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Empowering Communities, Advocating Solutions.

Water Quality and Contamination Hearing

SENATE STANDING COMMITTEE ON HEALTH
SENATE STANDING COMMITTEE ON ENVIRONMENTAL CONSERVATION
ASSEMBLY STANDING COMMITTEE ON ENVIRONMENTAL CONSERVATION
ASSEMBLY STANDING COMMITTEE ON HEALTH

September 12, 2016 –Long Island, NY

Thank you for the opportunity to provide testimony regarding NY's water quality and contamination. CCE is focused on drinking water and surface water issues throughout New York. From the Great Lakes to the Long Island Sound, we are in shoreline, waterfront, and watershed communities and know firsthand the pressing and emerging issues. Clean water is not a luxury item, it is a necessity. For human health, ecological health and economic health, clean water is the backbone of making New York great.

We offer the following comments on how the Senate and the Assembly can build upon and continue their focus and commitment to clean water for all New Yorkers.

CLEAN WATER INFRASTRUCTURE

The U.S. Environmental Protection Agency released its Clean Watersheds Survey earlier this year and New York leads the nation with \$31.4 billion needed to upgrade failing wastewater infrastructure, (11.6% of national total). The NYS Department of Health estimates that we need \$38 billion to upgrade drinking water infrastructure. That means we need approximately \$70 billion over 20 years to upgrade our water infrastructure. It's a gross understatement to say needs far outpace available resources. According to the Environmental Facility Corporation's (EFC's) 2016 Intended Use Plan for Clean Water State Revolving Loan Fund, \$6 billion was listed for wastewater infrastructure projects, but only \$738 million is available in loan funds.

Recent investments are a welcome step in the right direction; however, the state's water infrastructure woes are rampant. Aging and failing sewage infrastructure discharge raw sewage into local waterways, jeopardize human health, close beaches, harm fish and wildlife, and damage local economies. According to reports generated by New York's Sewage Pollution Right to Know law, there are 5 overflows of raw or partially treated sewage into our waters every day.

Drinking water infrastructure is also in a state of constant disrepair, with communities facing ever-increasing water main breaks every year. For example, the Erie County Water Authority dealt with more than 1,400 water main breaks in one year. A recent water main break in Erie

County led to a “boil water advisory” in 10 municipalities in Erie and Genesee Counties, which affected over 250,000 residents for days. These types of water main breaks are not unique to WNY, and can temporarily close businesses and schools, and hurt our local economies.

Water infrastructure is not only about protecting public health, investing in clean water is critical to New York’s economic development. We know that investing in infrastructure supports jobs, with every billion in infrastructure investment supporting approximately 29,000 construction jobs. However, we rarely look at the long-term return on the investment. Our state’s economy cannot thrive if it is tied to antiquated water infrastructure. Business leaders recognize the difficulties that exist in attracting new development to communities when local infrastructure is not reliable; people and businesses rightfully expect access to safe drinking water and clean waterways.

With federal investment in clean water infrastructure going down each year (down 44% since 2010), and recognizing that these costs are too much for local governments alone, the legislature took a critical step forward when it passed the *Water Infrastructure Improvement Act of 2015*. With additional funding added in the 2016-17 NYS budget, the program is providing \$400 million over three years for grants to upgrade wastewater and drinking water infrastructure.

The program has recently invested \$175 million in its second round of funding to communities across the state, funding nearly 100 projects to upgrade sewage and drinking water infrastructure. The governor and legislature deserve praise for putting the state in the right direction, but to truly address our infrastructure needs in the long term, we need to do more.

Long term problems require long term solutions. With approximately \$70 billion in water infrastructure needs over the next 20 years, *CCE urges the legislature and Governor to establish the Water Infrastructure Improvement program as a permanent line in the New York State budget.*

CCE also urges the legislature and Governor to look for opportunities to increase funding for the program in the 2017-18 NYS budget and years thereafter. Increased funding will address more of our infrastructure needs, leverage additional federal and local dollars, save taxpayers money, and help to protect our shared environment.

