Evaluation of Household Water Quality in Southside, Virginia (Halifax, Mecklenburg, Charlotte, Lunenburg, and Brunswick Counties)
SEPTEMBER 2012
VIRGINIA HOUSEHOLD WATER QUALITY PROGRAM

Background

More than 1.7 million (22%) Virginians use private water supplies such as wells, springs, and cisterns. The Virginia Household Water Quality Program (VAHWQP) began in 1989 with the purpose of improving the water quality of Virginians reliant on private water supplies. Since then drinking water clinics have been conducted in 87 counties across Virginia and samples analyzed from more than 15,300 households. In 2007, the Virginia Master Well Owner Network (VAMWON) was formed to support the VAHWQP. Virginia Cooperative Extension agents and volunteers participate in a 1-day VAMWON training workshop that covers private water system maintenance and protection, routine water testing, and water treatment basics. They are then able to educate others about their private water supplies. More information about these programs may be found at our website: www.wellwater.bse.vt.edu.

Private water sources, such as wells and springs, are not regulated by the U.S. Environmental Protection Agency (EPA). Although private well construction regulations exist in Virginia, private water supply owners are responsible for maintaining their water systems, for monitoring water quality, and for taking appropriate steps to address problems should they arise. The EPA Safe Drinking Water Standards are good guidelines for assessing water quality. *Primary drinking water standards* apply to contaminants that can adversely affect health and are legally enforceable for public water systems. *Secondary drinking water standards* are non-regulatory guidelines for contaminants that may cause nuisance problems such as bad taste, foul odor, or staining. Testing water annually, and routinely inspecting and maintaining a water supply system will help keep water safe.

Geology

Southside lies completely within the ***Piedmont*** physiographic province of Virginia. The Piedmont province is the largest physiographic province in Virginia, extending west of the Fall Line (roughly I-95) to the Blue Ridge Mountains. The diversity of the subsurface geology results in wide variations in groundwater quality and well yields. Areas high in iron concentrations and low in pH are more common where igneous and metamorphic formations dominate. A few areas contain sedimentary rocks overlying the bedrock. The majority of water supplies are found within a few hundred feet of the surface where fractures and faults are larger and occur more frequently. This is the case in the western Piedmont Province along the base of the Blue Ridge Mountains. Because of the range in groundwater quality and quantity in this region, as well as the varying potential for contamination, well site evaluation and well monitoring is very important (GWPSC, 2008).

Overview

In September 2012, 184 residents participated in several drinking water clinics sponsored by local Virginia Cooperative Extension (VCE) offices and the Virginia Household Water Quality Program. Subsidized funding to assist with the cost of sample analysis and program support was provided by a grant from USDA Rural Health and Safety Education Program (Competitive Grant No. 2011-46100-31115). Table 1 shows the counties and number of participants from each county that participated in the Southside clinics. The Southside clinic participants received a confidential water sample analysis and attended educational meetings where they learned how to interpret their water test results and address potential issues. The most common household water quality issues identified as a result of the analyses for the participants were high levels of iron, manganese, low pH, and the presence of total coliform bacteria. In addition, levels of lead exceeding recommendations for household water were detected in some first draw and flushed samples. Figure 1, found at the end of this report, shows these common water quality issues along with basic information on standards, causes, and treatment options.

Drinking Water Clinic Process

Any resident relying on a well, spring, or cistern was welcome to participate in the clinic. Advertising began about 8 weeks prior to an initial kickoff meeting and utilized local media outlets, announcements at other VCE meetings, and word of mouth. Pre-registration was encouraged.

Kickoff meeting: Participants were given a brief presentation that addressed common water quality issues in the area, an introduction to parameters included in the analysis, and instructions for collecting their sample. Sample kits with sampling instructions and a short questionnaire were distributed. The questionnaire was designed to collect information about characteristics of the water supply (e.g. age, depth, and location), the home (e.g. age, plumbing materials, existing water treatment), and any existing perceived water quality issues. The questionnaire also included basic demographic information about the household, including household income, the age and education level of each member, and whether or not household members drink the water from the private water supply tested. The purpose of the clinic was to build awareness among private water supply users about protection, maintenance, and routine testing of their water supply.

Participants were instructed to drop off their samples and completed questionnaires at a predetermined location on a specific date and time.

Sample collection: Following collection at a central location, all samples were iced in coolers and promptly transported to Virginia Tech for analysis.

Analysis: Samples were analyzed for the following water quality parameters: iron, manganese, nitrate, fluoride, sulfate, pH, total dissolved solids (TDS), hardness, sodium, copper, lead, arsenic, total coliform bacteria, and *E. coli*. General water chemistry and bacteriological analyses were performed by the Department of Biological Systems Engineering Water Quality Laboratory at Virginia Tech. All water quality analyses were performed using standard analytical procedures.

