



March 9, 2026

The Honorable Lee Zeldin
Administrator
U.S. Environmental Protection Agency (EPA)
1200 Pennsylvania Avenue NW
Washington, DC 20460

Submitted electronically via www.regulations.gov.

Re: EPA-HQ-OW-2024-0592 National Primary Drinking Water Regulation for Perchlorate

Dear Administrator Zeldin:

The Association of Metropolitan Water Agencies (AMWA) appreciates the opportunity to comment on the proposed National Primary Drinking Water Regulation (NPDWR) for perchlorate. AMWA is an organization representing the largest publicly owned drinking water systems in the United States, and its membership serves more than 160 million people nationwide. The promulgation of an NPDWR for perchlorate directly impacts all our member utilities.

The Association has followed EPA’s considerations for regulating perchlorate throughout the years and supported the Agency’s 2008 determination that perchlorate does not meet the criteria for an NPDWR under section 1412(b) of the Safe Drinking Water Act. However, in 2011 EPA reversed course and issued a final determination to regulate perchlorate, which resulted in the agency in 2019 proposing a maximum contaminant level goal (MCLG) and enforceable maximum contaminant level (MCL) of 56 µg/L. At this time, EPA also simultaneously considered three other alternatives: MCL and MCLG of 19 µg/L, MCL and MCLG of 90 µg/L, and whether the Agency should withdraw the determination to regulate perchlorate. AMWA supported this third option.

Using data collected from the first Unregulated Contaminant Monitoring Rule (UCMR1) and limited additional information from two states with established perchlorate drinking water standards,

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California and Massachusetts, EPA estimated at the time that only two water systems would exceed the regulatory threshold of 56 µg/L, indicating that perchlorate did not occur in public water systems nationwide with a frequency and at levels of public health concern.¹ In our 2019 comments,² AMWA iterated that EPA's occurrence estimates for perchlorate demonstrated that an NPDWR would not provide a meaningful opportunity for health risk reduction. Ultimately, EPA withdrew the 2011 determination to regulate in July 2020 and issued a new final determination against establishing a NPDWR for perchlorate.

Since the onset of litigation that resulted in a requirement for EPA to proceed with a perchlorate NPDWR nonetheless,³ the Association provided feedback to EPA in its federalism consultation process,⁴ highlighting concerns with the Agency's health effects model for perchlorate; arguing that EPA's occurrence estimates do not demonstrate a meaningful opportunity for public health risk reduction through an NPDWR at the proposed MCLs; and encouraging the use of monitoring and sampling requirements that minimize costs and burdens to water systems while maintaining public health protections. The Association is eager to offer the following feedback to EPA as it finalizes the NPDWR for perchlorate:

- First, the Association agrees with EPA's assertion in the preamble⁵ to this proposed rule that, according to the Agency's occurrence estimates and benefit cost analysis, perchlorate does not meet necessary criteria under the Safe Drinking Water Act (SDWA) for promulgating an NPDWR.
- As the Agency must promulgate a NPDWR nonetheless, the Association recommends EPA adopt an MCLG, as well as an enforceable MCL, of 20 µg/L, the lowest of EPA's proposed MCLs. Adopting such a standard may support systems in states with lower perchlorate standards by reducing out-of-state perchlorate contamination and aligns with SDWA's mandate to establish an MCL as close as is feasible to the MCLG.
- AMWA sincerely appreciates EPA's efforts to minimize monitoring burdens through its initial compliance monitoring requirements and recommends the Agency follow a modified

¹ EPA. (June 26, 2019). *National Primary Drinking Water Regulations: Perchlorate*. *Federal Register*, 84, 30524–30569. <https://www.federalregister.gov/documents/2019/06/26/2019-12773/national-primary-drinking-water-regulations-perchlorate>.

² AMWA. (August 23, 2019). AMWA Comments Re: Docket ID: EPA-HQ-OW-2018-0780, National Primary Drinking Water Regulation for Perchlorate. <https://www.amwa.net/assets/Association%20of%20Metropolitan%20Water%20Agencies%20Comment%20Letter%20EPA-HQ-OW-2018-0780.pdf>.