PHARMACEUTICAL POLLUTION IN OUR WATERS

According to the IMS Institute for Healthcare Informatics, pharmaceutical companies hit a record \$374 billion in sales for pharmaceutical drugs in 2014, which equated to an estimated 4.3 billion prescriptions filled. In 2015, US sales grew 12.2% to \$424.8 billion for yet another record breaking year. *It is estimated that 200 million pounds of drugs go unused a year.* A lack of options to safely dispose of this growing amount of unused drugs is contributing to the national drug abuse epidemic that is now the leading cause of injury death in the U.S., ahead of car accidents. The lack of disposal options is also perpetuating the antiquated practice of flushing unused or expired drugs, which is polluting waters across the state with trace amounts of pharmaceutical drugs.

Pharmaceutical drug contamination in our groundwater, rivers, estuaries, lakes, and bays is an emerging issue throughout New York. According to a 2008 Associated Press national investigative team, pharmaceutical drugs, including antibiotics, mood stabilizers, and hormones, have been found in the drinking water of over 41 million Americans. During 1999 and 2000, the Toxic Substances Hydrology Program of the U.S. Geological Survey (USGS) collected and analyzed water samples from 139 streams in 30 states. Streams sampled were considered susceptible to contamination from various wastewater sources, such as those downstream from intense urbanization. Scientists analyzed streams for 95 different organic wastewater contaminants, including pharmaceutical compounds. One or more chemicals were detected in 80 percent of the streams sampled, and 82 of the 95 chemicals were detected at least once.

While flushing is no longer recommended, it remains a frequent disposal practice by many residents, as well as in long-term care facilities, nursing homes, and other health care facilities. This practice is occurring despite the fact that sewage treatment plants, septic systems, and drinking water infrastructure are not designed to remove these contaminants. A 2004 study lead by the University of Wisconsin-Madison of conventional wastewater treatment plants found detectable levels of 13 of 19 different pharmaceuticals post-treatment, including ibuprofen, testosterone, drugs that lower cholesterol, and inhibit seizures. The team found plants eliminated only five of the 19 contaminants from discharged water.

The effects of constant, low-level human exposure to pharmaceuticals are uncertain, and more research is needed in this area. Potential health concerns include hormone disruption, antibiotic resistance, and synergistic effects from interactions with other pharmaceuticals. However, recent studies have shown that exposure to pharmaceutical compounds negatively impacts aquatic life. A 2008 *Sound Health Status and Trends in the Long Island Sound* article about research conducted by Dr. Anne McElroy of Stony Brook University noted the investigator found evidence of high levels of endocrine disrupting chemicals in male silversides in western LIS. One source of these chemicals is pharmaceutical drugs, including the female hormone estrogen. A synthetic form of estrogen found in birth control pills is causing eggs to form in fish testicular tissue, a decrease in sperm counts, and disruption of development and growth. Since natural and synthetic estrogen cannot be removed or broken down at wastewater treatment plants, these compounds are discharged into the environment.

Policy Solutions

Recent changes in state and federal regulations allow for the expansion of safe disposal programs throughout NY, including take back programs at retail pharmacies. However, despite these changes there is still a lack of accessible options available for individuals and healthcare facilities to safely dispose of unwanted drugs. CCE recommends the following policy solutions to help address the prevalent yet preventable practice of flushing drugs.

- ***Extended Producer Responsibility***
Extended Producer Responsibility (EPR) laws require that pharmaceutical manufacturers manage their products' waste at its end-of-life. To comply with such legislation pharmaceutical manufacturers will design, manage, and fund take-back programs to securely collect unwanted medicines from the public and ensure the collected materials are properly managed. Pharmaceutical EPR laws provide a sustainable funding

mechanism for proper drug disposal by holding pharmaceutical companies accountable for managing their products throughout the entire product life cycle, instead of relying on taxpayers to fund management of these drugs at product's end-of-life. Numerous countries, eight counties in the U.S. (in California and Washington), and the State of Massachusetts have some form of pharmaceutical EPR.

Pharmaceutical companies do not contribute any resources to safe disposal programs in New York. This should no longer be tolerable. With record sales and profits going to the big pharmaceutical companies, it is time for them to pay their fair share to safely dispose of unwanted, unused, and expired medications that are contributing to the drug abuse epidemic and water pollution across our state.

