Testimony

of

Demetre Daskalakis, MD, MPH
Deputy Commissioner, Disease Control

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

Drinking Water Tanks

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Good morning Chair Levine, and members of the Health Committee. I am Dr. Demetre Daskalakis, Deputy Commissioner for Disease Control at the New York City Department of Health and Mental Hygiene. I am joined by my colleague Corinne Schiff, Deputy Commissioner for Environmental Health. On behalf of Acting Commissioner Oxiris Barbot, thank you for the opportunity to testify on drinking water tanks, and several related pieces of legislation.

Drinking water tanks are the iconic, round, roofed structures that dot our skyline and provide drinking water to many buildings over six stories tall throughout the city. As you know, our drinking water is of the highest quality; it is tested over 600,000 times per year by the Department of Environmental Protection, and is treated to ensure decontamination and safety. I can assure you today that our tap water is safe to drink. We know this because the Health Department has a comprehensive surveillance system that identifies clusters or outbreaks of disease, and we have never linked a cluster or outbreak of disease to a water tank.

The Health Department’s disease surveillance system is among the nation’s best, and I would like to take a moment to further describe its impressive capacity. The surveillance system combines a review of mandated reportable disease results with syndromic surveillance, which is electronic information we obtain on patient symptoms and pharmacy medication sales that signal the possible presence of disease. We receive mandated reports on approximately 100 different diseases of public health concern, including Enterohemorrhagic E. coli 0157:H7, the most dangerous form of E. coli, and daily reports of syndromic data from emergency departments, urgent care, emergency medical services, pharmacies, and school nurses. Our expert disease detectives analyze data from these sources to identify signals that may indicate an increase, cluster, or outbreak. We have never linked a cluster or outbreak of E. coli or other pathogen that can potentially be found in water to a water tank. Based on our data and our epidemiologic expertise, we are confident that drinking water tanks do not pose a public health risk to New Yorkers.

Although water tanks do not pose a public health risk, we agree that some regulation of them is appropriate. Indeed, both the Departments of Health and Buildings already do regulate them – the Administrative, Building, Plumbing and Health Codes include requirements for their construction, cleaning, assessment, and reporting. The Administrative Code requires building owners to conduct an annual assessment of the tank, and provide documentation of the results to both the Health Department and their residents upon request. Additionally, Local Law 239 of 2017 passed last year, will further improve transparency about these tanks, as it requires the Health Department to report information about the assessments to the Council annually starting in spring 2019. Additionally, the Health Code requires building owners to report within 24 hours positive sampling for E. coli and coliform bacteria to the Health Department. The Building Code, which is enforced by the Department of Buildings, governs construction of rooftop structures, including water tanks, and the Plumbing Code details requirements for drinking water tank components such as the design of the tank, covers to keep out unauthorized persons, dirt, and vermin; disinfection of the tank after it has been cleaned or painted; and a mandate for draining and cleaning the tank at least once per year.

Since last year’s Council hearing on drinking water tanks, the Health Department has taken steps to strengthen water tank compliance. For example, we have instituted expansive,
ongoing physical canvassing efforts to identify previously unknown buildings with water tanks, and these buildings will receive summonses if they do not comply with the law and related Health Code provisions by January 15, 2019. Further, we are transitioning our current manual system to an electronic system that will go live in early 2019, which will automatically issue notices of violation to the owner of any building that has not submitted a water tank inspection report or attested that they do not have a drinking water tank. The new system will also generate automated violations for any component of the submitted report that does not comply with Health Code provisions. In addition, last year, we launched a tool on our website that New Yorkers can use to search by building to get information about the drinking water tank servicing that building.

Notwithstanding the laws and regulations the City has in place, and the fact that water tanks have never been linked to disease in New York City, we understand the Council’s desire to do everything it can to protect New Yorkers from situations that appear to pose a threat to public health. We have all seen stories and pictures of water tanks that are poorly maintained, and this is unacceptable. Any such condition must be addressed expeditiously and we are dedicated to holding building owners accountable to ensure they meet the existing maintenance, health and safety standards. We believe that water tanks should be properly maintained by building owners, and look forward to discussing the package of bills being considered today. But we are concerned that some of these bills would create mandates that are unnecessary given what the data tells us about the lack of a public health risk associated with water tanks.

**Introduction 1157** proposes that people who paint, inspect and perform maintenance work on water tanks hold both Licensed Master Plumber status and a New York State certification. We support the bill’s requirement for Licensed Master Plumber status for those who do this work. Currently, the Health Department requires either a permit or proof of being a Licensed Master Plumber to paint, clean or coat water tanks. We would like to discuss further with Council the New York State certification referenced as it does not apply to drinking water treatment or disinfection. We look forward to working with Council to align these requirements in the Administrative Code.

**Introduction 1053** would require water tank inspection companies to submit annual reports directly to the Health Department. We believe that concurrent submission to the building owner and the Health Department would meet the goals of this bill. To help ensure the integrity of annual inspection reports, we also want to work with Council to authorize the Health Department to require electronic submission of these reports.

**Introduction 1150** requires the inspection of water tanks prior to the annual cleaning. We would like to discuss this bill with Council to better understand the intent. The Health Department’s goal is to see that any issues identified during the assessment are addressed prior to the submission of the report to the Department.

**Introduction 1056** would require periodic inspections by the Health Department, and **Introduction 1038** would require inspections when bacteria are found in the drinking water tank. Under the existing regulatory structure, when *E. coli* or coliform bacteria are found in the tank, owners are already required to immediately report the findings to the Health Department, and
they must disinfect the tank and take confirmatory samples to verify the absence of bacteria. Existing laws and regulations designed to ensure the sanitary and structural integrity of these tanks are sufficient.

**Introduction 1167** requires building owners to repair damaged water tanks within 90 days of receiving notification of the damage; and **Introduction 1169** requires visual documentation to be submitted with the inspection report. The existing requirements under the Administrative Code and the Department of Building-enforced Plumbing and Building Codes address the cleaning and maintenance of these structures. And the annual report includes examination of the tank’s integrity and immediate correction of any unsanitary condition. From a public health perspective this is sufficient in order to maintain the necessary water quality standards.

Thank you for the opportunity to testify; we are happy to take questions.