³ National Resources Defense Council (NRDC) v. Regan, 67 F. 4th 397 (D.C. Circuit. 2023). <https://law.justia.com/cases/federal/appellate-courts/cadc/20-1335/20-1335-2023-05-09.html>.

⁴ AMWA. (March 17, 2025). AMWA Comments Re: Federalism Consultation on the Proposed National Primary Drinking Water Regulation for Perchlorate. <https://www.amwa.net/testimonycomments/comments-perchlorate-npdwr-consultation>.

⁵ EPA. (January 5, 2026). National Primary Drinking Water Regulation for Perchlorate. *Federal Register*, 91, 398-444. <https://www.federalregister.gov/documents/2026/01/06/2026-00021/national-primary-drinking-water-regulation-for-perchlorate>.

monitoring schedule that better aligns with the Standardized Monitoring Framework (SMF) for inorganic contaminants (IOCs).

- Finally, AMWA encourages EPA to ensure that public health notification requirements provide meaningful information to the public and are commensurate with the risk and populations affected by perchlorate.

I. Shortcomings in establishing the NPDWR

AMWA agrees with EPA's assertion that, based on the Agency's occurrence estimates of perchlorate in drinking and the Administrator's determination that the benefits of a NPDWR do not outweigh the costs, the statutory criteria for a regulatory determination are not met. Furthermore, the Association has repeatedly identified concerns with the Agency's health effects model for perchlorate.

a. Occurrence data and benefit cost analysis

First, based on the occurrence data EPA has provided in the preamble to this rulemaking, perchlorate is not found in drinking water nationwide with a frequency and at levels of public health concern. The Agency's estimated occurrence data demonstrate that although perchlorate is widespread at very low amounts throughout the country in surface and ground water, when detected, it is rarely at concentrations above the proposed 20 µg/L MCLG – the level of exposure below which EPA has determined that adverse human health effects do not occur. Specifically, EPA's estimates show that, out of more than 66,000 water systems, only about 103 systems would exceed a 20 µg/L perchlorate level,⁶ the proposed MCLG and the lowest of EPA's proposed maximum contaminant levels. This small portion of systems reflects very limited occurrence above the proposed MCLG and EPA's lowest proposed MCL option. As a result, perchlorate does not meet SDWA's statutory criteria for being found or substantially likely to be found in public water systems with a frequency and at levels of concern as required under SDWA section 1412(b)(1)(A).⁷

Furthermore, based on the occurrence data EPA has provided, the costs associated with nationwide monitoring under an NPDWR are disproportionately higher than any meaningful public health benefit. Requiring all public water systems, including those with no history or risk of perchlorate detection above the proposed MCLG, to monitor for a contaminant with limited and localized occurrence imposes real costs on communities without commensurate gains in public health protection. Costs associated with the rulemaking would include the price for supplies and labor for sampling, analysis, transfer, reporting, and contract management. Given that very few systems are expected to even approach EPA's proposed MCLG – or its most stringent proposed MCL – those financial and staff resources could be directed towards other means that maintain drinking water infrastructure and meet treatment needs.

⁶ United States Environmental Protection Agency (USEPA). (2025). *Perchlorate Occurrence and Monitoring Report for the Perchlorate National Primary Drinking Water Regulation*. EPA 815-R-25-006.

<https://www.federalregister.gov/d/2026-00021/p-400>.

⁷ Safe Drinking Water Act, 42 U.S.C. § 300g–1(b)(1)(A) (2023). <https://www.govinfo.gov/content/pkg/USCODE-2023-title42/pdf/USCODE-2023-title42-chap6A-subchapXII-partB-sec300g-1.pdf>.