New York already has EPR programs for electronic waste, rechargeable batteries, and mercury thermostats. ***CCE urges the legislature to enact EPR legislation that would require pharmaceutical companies to fund safe disposal programs throughout NY for the public, health care institutions, and veterinary offices.***

- ***State-Funded Take-Back Programs***

Absent a manufacturer-funded EPR program, New York State has increased investments in safe pharmaceutical programs statewide. Successful programs include:

- **DEC Program:** The DEC runs a safe disposal program for hospitals and health care facilities within the NYC watershed, on Long Island, and in Monroe County. The DEC picks up unused or expired pharmaceutical drugs from hospitals and other health care facilities. Right now, the program is limited to the aforementioned regions. There is a need and a demand for DEC to expand this program to other areas in NYS.
- **DOH Program:** In the 2015-16 budget, the Legislature allocated \$350,000 through the NYS DOH to provide increased public access to safe pharmaceutical disposal across the state. The program has demonstrated great success, *collecting well over two tons of expired and unused drugs.* The program reaches from Buffalo to Long Island, and provides both the general public and healthcare facilities with greater access to safe pharmaceutical disposal. The program has:
 - **Installed Drop-Boxes in 11 Grocery Stores:** King Kullen grocery store pharmacies throughout Nassau and Suffolk Counties installed drop boxes and collected over 2,000lbs of pharmaceuticals to date.
 - **Installed 12 Drop Boxes (24-Hour) in 12 Communities:** Lloyd Harbor, Village of Floral Park, City of Glen Cove, Village of Lynbrook, Village of Garden City, South Country Ambulance Company of Brookhaven (Bellport and East Patchogue), and Onondaga County (5)
 - **Held 31 Safe Disposal Drop-off Events:** Suffolk County (2), Village of Hempstead (18), Town of Huntington (2), Town of Mamaroneck (3), Town of North Hempstead (6)
 - **Established a Pharmaceutical pick-up program for healthcare facilities in Erie County.** This program works with over 20 long term healthcare facilities throughout Erie County to ensure safe pharmaceutical disposal, and holds safe disposal events for the public and healthcare facilities, targeting rural communities in particular.

In the 2016-17 NYS budget, the Governor and legislature increased funding for safe pharmaceutical disposal programs. Funding supported the continuation of DEC's healthcare drug pickup program, \$350,000 for a Department of Health take-back program, and \$1 million for a new line in the Environmental Protection Fund (EPF) to support a DEC program for safe pharmaceutical disposal statewide. *CCE commends the legislature and Governor for funding these important programs, and recommends that the legislature and Governor continue to fund these important safe pharmaceutical disposal programs in the 2017-18 budget.*

COAL TAR SEALCOAT

Coal tar sealcoat is a black, viscous liquid sprayed or painted on many asphalt parking lots, driveways, and playgrounds to protect and enhance the appearance of the underlying asphalt. Coal tar sealcoat contains elevated levels of polycyclic aromatic hydrocarbons (PAHs), which is a probable carcinogen and is toxic to aquatic life. Friction from vehicle tires abrades sealcoat into small particles that is then tracked indoors or washed down storm drains and eventually discharged into our waterways, adversely impacting water quality and harming aquatic life. Recent studies by the U.S. Geological Survey (USGS) have found that coal tar sealants emit more PAHs into our environment every year than the entire US vehicle fleet, that these sealants are the largest source of PAH contamination in urban lakes, and that the use of coal tar sealant likely is the primary cause of upward trends in PAHs in much of the United States.

Runoff from coal tar-seal coated pavement, even runoff collected more than 3 months after sealcoat application, is acutely toxic to fathead minnows and water fleas, two species commonly used to assess toxicity to aquatic life. Exposure to even highly diluted runoff from coal-tar-seal coated pavement can cause DNA damage and impair DNA repair. These findings demonstrate that coal-tar-sealcoat runoff can remain a risk to aquatic life for months after application.

