



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL PUBLIC HEALTH
PO Box 47820 • Olympia, Washington 98504-7825
(360) 236-3000 • 711 Washington Relay Service

March 6, 2026

The Honorable Lee Zeldin, Administrator
U.S. Environmental Protection Agency
EPA Docket Center
Office of Water Docket
Mail Code 28221T
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Subject: Perchlorate National Primary Drinking Water Regulation Rulemaking Comments—Docket ID No. EPA-HQ-OW-2024-0592

Dear Mr. Zeldin:

The Washington State Department of Health (DOH) has reviewed the proposed National Primary Drinking Water Regulation (NPDWR) for perchlorate in Federal Register Volume 91, No. 3, dated January 6, 2026. This letter represents DOH's general and detailed comments on the proposed perchlorate drinking water regulation.

DOH recommends a lower Maximum Contaminant Level Goal (MCLG) with additional significant figures of 0.016 mg/L. This value incorporates more current drinking water estimates for women of child-bearing age from the 2019 update to the EPA Exposure Factor's Handbook. The MCL should be as close to the MCLG as is technically and fiscally feasible. An MCL of 0.016 mg/L seems to be both technically and fiscally feasible as states have already implemented at lower concentrations. The proposed MCLs for perchlorate of 0.04 mg/L and 0.08 mg/L do not provide an adequate level of public health protection.

Establishing and enforcing this MCL represents an important step in reducing exposure to perchlorate to consumers of drinking water supplied by public water systems. However, enforceable levels of perchlorate in drinking water must be established at levels that are protective of public health.

Successful implementation of the proposed perchlorate drinking water standard depends upon EPA providing additional clarification, guidance, and direction in areas with potential implementation challenges. It is essential these issues are addressed by EPA prior to adoption of the perchlorate rule.

EPA is proposing an NPDWR and a health-based MCLG under the Safe Drinking Water Act (SDWA). Under this action, EPA is proposing to set the perchlorate MCLG at 0.02 mg/L. EPA is also proposing an enforceable MCL for perchlorate at 0.02 mg/L, 0.04 mg/L, and 0.08 mg/L.

As proposed, the MCLG and MCLs do not provide an adequate level of public health protection for consumers of drinking water containing perchlorate. DOH recommends establishing an MCLG and the associated MCL at 0.016 mg/L.

For the drinking water intake rate used to derive the MCLG, it is important to protect pregnant women during the first trimester before women may know they are pregnant. We concur that the drinking water intake rate for women of child-bearing age is appropriate for derivation of this MCLG. EPA used a drinking water intake of 0.032 L/kg/day for women of child-bearing age (based on the 2011 Exposure Factors Handbook), resulting in a MCLG of 18.03 ppb. The 2019 update to the Exposure Factors Handbook increased this number to 0.035 L/kg-day¹, which would reduce the MCLG to 16.48 ppb. We believe use of the current 2019 exposure estimate is more appropriate.

Areas of EPA's proposed perchlorate rule are unclear, need further clarification, and more specific guidance to ensure successful implementation of the proposed perchlorate rule:

Monitoring and waiver requirements. The proposed rule does not appear to be aligned with the Standard Monitoring Framework (SMF) for Inorganic Chemicals (IOCs) outlined in the current sections of 141.23. Monitoring frequency closely resembles PFAS with initial monitoring based on population and source type. The CFR generally groups individual sections by analytes with similar monitoring, waiver, and notification requirements. Perchlorate should be listed in its own separate section to ensure initial compliance, and on-going monitoring is clearly conveyed to water systems and states.

We also recommend that EPA follow the standard monitoring framework for IOCs with initial monitoring based on the type of source, not population.

DOH feels the waiver eligibility is not consistent with SMF and is set too low at 0.0040 mg/L. We recommend that perchlorate be considered for reduced monitoring or waiver options at 50 percent of the MCL or consistent with state's existing waiver options. This provides both public health protection and reduces burden for public water systems for states that have developed waiver programs.

Public notification (PN) and CCR. EPA is aware that water systems may face implementation challenges in complying with Tier 1 PN compared to complying with Tier 2 PN. Water systems have expressed capacity challenges with complying with Tier 1 PN, as well as the potential to erode public trust in drinking water due to a potential for increased notices on drinking water violations. The EPA requests public comments on the selection of Tier 1 PN rather than Tier 2 PN for an MCL exceedance. DOH believes Tier 2 is appropriate for perchlorate for an MCL exceedance as it is consistent with current SMF PN requirements.

¹ 2019 Update to the 2011 EPA Exposure Factors Handbook, Table 3-63, Consumer-Only Drinking Water Intake: Pregnant and Lactating Women, and Women of Child-Bearing Age (13 to <50). 35.4 ml/kg-day is the 90th percentile intake for women of child-bearing age for intake of community water.

While the required health effects language used for PN is technically correct it is not clear or useful to the public. The health effects language should be redrafted to be plain talked and actionable. For example, many people won't know they have iodine deficiency or are "hypothyroxinemic", so it is not evident how the target audience would identify themselves. Talking to your health care provider can take weeks for an appointment and may require blood work to support any medical advice about action.

Treatability. Along with ion exchange and reverse osmosis, biological treatment is listed in the proposed rule as one of the best treatment alternatives for perchlorate removal from drinking water. For treatment of perchlorate, the biological treatment needs to be anoxic. This would initially be a challenge for DOH to regulate because we have no experience with anoxic biological treatment of drinking water. DOH requests additional guidance and technical assistance from EPA on anoxic biological treatment for this drinking water application.

Thank you for the opportunity to provide these comments. If you have any questions, please contact Mike Ellsworth at Michael.Ellsworth@doh.wa.gov or the Director, Federal and Inter-State Affairs for Governor Ferguson's Washington, D.C. office Rose Minor at Rose.Minor@gov.wa.gov

Sincerely,



Lauren Jenks
Assistant Secretary, Environmental Public Health
Washington State Department of Health