

Town of Richmond Water and Sewer Commission Meeting Minutes of September 19, 2022

Members Present: Bard Hill, David Sander, Jay Furr, Greg Tucker,

Members Absent: Morgan Wolaver

Staff Present: Josh Arneson, Town Manager; Duncan Wardwell, Assistant to the Town Manager; Kendall Chamberlin, Water Superintendent

Others Present: The meeting was recorded for MMCTV, Allen Knowles, Dustin Jurgenson, Joy Reap, Mary Houle, Meg Freebern, Paul Parker, Robin Miller, Rod West

Call to Order: 5:30 pm

Welcome by: Sander

Public Comment: None

Additions or Deletions to the Agenda: None

Superintendent's Report

Chamberlin: We are doing meters next week. Brad Snow will be resuming his full-time duties starting Thursday. Overnight sampling for the phosphorous study. We are dealing with some high flows. We are working on Rt 2 curb stop and valve locations. We have some pressure reducing valve issues. We are prepping for an inspection on Thursday. We have been working on our source protection plan to get the mailings out.

Sander: With the recent rain, is there a stormwater increase in the sewer lines?

Chamberlin: It is four to five times our designed flow

Hill: Is it worth getting ahead of this in terms of where the origins of the stormwater.

Furr: Kendall noted at the last meeting he has no enforcement over that.

Hill: The pressure reducing valves were first suggested about 10 years ago. Maybe in our next customer communication we provide some guidance on what to expect from the lifespan.

Chamberlin: Customers are calling us with reports of lowered water pressure. Nine times out of 10 it is the pressure reducing valve. Some customers are able to adjust it a bit or get a plumber to fix it. We could put a blurb in Forum and mailing.

Discussion of fluoride levels in drinking water

Arneson: I was contacted by Robin Miller, Oral Health Director at the Vermont Department of Health. She informed me that Richmond's fluoride levels are near 0.3

milligrams per liter for the last three years. The recommended levels from the Department of Health and the CDC are at 0.7 milligrams per liter (mg/l). Miller noted that going back to 1983 Richmond had agreed to keep levels at the recommendation of the CDC. The Vermont Department of Health publishes a list of drinking water systems that have committed to keep fluoride levels at the recommended levels, and Richmond is included on this list. The guide is included in the packet. Miller provided links to more information on fluoride and those links are included in the packet. Kendall has some concerns about fluorinating the system at the 0.7 mg/l level.

Miller: The fluoride levels in Richmond were consistently under 0.7 mg/l for monthly tests. We keep track of this across the State and I was concerned. A graph showed that fluoridation levels in Richmond have not been in the optimal range over the last 3 years and 8 months except once in March 2021. The health care providers assume that the water is fluoridated because that is what the Department of Health and CDC is telling them. The Richmond water is not currently at those standards. We made some site visits to provide technical assistance. We have a few suggestions to get into the optimal range but we saw no improvements in April or May or June. I am here today to say that the Town of Richmond is on paper as being properly fluorinated since 1983. I am concerned from a public health perspective.

Chamberlin: If the board read the packet, then they understand my preference of a 0.3 mg/l level compared to a 0.7 mg/l level. There have been significant changes since 1983 in fluoride sourcing. Fluoride is not mandated; it is voluntary and 100% paid for by the State. I am not against it, but I think the customers really should have a say. There is a lot of information that is out there, and we should have a referendum on it. There are many systems in Vermont that do not fluoridate. We do not have control of the supply change due to Chinese production. Fluoride is part of the PFAS issues we are dealing with right now. I am not comfortable with 0.7 mg/l as it was at 2 mg/l when I started. The science is consistently showing less is better. I think 0.3 mg/l will supplement fluoride from other sources like our diet. There are a couple of customers who are dead set against it. I appreciate the Department of Health recommendations and I am aware of the packet they put out. They recommend 1 part per million of chlorine all the time. I do not keep Richmond's chlorine at that level at all. I've done that way before they determined the problems associated with chlorination by-products. I think it is better to err on the side of caution.

Hill: Is this similar to vaccinations regarding what we hear and what we know? How do we know what all the customers think?

Miller: Vermont has fewer fluoridated systems than most states. The State does not mandate that systems fluoridate but the CDC clearly sets 0.7 mg/l as the standard. The people of Richmond and the health care professionals need to know that the water supply is fluoridated to the proper level. It hasn't been so for over 4 years now. The 0.3 mg/l level is not a public health benefit.

Furr: An article from the CDC states that adults get about 1 mg/l from food and water (<https://wwwn.cdc.gov/TSP/PHS/PHS.aspx?phsid=210&toxid=38>).

Miller: The last paragraph states the CDC's recommendation to fluoridate water. They still have the old (pre-2015) recommendations of 0.7-1.2 mg/l. The new levels are between 0.6-1.0 mg/l.