AMWA recognizes that states with demonstrated higher frequencies of concentrations of perchlorate that approach or exceed levels of public health concern have developed their own drinking water standards for the contaminant. Other states have chosen to produce health advisories or other related policies. California and Massachusetts specifically have implemented their own perchlorate standards, including stringent monitoring requirements and treatment where necessary. AMWA appreciates that these standards limit public exposure to perchlorate and do so in areas where it is most prevalent and appropriate to regulate. SDWA's model of cooperative federalism allows states to set stricter regulatory limits for drinking water contaminants when appropriate, and to issue drinking water regulations for contaminants at the state level even when they are not regulated at the federal level. This approach recognizes the nature of regional differences in contaminant occurrence and allows states or regions with severe concentrations of a contaminant to address them, without water systems and ratepayers in other, unaffected regions from being burdened with unnecessary regulations for contaminants that are simply not present at levels of concern.

b. Concerns with EPA's health effects model for perchlorate

AMWA has routinely outlined concerns with EPA's health effects model for perchlorate and continues to express caution about the shortcomings of its Biologically Based Dose-Response (BBDR) model for Perchlorate. In 2019, EPA leveraged the BBDR model, which prioritized neurodevelopmental endpoints, proposing an MCL/MCLG of 56 µg/L and requested comment on alternative MCLs of 18 µg/L and 90 µg/L.⁸ EPA selected the three MCLs based on a 1%, 2%, or 3% decline in IQ (or a 1, 2, or 3-point decline) in the most sensitive population. After the model was initially introduced in 2017, AMWA, along with other water sector stakeholders, expressed concern over the BBDR's effectiveness in guiding the development of an MCL,⁹ and those concerns have not yet been abated by improvements in the approach, as the current propped rulemaking still utilizes the two-step BBDR model, informed by its 2024 health hazard systematic review results.

The BBDR model for perchlorate is an inappropriate means of determining an MCL under SDWA as it has a limited focus on the first trimester of pregnancy and fails to incorporate data from later trimesters and infancy. This approach fails to encompass all relevant data and introduces biases and uncertainties that were not addressed in either the MCLG and MCLs proposed in 2019 and again in the current proposed rulemaking.

The BBDR model amplifies uncertainties through a lack of accounting for potential confounding factors or biases within the data that the model uses to calibrate and produce inputs. The BBDR model also fails to properly account for the role of iodine deficiency in thyroid dysfunction, wherein potential findings may be exacerbated by iodine concentration rather than perchlorate exposure. The

⁸ EPA. (March 29, 2017). Peer Review for EPA's Biologically Based Dose-Response (BBDR) Model for Perchlorate. https://cfpub.epa.gov/si/si_public_record_report.cfm?Lab=OGWDW&dirEntryID=311220.

⁹ AMWA. (November 20, 2017). AMWA Comments Re: Docket ID No. EPA-HQ-OW-2016-0438, Request for Public Comments To Be Sent to EPA on Peer Review Materials To Inform the Safe Drinking Water Act Decision Making on Perchlorate. <https://www.regulations.gov/comment/EPA-HQ-OW-2016-0438-0030>.

studies used for the model also do not outline controls for food consumption, which has been shown to contribute more substantially to perchlorate intake than drinking water.¹⁰

AMWA has previously recommended EPA utilize an alternative approach established by the National Academies of Science and Medicine,¹¹ which incorporates the direct application of data as well as potential sources of uncertainty. EPA relied on this methodology in previous assessments perchlorate, and decided on a reference dose of 0.0007 milligrams per kilogram per day (mg/kg/day), equivalent to a drinking water concentration of 24.5 µg/L.¹² As AMWA and other commenters have suggested, this approach uses a more well-established approach than the BBDR Model, with iodine uptake as the measured health outcome. In turn, this provides a simpler framework for regulatory development and eliminates the potential for limited consideration of health impacts and the uncertainty amplified by the BBDR.