The EPA Safe Drinking Water Standards, which are enforced for public water systems in the U.S., were used as guidelines for this program. Water quality parameters not within range of these guidelines were identified on each water sample report. Reports were prepared and sealed in envelopes for confidential distribution to clinic participants.

Interpretation meeting: At the interpretation meetings, participants received their confidential water test reports, and VCE personnel made a presentation providing a general explanation of what the numbers on the reports indicated. In addition, general tips for maintenance and care of private water supply systems, routine water quality testing recommendations, and possible options for correcting water problems were discussed. Participants were encouraged to ask questions and discuss findings either with the rest of the group or one-on-one with VCE personnel after the meeting.

Findings and Results

Profile of Household Water Supplies

The questionnaire responses, provided by all 184 participants, helped to characterize the tested water supplies. Ninety-six percent of participants in the Southside clinic indicated their water supply was a well; four participants reported having a spring.

The most commonly reported source of potential contamination near the home (within 100 feet of the well) was identified in the Southside clinic as a septic system (12%) and an oil tank (10.9%). According to participants, larger, more significant potential pollutant sources were also proximate (within one-half mile) to water supplies. Thirty-five percent of Southside clinic respondents indicated that their water supply was located within one-half mile of a major farm animal operation and 27.2% indicated that their supply was within one half-mile of a field crop operation. Other nearby sources of potential contamination included commercial tanks, illegal dumps, manufacturing, and golf courses.

On the questionnaire, participants also described the type of material used for water distribution in each home. The two most common pipe materials in the clinic group were plastic (90.8%) and copper (34.8%). Many homes were reported as having more than one type of plumbing material, which is quite common.

To properly evaluate the quality of water supplies in relation to the sampling point, participants were asked if their water systems had water treatment devices currently installed, and if so, the type of device. Forty-five percent of Southside clinic participants reported at least one treatment device installed. The most commonly reported treatment device was a sediment filter (37.5%) followed by a carbon filter and water softener, each installed by 2.7% of participants.

Participants' Perceptions of Household Water Quality

Participants were asked whether they perceived their water supply to have any of the following characteristics: (1) corrosive to pipes or plumbing fixtures; (2) unpleasant taste; (3) objectionable odor; (4) unnatural color or appearance; (5) floating, suspended, or settled particles in the water; and (6) staining of plumbing fixtures, cooking appliances/utensils, or laundry.

Staining problems were reported by 44% of clinic participants in the Southside clinic. Rusty (24.5%) was the most commonly reported stain. An objectionable odor was reported by 15.8% of clinic participants, citing a rotten egg smell in their water. About 8.2% reported unpleasant tastes, indicating sulfur and metallic as the most common. About 13.6% reported having particles in their water, the most common being white flakes (4.3%). About 12% of participants reported having corrosion problems. Finally, about 16.8% reported an unnatural appearance in their water, most commonly observed as yellow and muddy, each representing 6% of the samples.

Bacteriological Analysis

Private water supply systems can become contaminated with potentially harmful bacteria and other microorganisms. Microbiological contamination of drinking water can cause short-term gastrointestinal disorders, such as cramps and diarrhea that may be mild to very severe. Other diseases that may be contracted from drinking contaminated water include viral hepatitis A, salmonella infections, dysentery, typhoid fever, and cholera.

Microbiological contamination of a water supply is typically detected with a test for total coliform bacteria. Coliform bacteria are present in the digestive systems of humans and animals and can be found in the soil and in decaying vegetation. While coliform bacteria do not cause disease, they are indicators of the possible presence of disease causing bacteria, so their presence in drinking water warrants additional testing.

Positive total coliform bacteria tests are often confirmed with a re-test. If coliform bacteria are present in a water supply, possible pathways or sources include: (1) improper well location or inadequate construction or maintenance (e.g. well too close to septic, well not fitted with sanitary cap); (2) contamination of the household plumbing system (e.g. contaminated faucet, water heater); and (3) contamination of the groundwater itself (perhaps due to surface water/groundwater interaction).

The presence of total coliform bacteria in a water sample triggers testing for the presence of *E. coli* bacteria. If *E. coli* are present, it indicates that human or animal waste is entering the water supply.

Of the 184 samples collected in the Southside clinics, 55.4% tested positive (present) for total coliform bacteria. Subsequent *E. coli* analyses for all of these samples showed that 8.7% of the samples tested positive for *E. coli* bacteria.

Program participants whose water tested positive (present) for total coliform bacteria were encouraged to retest their water to rule out possible cross contamination, and were given information regarding emergency disinfection, well improvements, and septic system maintenance. Any participant with a sample that tested positive for *E. coli*, was encouraged to take more immediate action, such as boiling water or using another source of water known to be safe until the source of contamination could be addressed and the water supply system disinfected. After taking initial corrective measures, participants were advised to have their water retested for total coliform, followed by testing for *E. coli*, if warranted. In addition, participants were provided with resources that discussed continuous disinfection treatment options.

