From: Ventaloro, Christopher
To: 15ANCAC02B_SWTriRev_Comments_2021
Subject: Adrienne Ferriss, MD, MPH Fw: [External] Comments
Date: Thursday, August 5, 2021 10:33:00 AM

Forwarding comments that were mistakenly sent to the GW triennial email.

Christopher Ventaloro
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From: GWTriRevComments <GWTriRevComments@ncdenr.gov>
Sent: Thursday, August 5, 2021 10:23 AM
To: Ventaloro, Christopher <christopher.ventaloro@ncdenr.gov>
Subject: FW: [External] Comments

Hey Chris,

I think this was intended for the SW Triennial Review comments.

Bridget

-----Original Message-----
From: adrienne ferriss <asferriss@gmail.com>
Sent: Tuesday, July 20, 2021 7:30 PM
To: GWTriRevComments <GWTriRevComments@ncdenr.gov>
Subject: [External] Comments

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I have been listening to the open meeting tonight , 7/20, and am writing my thoughts instead of verbally expressing them, due to technical problems.
I am a preventive medicine/public health physician and would like to reiterate some of the comments regarding PFAs and 1,4 dioxene.
1. Both the ASDWA and NIH have stressed the need for PFAs to be classified as a group, rather than setting limits for individual compounds. While we have limits for GenX, NC has not addressed

other PFAs which have been shown to be detrimental to health, particularly at high levels. We need to be joining the other states which have set combined limits for all PFAs. If I am understanding correctly, the consent decree with Chemours in 2019 did set limits which we could use as a standard for the state, as a whole.

2. The 80 microgram/L limit for 1,4 dioxane in surface water is too high.

3. Why are we considering adopting 2016 EPA standards which are now 5 years out of date? The science has changed since 2016 and we need to take that into consideration in this current cycle.

4. The industries that are causing the discharges of PFAs and 1,4 dioxane should be removing them prior to the discharges. Our publicly funded water treatment systems should not be bearing these costs. The pretreatment permits should being setting the limits so that the public is not bearing the cost of treatment, and then these limits need to be enforced.

Thank you for your time and work.

Adrienne Ferriss, MD, MPH