Furr: The article states "food grown in areas where soils have higher amounts of fluorides or where phosphate fertilizers are used many have higher levels of fluoride."

Chamberlin: That is the basis of why I have maintained it at 0.3 mg/l. You are still getting the optimal dose of fluoride with the water and all the stuff you eat. Back 2015, when they last did a review of this, PFAS was not an issue. PFAS is a fluoridated substance. Fluoride is extremely reactive that combines with your teeth, bones, and all that stuff. Too much fluoride is not beneficial for tooth decay either. The customers should have a referendum and make a decision.

Parker: Hi, I am a pediatrician here in Town. These are recommended levels. The science behind this is clear and fluoridation has taken place over the last 50-60 years. Why do we fluoridate water in Richmond? Is there a mandate? Is this Kendall's or another body's decision? I prescribe fluoride to my patients if they do not have it in their water. I am under the impression that the water in Richmond is fluoridated at the recommended levels. I have not been prescribing fluoride to patients on municipal water or going to school here based on the assumption it is at the recommended levels. I am concerned about one person making this decision behind the scenes. A referendum would be great. I spoke with Dr. Novak, the local dentist, and he agrees.

Chamberlin: I cannot speak to the decision in 1983 as I was not here. A person has a choice with a vaccination. When you drink the water, the customers do not have a choice. Too much of anything can be a problem. I have mentioned this to the board many times. Our numbers are published in our consumer confidence report every year. I have not made a decision behind the scenes. It is correct we have decided to fluoridate in the past. There have been significant issues with quality control fluoride sourcing coming out of China.

Knowles: In my experiences as a physician, fluoridation is one of the most successful and important public health measures. Fluoride occurs naturally. The CDC and public health community have established a safe level that gives an optimum benefit for preventing dental disease. I agree that it is not right for a single person to make the decision. It is inappropriate. That is not the safe route, that is putting people in danger.

Parker: I read over the studies. Some of the IQ measurements are difficult to establish and are not a controlled trial. The CDC recommendations are based on studies and the opinion of medical scientists. The CDC recommends that 0.7 mg/l should be present in the water supply in addition to natural sources from diet.

Miller: The fluoride being used in public water systems is very closely monitored. There is a new tablet system illustrated on the CDC website which is useful in smaller systems. We can get more information if that is of interest.

Sander: There are strong opinions on this. I suggest we bring this back to the next meeting. I would be interested in what the Water and Sewer users think.

Furr: Yes, we should bring it back up. I am concerned about how some people loudly express their opinion that drowns out other opinions.

Hill: We made the decision to keep fluoridating the last time this came up. We were shooting for the standard established by the CDC and the Department of Health. We cannot quell certain perceptions much like vaccinations. Do we turn this into an actual referendum or vote for all the users and not just collect public comment?

Parker: It is imperative for users to know what is in their water. I would prescribe fluoride if I knew my patients were not receiving the recommended level.

Hill: What do we do in the meantime? Customers are under the impression we are at 0.7 mg/l. Do we stay at 0.3 mg/l?

Sander: We are at least publicly acknowledging that we are at 0.3 mg/l.

Hill: The lack of clarity and communication is awkward and unfortunate. This is specific to public health, so we need to make a near term decision for 0.3 or 0.7 mg/l and then follow up with customers.

Sander: Maybe the tablet system provides a safer alternative.

Hill: I think we would all be in trouble if we refused to use products made in China.

Chamberlin: When we are adding something directly to a water supply, you have to be careful. We had some quality concerns. I am doing my job of watching the health of all of my customers.

Hill: I would like to thank everyone who showed up to address this issue.

Sander: The next meeting will be Oct 3rd.

Review of Gateway Expansion Project mailing to Phases 1B and 2

Arneson: I put together a draft for a mailing to future customers in the Gateway expansion. The first page is a brief introduction. The second page is a feedback form. The third page explains some of the funding associated with Phase 1A, 1B and 2. We also provide a sample chart for bond payback. There is also a table that illustrates potential fixed and metered fees for Residential, Commercial, and School. Once approved by the Commission these will go out in the mail to all property owners in the Gateway.

Hill: I think we schedule a Q&A session on our Oct 3rd meeting and provide information on how to join in person or virtually. There are so many parts to this.

Furr: On page 3, the inclusion of Governor Peck Rd could potentially confuse people. Also, it isn't really clear if 434 W. Main is part of the original district.

Hill: I also think we should include a map of the current district and the proposed expansion area. That will help explain this distinction.

Freebern: Where is house address of that property on Governor Peck? Yes, a map would be helpful.

Arneson: The pipe will be on Rt 2 as a part of the property does front Rt 2.

Freebern: I see that purple arrow at GP0360.

Arneson: Yes, that is the property, and it gets its parcel ID from Governor Peck Highway. It has frontage on Rt 2 that is larger than their neighbors.