II. Recommendations for enforceable MCL

Given that EPA is required to promulgate a NPDWR and an enforceable MCL for perchlorate, AMWA recommends EPA set the MCL at 20 µg/L, the lowest of the three MCL options EPA is considering, and equal to the proposed 20 µg/L MCLG. Establishing the MCL at 20 µg/L would be consistent with the requirements of SDWA, which mandates that the MCL of a contaminant be set as close to the MCLG as is feasible.¹³ AMWA believes that water systems can feasibly meet the 20 µg/L standard. Additionally, an MCL of 20 µg/L will help states with established drinking water regulations manage potential perchlorate sources originating out of state. Finally, while we have expressed concerns with EPA's health effects model for perchlorate, AMWA believes it is reasonable to set the MCL at the 20 µg/L MCL level at which EPA has identified as the point below which no adverse human health impacts are anticipated to occur.

III. Monitoring and compliance recommendations

AWWA supports certain aspects of sampling frequency for the initial monitoring period as proposed and appreciates EPA's efforts to reduce monitoring burdens given the low estimated frequency of systems that will exceed the MCL.

a. Initial compliance monitoring and historical monitoring data

¹⁰ Huber, D. R., Blount, B. C., Mage, D. T., Letkiewicz, F. J., Kumar, A., and Allen, R. H. (2011). Estimating perchlorate exposure from food and tap water based on US biomonitoring and occurrence data. *J. Expo. Sci. Environ. Epidemiol.* 21, 395–407.

¹¹ National Research Council of the National Academy. (2005). Health Implications of Perchlorate Ingestion. <https://nap.nationalacademies.org/catalog/11202/health-implications-of-perchlorate-Ingestion>.

¹² EPA. (February 18, 2005). EPA Sets Reference Dose for Perchlorate. Press Release. https://www.epa.gov/archive/epapages/newsroom_archive/newsreleases/c1a57d2077c4bfda85256fac005b8b32.html.

¹³ *Safe Drinking Water Act*, 42 U.S.C. § 300g–1(b)(4)(B) (2023). <https://www.govinfo.gov/content/pkg/USCODE-2023-title42/pdf/USCODE-2023-title42-chap6A-subchapXII-partB-sec300g-1.pdf>.

AMWA supports EPA's proposed binning approach for initial monitoring and supports EPA's proposal for states to allow systems to use perchlorate data collected dating back to at least January 1, 2021, to the rule's compliance date, to satisfy the initial monitoring requirements. This provision will allow systems to avoid costs associated with sampling, analyzing, courier, and contract management fees where systems have already conducted adequate monitoring. AMWA recommends that the proposal consider the recommendations described in this comment to minimize impacts to the majority of systems nationwide not experiencing levels of perchlorate that are a public health concern.

AMWA concurs with the American Water Works Association's proposal for an alternative monitoring plan that better aligns with the Standardized Monitoring Framework (SMF) for inorganics. This approach will minimize burdens on primacy agencies, streamline the process for reduced monitoring, and demonstrate effective management of the risks presented by perchlorate. The following sections on trigger levels, proposed SMF cycle, and frequency flexibility align with AWWA's positions, demonstrating alignment among stakeholders representing water systems.

b. Trigger Level

AMWA recommends EPA adopt a trigger value of one-half ($\frac{1}{2}$) of the MCL to reduce monitoring frequency. The proposed trigger level of 4.0 $\mu\text{g/L}$ based on the practical quantitation level for perchlorate (PQL) is not consistent with the SMF. Under the SMF, for most other inorganics, observed levels must be less than the MCL; for nitrate and nitrite, the observed level must be less than or equal to $\frac{1}{2}$ the MCL. EPA should set the trigger level for perchlorate in a manner consistent with other inorganics, or no less than $\frac{1}{2}$ the MCL (i.e., less than or equal to 10 $\mu\text{g/L}$, 20 $\mu\text{g/L}$ or 40 $\mu\text{g/L}$, respectively).

c. Proposed SMF Cycle

EPA should adjust the first reduced monitoring period to seven years, as the proposed compliance date falls in the middle of the first period of the fifth cycle of the SMF. This would maintain intended burden reduction while addressing logistical challenges systems may otherwise face with varying schedules for other inorganics.