Viable, safer alternatives to coal tar sealcoat are already on the market. For example, asphalt-based sealcoat, primarily used west of the Continental Divide, typically contains about 50 mg/kg PAHs. By contrast, Coal-tar-based sealcoat, primarily used east of the Continental Divide (except in States, counties, and municipalities where use of coal-tar-based sealcoat is prohibited), typically contains 50,000 to 100,000 mg/kg PAHs. In the private sector, many leading national retailers (Lowe's, Walmart, Home Depot and others) no longer sell coal tar sealants to private homeowners, but instead only carry safer kinds of sealants.

Governments are beginning to recognize the pollution problem caused by coal tar sealants. Washington, Massachusetts, Minnesota and the District of Columbia, as well as 30 local governments, have enacted coal tar sealant bans or restrictions. Suffolk County, on Long Island, has banned the use and sale of coal tar sealants. But in the rest of New York State, coal tar sealant is still legal and widely used by contractors. *CCE urges New York State to ban the use of coal tar sealcoat to protect water quality and public health in New York State.*

PESTICIDES

Today, 117 pesticide ingredients and degradates are currently found in Long Island's groundwater. In response, the NYS DEC developed the Long Island Pesticide Pollution Prevention Strategy. The Strategy, which became effective July 11, 2014, was supposed to act

as a blueprint “to strengthen DEC’s existing pest management regulatory program by adopting a new management approach to prevent pesticide-related impacts of surface water and groundwater, while recognizing the need for pest management.” What we got after two years was a bunch of fact sheets. The fact sheets summarize best management practices, alternative active ingredients, and non-pesticidal practices. What the factsheets do not do is reduce pesticide contamination in our drinking and surface waters.

DEC has still not established a threshold that defines potential harm. While manufacturers have pulled atrazine from the shelves on Long Island, DEC has refused to take action to ban the other worst pesticide offenders—Metalaxyl and Imidacloprid—from Long Island. DEC’s inaction has caused more pesticide contamination to continue to enter the aquifer system.

Although the problem is complicated, we need to protect our groundwater. As of September 2011, there are 13,364 pesticide products registered for use in New York State. The DEC has the authority and the responsibility to withdraw specific pesticides from use on Long Island when the data demonstrates that they are contaminating groundwater. To date, 339 pesticides are prohibited from being used in Nassau and Suffolk Counties, and 155 are conditionally permitted for use with specific conditions. That leaves 12,870 pesticides available for use on Long Island. CCE is seeking to ban two more, based on groundwater data that clearly illustrates that these pesticides are frequently found throughout the aquifer system. **CCE supports a ban on the pesticides that are most frequently detected in Long Island groundwater: Metalaxyl and Imidacloprid.**

NITROGEN POLLUTION

Nitrogen pollution is one of the most, pressing environmental issues facing all Long Islanders. Outdated sewage and septic systems in both Nassau and Suffolk Counties are degrading surface and drinking waters and putting the public’s health at risk. Nitrogen pollution has led to massive fish kills and Mahogany tide in the Peconic River Estuary, toxic red tide in the Long Island Sound, and ten straight years of brown tide the Moriches-Quantuck-Shinnecock Bay. Suffolk County led all counties in NY in incidents of toxic blue-green algae last year, with 16 different lakes and ponds experiencing blue-green algae blooms systems. In Nassau, effluent from the Bay Park Sewage Treatment plant has led to hypoxia, loss of salt marshes, and impaired water quality in the Western Bays.

The loss of fisheries, increased beach closures, and worsening toxic tides that result from nitrogen pollution impacts our economy and our quality of life, as well as our health and environment. While leaders on the federal, state, county, and local levels have shown a strong commitment to addressing these problems and reducing nitrogen from septics and failing sewage treatment plants, there is still much work to be done.

Nitrogen pollution is not only a major issue in surface waters, but also poses a significant threat to our aquifers. In Suffolk County, we saw a 200% increase in nitrogen in the Magothy aquifer and 40% increase in nitrogen in the Glacial aquifer between 1987 and 2005, and there is no evidence to suggest that this trend is reversing.

