COM (2017) 753: Proposal for a Directive of the European Parliament and of the Council on the quality of water intended for human consumption (recast)

The EPA welcomes the Commission proposal to review the Directive in light of scientific and technical developments that have occurred since 1998. In particular the EPA supports the risk based approach to the management of drinking water supplies using the water safety plan approach.

The EPA has assisted the Department of Housing, Planning and Local Government on the Drinking Water Expert Group established under the existing Drinking Water Directive and has been active in the various consultation phases prior to the publication of the recast Directive.

The draft proposal represents a significant change compared to the existing Directive and the main scientific and technical changes to the Directive that will impact on Ireland are outlined below.

Changes to the Drinking Water Standards

The World Health Organisation carried out a review on behalf of the Commission of the existing standards and to identify new potential standards. While the Commission had regard to the WHO review they did not adopt the recommendations of the WHO, a fact that the WHO has been keen to stress. The proposal includes the introduction of standards for 10 new chemical parameters:

- Beta-estradiol
- Bisphenol A
- Chlorate
- Chlorite
- Haloacetic acids
- Microcystin-LR
- Nonlyphenol
- PFAS (individual)
- PFAS (total)
- Uranium

With the exception of uranium, very little historical monitoring has been carried out in Ireland for these parameters. The Commission has chosen to adopt the existing WHO guideline values for the parameters above with the exception of chlorate and chlorite. The adoption of a more stringent standard for chlorate will have very significant consequences as it will greatly restrict the use of sodium hypochlorite as a disinfectant. If the less stringent WHO guideline value applied this would not be an issue.

The Commission has also decided to retain the standards for some parameters (such as nickel, boron, selenium and antimony) contrary to the advice of the WHO which had recommended revising the standards upwards.

The draft also proposes to reduce the lead standard to 5 μ g/l from 10 μ g/l. This standard cannot be complied with without the full removal of all lead from the public water supply network and private/commercial plumbing systems.

A further significant change to the Directive is that all exceedances of the standards must be considered a potential danger to human health. Currently, each exceedance is assessed in consultation with the HSE and a decision is made as to whether such a risk exists. This will be particularly problematic for those parameters where the Commission has opted to impose a standard that is more stringent that the WHO guideline values.

Monitoring

The draft proposes a significant increase in monitoring as outlined below. The Directive does permit a reduction in monitoring frequency for some of the parameters but only after a minimum of three years monitoring has been carried out. For example, a supply of 4,000 people is currently required to be monitored 5 times a year (4 times for a small group of parameters and once for the full suite) and will now need to be monitored 10 times (for the full suites of parameters irrespective).

Volume of Water	Old Directive – Check	Old Directive – Audit	Draft Directive
Supplied (m3)	Samples	Samples	
≤100	>0	>0	10
>100 and ≤1000	4	1	10
>1000 and ≤10000	4 + 3 for each 1000m3	1 + 1 for each 4500	50
	(e.g. 34 for a supply of	m3	
	10000 m3)	(e.g. 4 for a supply of	
		10,000 m3)	
>10000 and ≤100000	4 + 3 for each 1000m3	1 + 1 for each 4500	365
	(e.g. 104 for a supply	m3 (e.g. 24 for a	
	of 100000 m3)	supply of 100000 m3)	
>100000	4 + 3 for each 1000m3	1 + 1 for each 4500	365
		m3	