Table 2, found at the end of this report, shows the general water chemistry and bacteriological analysis contaminant levels for the Southside drinking water clinic participants.

Chemical Analysis

As mentioned previously, all samples were tested for the following parameters: iron, manganese, nitrate, fluoride, sulfate, pH, total dissolved solids (TDS), hardness, sodium, lead, arsenic, and copper. Selected parameters of particular interest for Southside drinking water clinic samples are discussed below.

Lead

Lead is not commonly found in groundwater, but may enter household water as it travels through plumbing materials. Lead can cause irreversible damage to the brain, kidneys, nervous system, and blood cells, and is a cumulative poison, meaning that it can accumulate in the body until it reaches toxic levels. Young children are most susceptible, and mental and physical development can be irreversibly stunted by lead poisoning. Lead may be found in household water from homes built prior to 1930 with lead pipes, prior to 1986 with lead solder, or in new homes with "lead-free" brass components, which may legally contain up to 8% lead. The EPA limit for lead in public drinking water is 0 mg/L, and the health action limit is 0.015 mg/L. In these drinking water clinics, participants collect two samples from their taps: 1) a *first draw* sample, which is drawn first thing in the morning after the water hasn't been used in at least 6 hours, and therefore has a substantial contact time with the plumbing and 2) a *flushed* sample, taken after water has been run for 5 minutes, and therefore has not had significant contact with pipes. If lead is present above 0.015 mg/L in the first draw sample, but is not detected in the flushed sample, simply running the water for a few minutes prior to collecting water for drinking may remedy the problem. Alternatively, addressing the corrosiveness (acidity) of your water by installing an acid neutralizing filter may solve the problem. Reverse osmosis systems or activated carbon filters (labeled for lead removal) can remove it from your water.

In the Southside clinic, 19.6% of first draw samples exceeded 0.015 mg/L lead. From the flushed samples, 1.6% exceeded the 0.015 mg/L standard.

pH

pH is a measure of the acidity or alkalinity of a substance. The EPA suggests the pH for public drinking water be between 6.5 and 8.5. Of the 184 Southside clinic samples, 29.9% were below the recommended pH of 6.5, indicating acidic water. Although not a health concern in itself, acidic water may be corrosive and can potentially leach metals like copper and lead from plumbing components. An option for dealing with low pH water is to install an acid neutralizing filter, which raises pH by passing the water through a medium of calcite and/or magnesium oxide.

Iron and Manganese

Iron and manganese generally originate from certain rock formations, and do not usually present a health risk. These minerals can be objectionable if present in amounts greater than 0.3 mg/L for iron and 0.05 mg/L for manganese. They tend to occur together, but don't always. Excessive iron can leave red-brown or orange stains on plumbing fixtures and laundry, and manganese tends to result in similar, but brown-black stains. Both can give water a bitter or metallic taste. In the Southside clinic, iron and manganese were each present in levels exceeding recommendations in 12.5% and 12% of the samples, respectively.

Conclusion

Clinic participants received objective information about caring for and maintaining their private water supply systems, and specific advice about addressing any problems that were identified through the analysis of their water sample.

References

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Additional Resources

For more information about the water quality problems described in this document, please refer to our website. Here you will find resources for household water testing and interpretation, water quality problems, and solutions: www.wellwater.bse.vt.edu/resources.php