With 360,000 septic systems in Suffolk and nearly 30% of Nassau still using on-site treatment systems, creating funding mechanisms for homeowners and businesses to invest in advanced on-site wastewater systems must be a priority. Sewering communities currently on septics, including parts of Mastic, Shirley, and Northport, while upgrading larger treatment plants to ensure they are using state-of-the-art nitrogen removal technologies is critical to restoring our bays and estuaries. We have made some significant progress already, and there is clear evidence that good planning and sound infrastructure investments will lead to water quality improvements. After upgrading the Northport Sewage Treatment Plant, Centerport Beach was reopened last year after seven years of permanent closure. This is the type of result we need to achieve in all our embayments.

CCE looks forward to continuing to work with both the Senate and Assembly to strengthen nitrogen reduction policies and generate meaningful funding streams for critical infrastructure projects on the local level.

EMERGING CONTAMINANTS IN DRINKING WATER

1,4-Dioxane

1,4-Dioxane is an emerging contaminant of concern in Long Island's groundwater. It is 100 times more soluble than MTBE in water. It was historically used as an industrial solvent stabilizer, but today it can be found in up to 46% of personal care products, including detergents, dishwashing soaps, shampoos, cosmetics, deodorants, and body lotions. The chemical is also used in the production of varnishes, paints, and inks. It even gets into food via packaging materials or pesticide residues. The chemical is sometimes found in baby shampoo and bath products.

The chemical is an unwanted byproduct of an ingredient processing method called ethoxylation, which is used to reduce the risk of skin irritation for petroleum-based ingredients. Though 1,4-Dioxane can easily be removed from products before they are sold, its widespread presence indicates that many manufacturers fail to take this simple step.

The U.S. National Toxicology Program has concluded that 1,4-Dioxane is 'reasonably anticipated to be a human carcinogen' based on numerous animal studies (NTP 2005). IARC classifies 1,4-Dioxane as 'possibly carcinogenic to humans' (IARC 1999), and the U.S. Environmental Protection Agency (EPA) considers 1,4-Dioxane a probable human carcinogen (EPA 2003). Exposures to this impurity are linked to tumors of the liver, gallbladder, nasal cavity, lung, skin, and breast (IARC 1999; NTP 2005). Presence of 1,4-Dioxane in cosmetics is of special concern, since it can be absorbed through the skin in toxic amounts.

The Suffolk County Comprehensive Water Resources Management Plan, released in March of 2015, identified 1,4-Dioxane as an emerging contaminant that is not removed with conventional treatment technologies. *The chemical has been found in over 40% of the Suffolk County Water Authority's public supply wells.* In Nassau County, 1,4-Dioxane is found in many of the pollution plumes. In a national study conducted in June of last year, 33 of the 36 public water systems studied on Long Island reported finding 1,4-Dioxane. In addition, 72% of the Long Island systems exceeded the EPA health reference standard for cancer risk (set at .35ppb)

for the contaminant. Out of the 4,400 water supply systems across the nation evaluated in this study, the highest levels of 1,4-Dioxane were found on Long Island.

Policy Recommendations:

1. Mandate the removal of 1,4 dioxane from personal care products

1,4 Dioxane can easily be removed from personal care products.

In a review conducted in 1982, the Cosmetic Ingredient Review panel noted that the cosmetic industry was aware of the problem of the presence of the 1,4-dioxane in cosmetics and was making an effort to lower or remove 1,4-dioxane in cosmetics (CIR 2003, review of choleth-24). But 18 years later, FDA expressed continuing concerns about 1,4-dioxane, noting its potential to contaminate a wide range of products, its ready penetration through the skin, and the evidence linking it to systemic cancer in a skin painting study (FDA 2000). FDA notes that 1,4-dioxane can be removed "by means of vacuum stripping at the end of the polymerization process without an unreasonable increase in raw material cost" (FDA 2000), currently such treatment is voluntary on the part of industry.

2. Mandate Laundromats contain pre-treatment technologies that remove 1,4 dioxane before discharge to a the groundwater or to a sewage treatment facility.