Freebern: Will everyone with a lower address number of Governor Peck Highway assume they are part of the district?

Arneson: We can explain that this is the only Governor Peck address included as it has frontage on Rt 2.

Follow up on next steps for enforcement of stormwater connections to wastewater system

Sander: Do we have any idea if there are municipal storm drains that go into the sewer treatment plant?

Chamberlin: We cannot tell yet. It is probably a combination of some municipal and private tie-ins. It was noticeable after the board refused to disconnect the storm drains on Rt 2 on East Main St.

Arneson: We still have no answer from the State on stormwater.

Hill: Let's start with public systems even if it is the most expensive. If stormwater should not go into wastewater, then we should start at home. How would we then identify those private systems that have sump pumps that go into the wastewater.

Chamberlin: We can observe from roof drains that go into the ground. On Rt 2 there are some foundation drains. Any place that doesn't have water running down the driveway in a heavy rain typically means it is tied into the sewer line.

Hill: Do we have an inventory of suspected known systems tied into wastewater. Do we need a policy, incentive, or punishment.

Arneson: It is in the Ordinance. After providing a warning period it can be a \$1,000/day fine.

Hill: Then we need to use that tool. We should put out to customers the information of the ordinance.

Furr: Each individual we would have to take to court.

Sander: Is this a State of Vermont or Richmond problem?

Hill: We could apply the ordinance to the State of Vermont as well.

Chamberlin: I would like to enforce it all equally. The State is trying to fix their drainage system.

Arneson: We need to figure out a way to get the State to put stormwater into a stormwater system. We need to provide some options on where to properly put stormwater.

Sander: If you are on a ledge then the stormwater runs into Rt 2 or the river.

Hill: The water would have flown down that way anyway.

Freebern: The \$1,000/day fine would freak me out and force me to file a complaint.

Arneson: It is up to a \$1,000/day.

Hill: It is in the ordinance.

Freebern: I don't want anybody to freak out.

Sander: We do not want to generate revenue. We want to increase compliance.

Chamberlin: The fine is based on the costs associated with blowing out our treatment plant.

Hill: How do we want to proceed? Do you want to create awareness and then an obligation to disconnect?

Tucker: We should make it a personal letter to the offenders and not make it a system wide communication.

Hill: We should map it and project it. I think it is worth communicating to everybody and then following up with people.

Chamberlin: Should I investigate properties that do not follow the stormwater ordinance.

Hill: I would say no? The Town needs to fix the problem. Inventory of stormwater...The Water and Sewer might fine Highway a \$1,000 for non-compliance.

Sander: I think we should inventory those places.

Hill: It would be interesting if the Water & Sewer Commission started fining the Town of Richmond \$1,000/day for non-compliance. We need to know which stormwater is going into wastewater.

Tucker: How many people do not realize they are not in compliance? We can send a letter to have people check to see if they are in compliance.

Hill: There is a generic communication to everybody. Then there is a specific communication to those we know are not in compliance. We could inform people that if they are not sure to contact Kendall for an inspection.

Update on efforts to fill customer seat on the Water and Sewer Commission which will become vacant after December 2022

Arneson: I put out a message on Front Porch Forum on Sept. 16. We had one person who was interested.

Follow up on hydrant discussion

Chamberlin: I provide the hydrant information as a snapshot of what Richmond has currently.

Approval of Minutes, Warrants and Purchase Orders

Minutes

*Hill moved to approve the Minutes of 9/6/22 as presented. Furr seconded.
Roll Call Vote: Hill, Furr, Sander, Tucker in favor. Motion passed.*

Purchase Orders

Sander: No Purchase Orders this meeting.

Warrants

*Furr moved to approve the Warrants as presented. Hill seconded.
Roll Call Vote: Hill, Furr, Sander, Tucker in favor. Motion passed.*

Items for Next Agenda

- *Fluoride levels
- *Gateway Expansion Q&A session
- *Stormwater enforcement
- *Commission opening
- *5 pm start on Oct 3 for Q&A session

Adjournment

*Hill moved to adjourn. Furr seconded.
Roll Call Vote: Hill, Furr, Sander, Tucker in favor. Motion passed.*

Meeting adjourned at 6:40 pm

Chat file from Zoom:

00:23:12 Meg Freebern: I continue to be thankful for the level of discourse and consideration this board gives towards the best interest of this town.

00:26:39 Jay Furr:

<https://wwwn.cdc.gov/TSP/PHS/PHS.aspx?phsid=210&toxid=38>

00:30:26 Rod West: It seems that fluoride is less safe the older you are. I suspect the village skews heavily to elderly rather than pediatric. Also, there are so few users compared to the town as a whole, I think the argument that health care providers are assuming coverage, is not so valid for the town as a whole.

00:31:11 Duncan Wardwell: Speaker name?

00:32:43 Robin: Fluoride at .7ppm benefits adults and children