d. Frequency flexibility

The proposed initial monitoring requirements for groundwater systems place an unnecessary logistical burden on these systems. EPA should instead apply one of the following two options:

- Option 1: "One Quarter" - Align groundwater initial monitoring with nitrate regulations and require a single sample given low observed occurrence nationally.
- Option 2: "Two samples with at least one quarter between"- Require two samples within the three-year initial monitoring period for ground water systems where the samples have at least one quarter between them. This will prevent samples from being taken within a few days of

each other and simplify logistical burdens. The goal should be to represent different points in time but avoid requiring systems to conform to an overly prescriptive time schedule for sampling.

Table 1 provides an alternate monitoring plan, proposed by AWWA, that is better aligned with the SMF, is straightforward to implement, and provides additional relief from monitoring burdens. While AMWA members serve only those systems serving 100,000 persons or more, AMWA nonetheless supports consistency in initial and long-term monitoring for water system sizes.

System		Initial Monitoring		Automatic Long-Term Monitoring ^{a,c}	
Size (persons served)	Type ^b	Entry Points	>MCL	>½ MCL and ≤MCL	≤ ½ MCL ^d
≤ 10,000	SW	Each Quarter	Quarterly	Annual	Every 9 years
	GW	See comments above	Quarterly	Triennial	Every 9 years
> 10,000	SW	Each Quarter	Quarterly	Annual	Every 9 years
	GW	See comments above	Quarterly	Triennial	Every 9 years

Notes:
a – Each sampling event requires one sample from each entry point (EP) to the distribution system.
b – Surface water (SW); Groundwater (GW)
c – Long-term monitoring frequency at each EP is determined automatically based on the results of the initial monitoring.
d – First reduced monitoring period after initial monitoring will be 7 years and 9 years thereafter.

Table 1. Recommended Approach for Initial and Long-Term Monitoring

e. Exceedance

EPA should determine an exceedance of the MCL based on the average of the initial sample and confirmation sample, rather than the running annual average. Any exceedance should trigger the collection of a follow-up sample within 10 calendar days of the initial sample with necessary flexibility provided to systems in states with extenuating circumstances. The 10-day period proposed for follow up sampling is reasonable to account for workforce availability, ensuring lab capacity, acquiring appropriate sample collection supplies, and accounting for weather and emergency issues. AMWA encourages EPA to codify further flexibility where necessary, as there are unique state requirements that may require longer sampling periods. For example, some states require that a state-approved contractor conduct post-exceedance sampling; a longer sampling period may be necessary in this case for the system to properly coordinate with state contractors.

f. Clarity for compliance monitoring in states with perchlorate drinking water regulations

AMWA recommends EPA explicitly encourage states with their own drinking water standards or monitoring schedules for perchlorate to approve the use of previously collected data for the purposes of initial compliance monitoring. AMWA appreciates that the Agency recognized this issue in the

preamble to the rule. For example, under California’s drinking water standard for perchlorate, certain water systems in California qualify for reduced monitoring at an *annual* level based on quarterly samples from previous years; when EPA finalizes the NPDWR, the Agency should include a clear statement to states to encourage continuation of their reduced monitoring schedules allowed by the state’s perchlorate regulation, rather than a need to return to quarterly sampling to meet EPA’s initial monitoring requirements. For each system, a return to quarterly monitoring would include a near quadrupling of costs from sampling, analyses, courier, and contract management fees, ultimately wasting funds without commensurate public health gains. While we appreciate that the Agency clarified its intentions in the preamble to the rule, we recommend EPA clarify and directly include its recommendation in the final rule nonetheless.