Initial studies have showed alarmingly high levels of 1,4 Dioxane in the detergent Tide. The EPA's health reference for cancer risk for this contaminant is set at .35 parts per billion. Testing has shown levels of 1,4-Dioxane at 63 parts per million in original Tide and at 89 parts per million in Tide Free and Clear. Given the popularity of this detergent, CCE has already began to call upon DEC to change SPDES permits for large scale Laundromats to remove 1,4 Dioxane before discharging wastewater.

3. Mandate the NYS Health Department to establish a drinking water standard for 1,4 dioxane

A critical problem is that 1,4-Dioxane cannot be removed from sewage treatment plants, septic systems, or normal VOC removal technologies. Additionally, there is no national drinking water standard for 1,4-Dioxane, leaving the standard at the default of 50ppb. The EPA has set the health reference standard at .35ppb and is looking at setting a drinking water standard for 1,4-Dioxane, but the process is slow. With no national drinking water standard in place, the state Department of Health can follow the lead of several other states and set a 1,4-Dioxane standard for New York.

Volatile Organic Chemicals (VOCs)

VOCs found at levels high levels in our waters may be harmful to the central nervous system, the kidneys or the liver. VOCs may also cause irritation when they contact the skin, or may irritate mucous membranes if they are inhaled. Some VOCs are known or suspected carcinogens. While sources of VOC contamination can include industrial sources or legacy contamination, septic systems have also been identified as a source of VOC contamination. The Suffolk County

Comprehensive Water Resources Management Plan notes that “low levels of VOCs were widely detected in groundwater throughout the County, indicating a more widespread low-level source of the observed contaminants, such as residential septic systems.” Suffolk County routinely tests for over 90 VOCs including PCE and TCE, some of the most commonly detected VOCs in the county. In Suffolk, PCE was detected in three times as many wells in 2013 than in 1987, and the average concentrations of PCE in wells doubled. The data on TCE shows similar troubling findings; TCE was detected in more wells, at higher concentrations in 2013 than 1987. In fact TCE concentrations nearly tripled in that time frame.

While testing and monitoring of septic systems in Suffolk County has provided preliminary evidence that new, advanced septic systems reduce VOC contamination, more testing and monitoring is needed to ensure we are employing the best technology available to reduce VOCs from septic systems. *CCE recommends that the legislature identify funding sources to expand testing of VOC from septic systems throughout the state.*

Testing for Emerging Contaminants in Water for ALL New Yorkers

Currently, EPA’s current Unregulated Contaminant Monitoring Rule (UCMR) program mandates testing for unregulated contaminants in only 188 of the state’s 9,000 public water supplies. The UCMR program does not apply to water systems with less than 10,000 people, which means that 2,700 smaller community water systems and more than 6,000 other non-municipal water systems, like businesses and schools, are not required to test. The result of this testing loophole is that approximately 2.5 million New Yorkers are provided water from a system that is not required by the EPA to test for unregulated contaminants.

Some may believe this will apply mostly to rural communities in areas such as the Adirondacks or the Catskills however; it also impacts communities and residents in populated counties such as Long Island. For instance, in Suffolk County there are 219 Public Water Suppliers.

- 14 Community Public Water Suppliers who service populations over 10,000
- 21 Community Public Water Suppliers who service populations under 10,000
- 189 Non-Community Water Suppliers – serve more than 25 people per day such as schools, restaurants, delis), or have 5 or more connections such as a strip mall with five businesses.

Emerging contaminants like PFOA and 1,4-dioxane are under the EPA’s Unregulated Contaminant Monitoring Rule program. PFOA is classified as a possible carcinogen. Earlier this year, drinking water in Hoosick Falls was found to have high levels of PFOA. EPA has recently declared Hoosick Falls a Superfund Site. In Westhampton there were three monitoring wells that detected PFOA, which could have potentially impacted approximately one hundred private wells in the area. 1, 4-Dioxane is recognized by the EPA as a probable human carcinogen, and has been found in over 40% of the Suffolk County Water Authority’s public supply wells.

Additionally, EPA does not require water testing for emerging contaminants in private wells. In fact, there are no federal or state laws requiring testing of private wells. There are 1.1 million private wells in New York State, serving nearly four million residents. Failure to test these wells for regulated contaminants and for emerging contaminants puts New Yorkers at risk.