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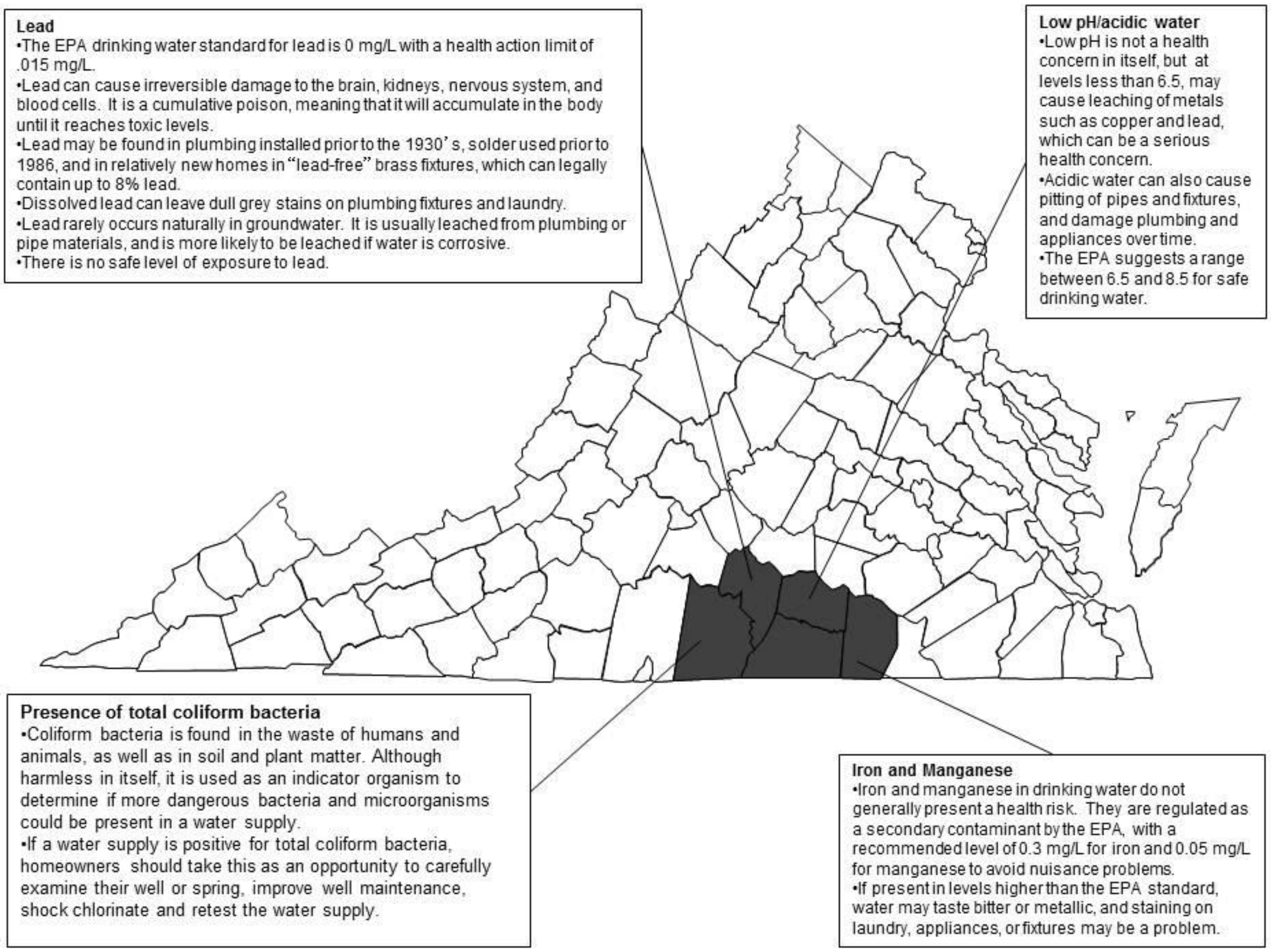

Figure 1. The most common household water quality issues found in the 184 Southside clinic participant samples were high levels of iron, manganese, low pH, lead, and the presence of total coliform bacteria.

Table 1. Counties involved in the Southside clinic and the number of participants from each county.

County	# participants
Halifax	67
Mecklenburg	57
Charlotte	32
Lunenburg	21
Brunswick	7

Table 2. General water chemistry and bacteriological analysis contaminant levels for the Southside drinking water clinic participants. This program uses the EPA primary and secondary standards of the Safe Drinking Water Act, which are enforced for public systems, as guidelines for private water supplies.

2012 Southside VAHWQP Drinking Water Clinic Results *N = 184 samples (Halifax, Mecklenburg, Charlotte, Lunenburg, and Brunswick)*				
Test	**EPA Standard**	**Average**	**Maximum Value**	**% Exceeding Standard**
Iron (mg/L)	0.3	0.217	6.787	12.5
Manganese (mg/L)	0.05	0.037	1.09	12.0
Hardness (mg/L)	180	61.9	462.4	4.9
Sulfate (mg/L)	250	20.5	416	0.5
Fluoride (mg/L)	2.0/4.0	0.28	3.99	1.1
Total Dissolved Solids	500	123	785	0.5
pH	6.5 to 8.5	6.7	5.3 (min) 9.1 (max)	(<6.5) 29.9 (>8.5) 1.1
Sodium (mg/L)	20	10.59	152.5	7.1
Nitrate - N (mg/L)	10	0.897	6.072	0.0
Copper-First Draw (mg/L)	1.0/1.3	0.774	9.663	12.5
Copper-Flushed (mg/L)	1.0/1.3	0.089	4.072	1.1
Lead-First Draw (mg/L)	0.015	0.009	0.237	19.6
Lead-Flushed (mg/L)	0.015	0.002	0.158	1.6
Arsenic-First Draw (mg/L)	0.01	0.001	0.001	0.0
Arsenic-Flushed (mg/L)	0.01	0.001	0.001	0.0
Total Coliform Bacteria	ABSENT	1,101	22,749	55.4
E. coli Bacteria	ABSENT	16	2,081	8.7