IV. Public notification and consumer confidence report requirements

a. Public Notification

AMWA recommends that public notification requirements for a perchlorate MCL violation constitute a Tier 2 public notice, given that the MCL relies on a health endpoint (neurodevelopmental impacts) for an exceedingly narrow life stage (infants in the first trimester of pregnancy in hypothyroxinemic women with low iodide intake). Notifying all customers with an urgent and unclear communication, as outlined in EPA’s proposed health effects language, within 24 hours of obtaining sampling results could lead individuals to avoid their drinking water unnecessarily, or otherwise cause alarm. This would likely undermine the public’s confidence in their drinking water and runs counter to the Safe Drinking Water Act’s direction for EPA to “take into account the seriousness of any potential adverse health effects that may be involved”¹⁴ when setting the form, frequency, and manner of the required public notice.

b. Proposed health effects language

AMWA urges EPA to use health effects language for the Consumer Confidence Report that utilizes public health communication best practices, such as the Centers for Disease Control and Prevention (CDC) Clear Communication Index (CCI)¹⁵ and to use plain language that the average citizen can understand. Notably, EPA’s proposed health effects language does not define “hypothyroxinemic,” describe “low iodine intake,” or note any relationship between thyroid function and perchlorate in its health effects language to help customers understand why they might need to consult their primary care doctor for more information. These details omit recommendations like those in the CCI that encourage leading with a clear main message, including a call to action, and defining unfamiliar terms.

¹⁴ *Safe Drinking Water Act*, 42 U.S.C. § 300g-3(c)(2)(A)(ii) (2023), Public notification requirements.

<https://www.govinfo.gov/content/pkg/USCODE-2023-title42/pdf/USCODE-2023-title42-chap6A-subchapXII-partB-sec300g-3.pdf>.

¹⁵ CDC, 2014. CDC Clear Communication Index. Retrieved from: <https://www.cdc.gov/ccindex/pdf/clearcommunication-user-guide.pdf>

V. Additional Considerations

As EPA finalizes the National Primary Drinking Water Regulation for perchlorate, AMWA asks EPA to weigh the rule's interaction with anticipated rule revisions and consider developing guidance documents or related supporting materials on remediating or preventing perchlorate occurrence in source waters. First, EPA must comprehensively assess the perchlorate NPDWR's interaction with the upcoming Microbial and Disinfection Byproducts Rule (MDBP) revisions, which must be finalized by 2028. If the MDBP rule revisions lead to disinfection practices promoting on-site generation of hypochlorite (sodium hypochlorite and calcium hypochlorite), which can degrade to form perchlorate, considerations and guidance on proper storage and handling will be necessary to help water systems manage risks. Furthermore, EPA could consider regional-specific materials to support remediation and cleanup standards for perchlorate-impacted sites that affect downstream water systems, such as sites in Nevada near the Colorado River that impact downstream systems. Regional support would protect downstream states that rely on interstate rivers as major sources of drinking water.

Conclusion

More than nine states have established drinking water regulations, health advisories, or other measures for perchlorate in drinking water since EPA included perchlorate in UCMR1. These actions, along with other remediation efforts aimed at reducing perchlorate in the environment, have contributed to a clear decline in levels of perchlorate in surface and drinking water nationwide. Despite AMWA's concerns that perchlorate does not meet the criteria for an NPDWR under the Safe Drinking Water Act, the Association recognizes that EPA is required to proceed with finalizing the NPDWR, and appreciates certain monitoring flexibilities in the proposed rulemaking that will reduce burdens on the overwhelming majority of water systems that do not exceed or even approach EPA's proposed MCLs.

AMWA thanks EPA for the opportunity to provide comments on the proposed NPDWR for perchlorate. If you have any questions about the content of this letter, please contact [Jessica Evans](#), AMWA's Director of Regulatory Affairs.