When you combine New Yorkers on water systems with less than 10,000 people and New Yorkers who use private wells for drinking water, there are 6.5 million people or one-third of all New Yorkers and nearly 60 percent of residents outside of New York City, that rely on water systems that do not require the testing of emerging contaminants. In Suffolk County there are 40,000 private wells, serving over 100,000 individuals.

Members of the public deserve the right to know what is in their drinking water. Ignorance is not bliss, ignorance is dangerous. Toxic chemicals such as PFOA and 1,4 Dioxane can get into water supplies through legacy contamination, but also through everyday products. Testing allows us to understand the extent of the problem and allows us to protect our families from harmful exposure.

CCE supports Governor Cuomo's efforts to urge the EPA to close these loopholes, or absent federal action, advance state legislation to address these loopholes in New York State.

DEC STAFFING

In order to tackle our most pressing water pollution issues, from nitrogen to emerging contaminants to preventing illegal dumping, it is imperative that the NYS Department of Environmental Conservation (DEC) have the staffing to properly enforce the rules and regulations that protect our ground and surface waters. While the legislature has made significant progress in providing funding for important programs to protect water quality, particularly through the historic \$300 million EPF in the 2016-17 budget, we still rely on the underfunded and understaffed DEC to implement and enforce these programs on the ground.

While the legislature did increase DEC funding in the 2016-2017 budget, DEC staffing is *still* not back up to their peak 2007-08 levels. DEC had 3,779 full time staff in 2008 and was allocated over \$1.1 billion. The 2016-2017 budget has DEC funding up to just under \$1 billion, but staff levels remain low. Next year, there will only be 2,946 full time staff members. As the economy has recovered, DEC staff levels still remain dangerously low. The DEC is not doing more with less; they are doing less with less.

DEC Region 1 has only one inspector to cover illegal dumping and sand mining for the entire Long Island region. One inspector to cover all of Nassau and Suffolk Counties, from Montauk to Mineola, from Great Neck to Greenport is woefully inadequate. To make matters worse, there has not been a single significant environmental violation filed for a permitted sand mining operation on Long Island in the last 20 years. This can only be explained by believing they have been conducting their business perfectly or the DEC has missed occurrences. The right regulations and laws are important but if the DEC, as the regulatory agency, is unable to provide surveillance and the necessary inspection activities, then illegal dumping will continue to endanger the health and safety of the island's sole source aquifer and public health.

The DEC's Division of Water plays a critical role in protecting water quality, and yet has been hit with significant staff cuts in recent years. Water pollution inspections, enforcement actions,

and water testing and monitoring have all been reduced in recent years. This disproves the mantra that an agency will “do more with less”. Unfortunately, the reality is that it is reasonable to expect an agency to do less with less.

