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# **Town of Greensboro Annual Drinking Water Quality Report for 2025**



2025 MD0050003

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## Is my water safe?

Last year, as in years past, your tap water met all EPA and state drinking water health standards. The Town of Greensboro is pleased to provide this annual water quality report for calendar year 2025. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Greensboro routinely monitors for contaminants in your drinking water, and we are pleased to report we met all federal and state guidelines established for drinking water last year.

## Do I need to take special precautions?

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/Centers for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Water Drinking Hotline (800-426-4791).

## Where does my water come from and what are the potential sources of contamination?

Your drinking water is supplied by three wells in the Piney Point Aquifer; an aquifer is an underground body of water which is tapped by drilling wells and pumping the water to the surface for distribution. The three wells are: The Academy Street well (390 feet deep), the Hobbs Street well (350 feet deep) and the Tower Road well (370 feet deep). The susceptibility analysis for Greensboro water supply is based on a review of the water quality data, potential sources of contamination, aquifer characteristics, and well integrity. For information on the source of your water, the significant potential sources of contamination, and susceptibility analysis, contact the Maryland Source Water Assessment Program at the Maryland Department of the Environment at (410) 537-3714 or visit on the web at: [https://mde.maryland.gov/programs/Water/water\\_supply/Source\\_Water\\_Assessment\\_Program/Pages/by\\_county.as](https://mde.maryland.gov/programs/Water/water_supply/Source_Water_Assessment_Program/Pages/by_county.as)

## Why may there be contaminants in my drinking water?

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (EPA) Safe Drinking Water Hotline (800-426-4791). The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity. Contaminants that may be present in source water include:

1. Microbial contaminants, such as viruses and bacteria that may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
2. Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm water runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming.

- 3 Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.
- 4 Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.
- 5 Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities. In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water, which must provide the same protection for public health.

## Important Drinking Water Definitions:

MCLG: Maximum Contaminant Level Goal. The level of a contaminant in drinking water below which there is no known or expected risks for safety. MCLG allows for margin of safety.

MCL: Maximum Contaminant Level. The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

AL: Action Level. The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

MRDLG: Maximum Residual Disinfectant Level Goal. The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbe contaminants.

MRDL: Maximum Residual Disinfectant Level. The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbe contaminants.

ALG: Action Level Goal. The level of a contaminant in drinking water below which there is no known or expected risk to health. ALGs allow for a margin of safety.

LCR: Lead and Copper Rule. A United States federal regulation which limits the concentration of **lead and copper** allowed in public drinking water at the consumer's tap, as well as limiting the permissible amount of pipe corrosion occurring due to the water itself.

M/R: Monitoring and Reporting

## Units of Measurement & Conversions:

NA: Not applicable

pCi/L: picocuries per liter (a measure of radioactivity)

ppm: parts per million, or milligrams per liter (mg/L)

ND: Not Detected

ppt: parts per trillion, or nanograms per liter (ng/L)

ppb: parts per billion, or micrograms per liter (µg/L)

## Water Quality Data Table

The table below lists all of the drinking water contaminants that we detected in your water. The presence of contaminants in the water does not necessarily indicate that the water poses a health risk. The EPA or the State requires us to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, may be up to five years old.

| Contaminant | Date Sampled | 90 <sup>th</sup> Percentile | Range of Tap Sampling                | Units | Action Level (AL) | # Sites over AL | MCLG | Violation | Typical Source                                                                                         |
|-------------|--------------|-----------------------------|--------------------------------------|-------|-------------------|-----------------|------|-----------|--------------------------------------------------------------------------------------------------------|
| Copper      | 2023         | 0.0233                      | ND<br><.0020-.0233                   | mg/L  | 1.3               | 0               | 1.3  | No        | Erosion of natural deposits; leaching from wood preservatives; corrosion of household plumbing systems |
| Lead        | 2023         | <0.0020                     | ND<br>(<0.0020)<br>- ND<br>(<0.0020) | ppm   | 0.0150            | 0               | 0    | No        | Corrosion of household plumbing systems; erosion of natural deposits                                   |

An initial Inventory of service line pipe materials located within our service area was required to be submitted to the Maryland Department of the Environment (MDE) by October 16, 2024. Our initial inventory has been submitted as of June 2025. Lead and Copper Sampling is only required every three years but previous results must be listed in each annual report.