Sincerely,



Tom Dobbins
Chief Executive Officer

cc: Jessica Kramer, OW
Jennifer McLain, Office of Groundwater and Drinking Water (OGWDW)
Eric Burneson, OGWDW Standards and Risk Management Division (SRMD)
Hannah Holsinger, OGWDW SRMD

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Anne Lausier, OGWDW SRMD

Appendix 1. AMWA Verbal Statement on EPA's Proposed National Primary Drinking Water Regulation for Perchlorate for Public Listening Session on February 19, 2026



Appendix 1 – AMWA Verbal Statement on EPA’s Proposed National Primary Drinking Water Regulation for Perchlorate for Public Listening Session on February 19, 2026

Good afternoon and thank you for the opportunity to provide comments today. My name is Jessica Evans, and I am the Director of Regulatory Affairs for the Association of Metropolitan Water Agencies, or AMWA, which represents the nation’s largest publicly owned drinking water systems. Collectively, our member utilities serve more than 160 million people nationwide.

AMWA appreciates EPA’s engagement with stakeholders on regulating perchlorate in drinking water. The Association agrees with EPA’s own assertion in the preamble to this proposed rule that, according to the Agency’s analysis, perchlorate does not meet two of three of the Safe Drinking Water Act’s necessary criteria for promulgating a national primary drinking water regulation. Given the requirement that the agency issue one nonetheless,¹ the Association offers the following feedback that will minimize costs to communities while protecting public health.

First, based on the information EPA has collected to date, perchlorate is not found in drinking water nationwide at levels of public health concern. The Agency’s occurrence data demonstrate that although perchlorate is widespread throughout the country in surface and ground water, when detected, it is rarely at concentrations above any of EPA’s proposed maximum contaminant levels. Specifically, EPA’s estimates show that, out of more than 66,000 water systems, only about 103 systems would exceed a 20 µg/L perchlorate level², the lowest of EPA’s proposed maximum contaminant levels. This reflects very limited occurrence above the lowest proposed MCL option. As a result, perchlorate is not a contaminant that meets SDWA’s statutory criteria for regulation.

Simultaneously, we recognize that California and Massachusetts have implemented their own perchlorate standards, and AMWA appreciates that those standards are in place to limit public exposure to perchlorate where it is most prevalent.

AMWA further agrees with EPA’s perspective that the costs associated with nationwide monitoring are disproportionate to any meaningful public health benefit. Requiring all public water systems, including those with no history or risk of perchlorate contamination, to monitor for a contaminant with limited and localized occurrence imposes real costs on communities without commensurate gains in public health protection. Those resources would be better

¹ National Resources Defense Council (NRDC) v. Regan, 67 F. 4th 397 (D.C. Circuit. 2023).

² United States Environmental Protection Agency (USEPA). (2025). *Perchlorate Occurrence and Monitoring Report for the Perchlorate National Primary Drinking Water Regulation*. EPA 815-R-25-006. <https://www.federalregister.gov/d/2026-00021/p-400>.

Appendix 1 – AMWA Verbal Statement on EPA’s Proposed National Primary Drinking Water Regulation for Perchlorate for Public Listening Session on February 19, 2026

directed toward addressing prevalent contaminants, maintaining infrastructure, and otherwise meeting customer needs.

Regarding costs and monitoring, AMWA appreciates and strongly supports EPA’s inclusion of monitoring flexibilities in the proposal. Specifically, we support the Agency’s proposed binning approach based on initial monitoring samples that will allow for systems to qualify for reduced monitoring frequencies based on historical monitoring results dating back to **at least** January 1, 2021. Furthermore, the Association appreciates EPA’s provisions to allow systems to automatically reduce monitoring frequency without State approval and encourages EPA to issue a threshold of one half of the final MCL to reduce frequency.

These flexible monitoring provisions acknowledge that perchlorate occurrence is unevenly distributed, and they are an important recognition of practical implementation concerns. They offer water systems the ability to spend limited funds wisely while maintaining robust public health standards.

In closing, we note that EPA has previously determined that regulating perchlorate in drinking water would not present a meaningful opportunity for public health risk reduction. That conclusion remains supported by the agency’s occurrence data, benefit cost analysis, and should weigh heavily in the promulgation of the final rule and its monitoring requirements.

Thank you for your time and the opportunity to offer these comments. We look forward to delivering our written comments.