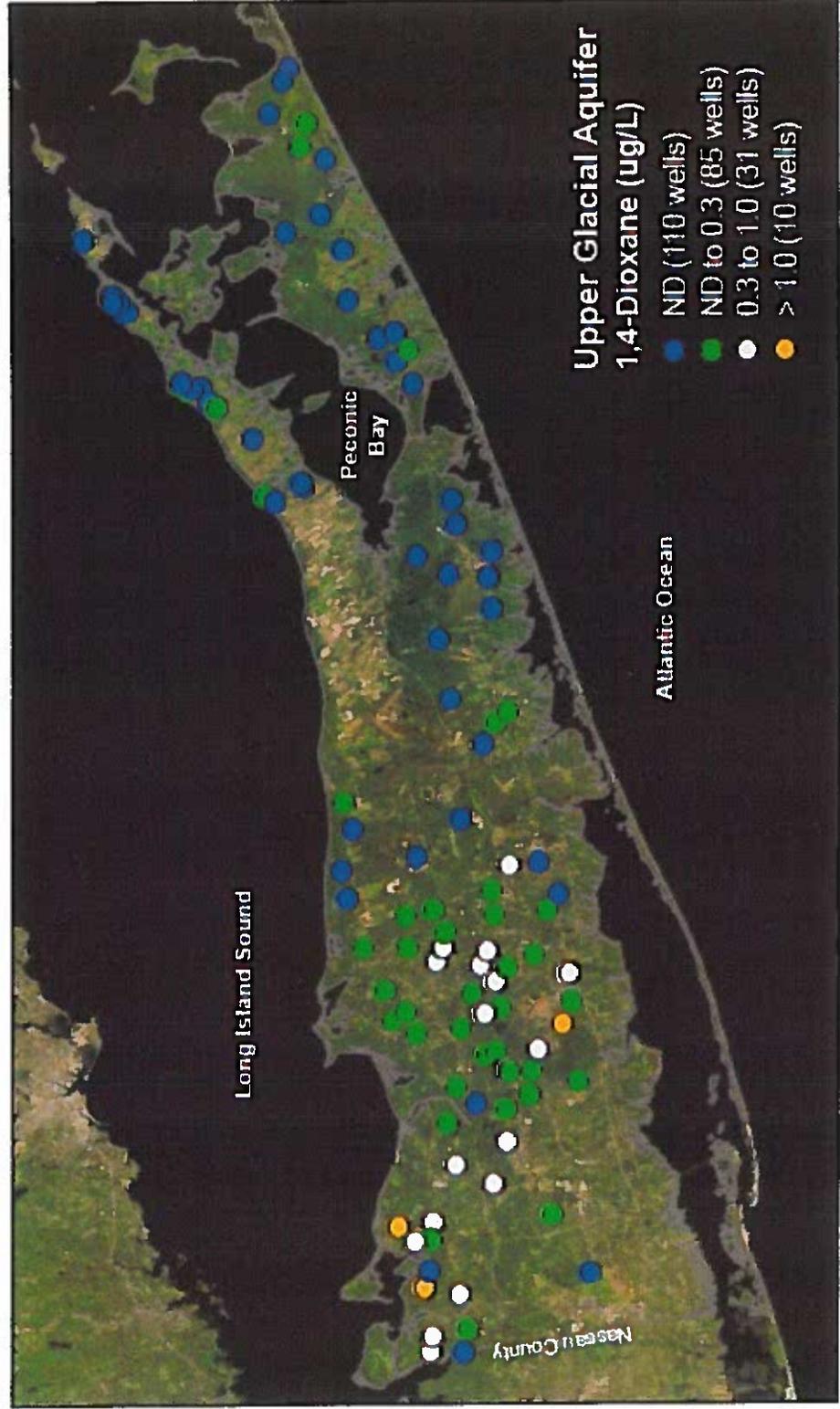
DEC programs are critical to protecting Long Island’s sole-source aquifer, including creating and implementing the LI Nitrogen Action Plan, expanding safe pharmaceutical disposal programs for health care facilities, implementing the sewage pollution right to know law, enforcing new solid waste regulations to prevent illegal dumping and sand mining operations, creating standards for emerging contaminants, conducting biotoxin monitoring for harmful algal blooms throughout the state, and so much.

CCE commends the Senate and Assembly for their passage of the Ocean Acidification Bill. As you know, it has yet to go to the Governor’s desk. Some have quietly raised concerns about DEC’s current staffing challenges to implement this task force and any recommendations they will provide. We need these kinds of smart legislative initiatives but we also need additional DEC staff so that this important agency can properly and effectively provide additional mandated responsibilities.

With New York’s continued commitment to climate change adaptation and mitigation, improving water quality, fixing failing sewage infrastructure, and meeting a myriad of other growing environmental concerns, the DEC must have adequate resources to not only staff necessary existing programs but also respond to new threats and unforeseen and emergency situations such as Superstorm Sandy, Hurricane Irene water crises situation such as Hoosick Falls and toxic algae blooms expanding across NY waterways. **CCE recommends that the legislature increase funding for NYS DEC staffing in the 2017-18 NYS budget.**

We currently have ~280 wells detecting 1,4 Dioxane in Suffolk County. The Concentration range for goes from 0.07 – 20.0 ug/l.

Upper Glacial Detections



We currently have ~280 wells detecting 1,4 Dioxane in Suffolk County. The Concentration range for goes from 0.07 – 20.0 ug/l.

Magothy Aquifer Detections