| Contaminants (Units) | Date Sampled | Highest Level Detected | Range (Low-High) | Unit | MCL | MCLG | Violation | Typical Source |
|----------------------|--------------|------------------------|------------------|------|-----|------|-----------|----------------|
|----------------------|--------------|------------------------|------------------|------|-----|------|-----------|----------------|

### Disinfectants and Disinfection By-Products:

|          |      |    |           |     |           |            |    |                                         |
|----------|------|----|-----------|-----|-----------|------------|----|-----------------------------------------|
| Chlorine | 2025 | 13 | 1.0 – 1.3 | ppm | MRDL<br>4 | MRDLG<br>4 | No | Water additive used to control microbes |
|----------|------|----|-----------|-----|-----------|------------|----|-----------------------------------------|

### Inorganic Contaminants:

|            |           |      |             |      |    |                       |    |                                                                                                                            |
|------------|-----------|------|-------------|------|----|-----------------------|----|----------------------------------------------------------------------------------------------------------------------------|
| Fluoride   | 4/8/2025  | 1.23 | 1.23 - 1.23 | ppm  | 4  | 4                     | No | Erosion of natural deposits; water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories. |
| HAA5       | 8-29-2025 | 1.31 | 1.31 – 1.31 | ppb  | 60 | No goal for the total | No | By-product of drinking water disinfection.                                                                                 |
| Radium-228 | 7/8/2021  | 0.8  | 0.1 - 0.8   | pci/ | 5  | 0                     | No | Erosion of natural deposits                                                                                                |

## Definitions

Lead: Lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Greensboro is responsible for providing high quality drinking water and removing lead pipes but cannot control the variety of materials used in plumbing components in your home. You share the responsibility for protecting yourself and your family from the lead in your home plumbing. You can take responsibility by identifying and removing lead materials within your home plumbing and taking steps to reduce your family's risk. Before drinking tap water, flush your pipes for several minutes by running your tap, taking a shower, doing laundry or a load of dishes. You can also use a filter certified by an American National Standards Institute accredited certifier to reduce lead in drinking water. If you are concerned about lead in your water and wish to have your water tested, contact: Cindy Yost 410-482-6222 [cyost@greensboromd.com](mailto:cyost@greensboromd.com) Information on lead in drinking water, testing methods and steps you can take minimize exposure is available at <http://www.epa.gov/safewater/lead>.

Copper: Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's disease should consult their personal doctor.

Chromium: Some people who drink water containing chromium well in excess of the MCL over many years could experience allergic dermatitis.

Nitrate: Nitrate in drinking water at levels above 10 ppm is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant, you should ask for advice from your health care provider.

PFAS: PFAS – short for per- and polyfluoroalkyl substances – refers to a large group of more than 4,000 human-made chemicals that have been used since the 1940s in a range of products, including stain- and water-resistant fabrics and carpeting, cleaning products, paints, cookware, food packaging and fire-fighting foams. These uses of

PFAS have led to PFAS entering our environment, where they have been measured by several states in soil, surface water, groundwater, and seafood. Some PFAS can last a long time in the environment and in the human body and can accumulate in the food chain.

The Maryland Department of the Environment (MDE) conducted a PFAS monitoring program for Community Water Systems from 2020 to 2022. The results are available on MDE's website: <https://mde.maryland.gov/PublicHealth/Pages/PFAS-Landing-Page.aspx>.

The Environmental Protection Agency (EPA) finalized regulations for 6 PFAS compounds in drinking water in April 2024. The MCLs for PFOA and PFOS are each 4.0 parts per trillion (ppt). The MCLs for PFNA, PFHxS, and HFPO-DA (GenX chemicals) are each 10 ppt. Additionally, a mixture of two or more of the following chemicals (PFNA, PFHxS, HFPO-DA, and PFBS) will be regulated with a Hazard Index of 1 (unitless) to determine if the combined levels of these PFAS pose a risk and require action.

The 5<sup>th</sup> Unregulated Contaminant Monitoring Rule (UCMR5) began testing for 29 PFAS compounds and lithium in 2023, and testing will run through 2025. The UCMR5 should test all community water systems with populations of at least 3300 people. Three randomly selected systems in Maryland with populations less than 3300 people will also be tested under the UCMR5. Detections greater than the minimum reporting levels for each constituent should be reported in the CCR.

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