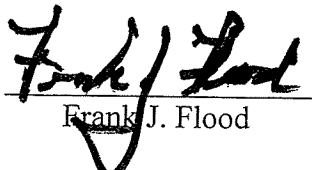
Although some argue that significant capital and operating expenses associated with wellhead treatment are a problem, and they are, they are minor in comparison to the health risk that continues to be ignored by the NYSDEC and USEPA. Furthermore, the lack of complete plume delineation does not provide sufficient information to properly define the contaminants and therefore the requisite design of an effective treatment system. The public water supplier that was initially impacted by the Navy/Grumman plume is now forced by the Nassau County Health Department to take unexpected and expedited actions to upgrade treatment facilities to keep vital supply wells in operation. This will be the second such action over the past 2 1/2 decades and based on the historical facts indicates that upgrades will need to be done again and again.

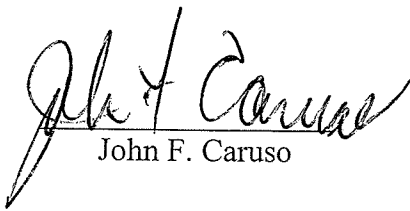
It should be noted that the EPA is providing serious consideration to lower MCLs sometime in the near future for tetrachloroethylene (PCE) and trichloroethylene (TCE), both major constituents of the Navy Grumman plume. The DOH must consider that the DEC findings of PCE and TCE in the range of several thousand parts per million makes wellhead treatment a worst-case last resort consideration where public health is concerned. It appears highly likely that the EPA can lower the MCL to something closer to the current reliable detection limit of 0.5 ppb and this decision would be highly defensible in the context of the SDWA requirement that the MCL must be as close to the MCLG "as feasible". Both are common solvents and are found quite often in concentrations below the current MCLs of 5 ppb. The lowering of the MCLs will result in far higher wellhead treatment costs and does not guarantee elimination of this contaminant and subsequent more stringent requirements. Recent information indicates the preliminary position of the EPA regarding these two regulated contaminants is contained in the 3/29/10 Federal Register Notice and Request for Comments and is referred to as the Second 6-Year Review. The SDWA requires that the EPA Administrator determine the likelihood that a regulated contaminant may cause cancer. The EPA decisions at the time of their original regulation were that PCE and TCE were likely human carcinogens. Because of the carcinogenicity decision, at the time EPA established these two MCLs, two things happened as required by the SDWA in that the MCL Goal (MCLG) by law had to be set at zero and the MCLs had to be as close to the MCLG "as feasible". Therefore there is a very high likelihood that even lower MCLs' for PCE and TCE will be established in the near future.

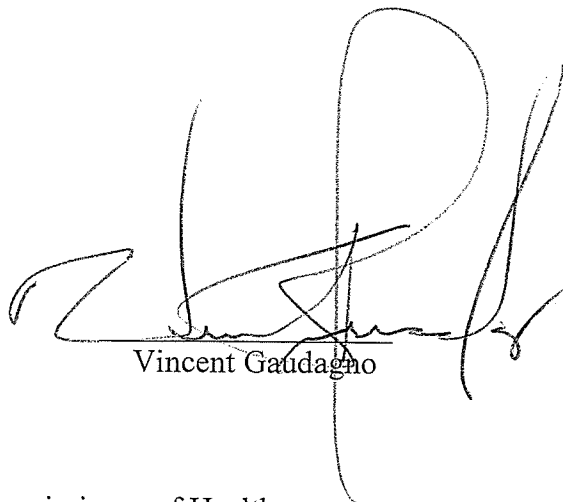
In view of the fact that the New York State Department of Health's primary function is to oversee the health and well-being of our citizens, we urge you to intercede in this matter. MWD stands ready to meet with you as soon as possible to discuss this most significant health risk problem. At that time you will have an opportunity to review alternative measures, as previously mentioned, that are available and less costly. Please call John F. Caruso, Commissioner at 516-459-7276 if you have any questions or to set up a meeting regarding this matter.

Sincerely,

Massapequa Water District
Board of Commissioners


Frank J. Flood


John F. Caruso


Vincent Gaudagno

cc: Maria Torroella Carney, MD, FACP Nassau County Commissioner of Health
Susan King, Director Division of Environmental Health Nassau County Dept of Health
G. Petrella (Senator Schumer)
State Senator C. Fuschillo
State Assemblyman J. Saladino
County Legislator Peter Schmitt
Town Supervisor John Venditto