Policy Committee Meeting Agenda

Clean Water Council

September 26, 2025

9:30 a.m. – 12:00 p.m.

WebEx Only

Policy Committee: John Barten, Rich Biske (Chair), Gail Cederberg, Kelly Gribauval-Hite, Chris Meyer, Peter Schwagerl, Marcie Weinandt, and Jessica Wilson

9:30 Regular Business

- Introductions
- Approve today's agenda (no minutes)
- Chair update
- Staff update
    - Survey
    - Upcoming engagement opportunities

10:00 Public Comment

Members of the public who would like to provide comment about something not on the agenda are welcome to do so at this time.

10:15 Background presentation for the private well initiatives policy statement

- Tannie Eshenaur & Frieda von Qualen, MDH

Last month, we started to outline the scope for our next topic, focusing on funding for implementation for mitigation of pollution in private wells. To inform our discussion and illustrate the scale of the challenge, MDH will provide an overview of content related to private wells included in the State Drinking Water Action Plan. Additional information about current activities related to understanding the economic implications will also be provided.

10:45 BREAK

11:00 Continued discussion

12:00 Adjourn

Mitigation: A Gap in the Patchwork of Protections for Private Wells

Tannie Eshenaur, MPH | Water Policy Center

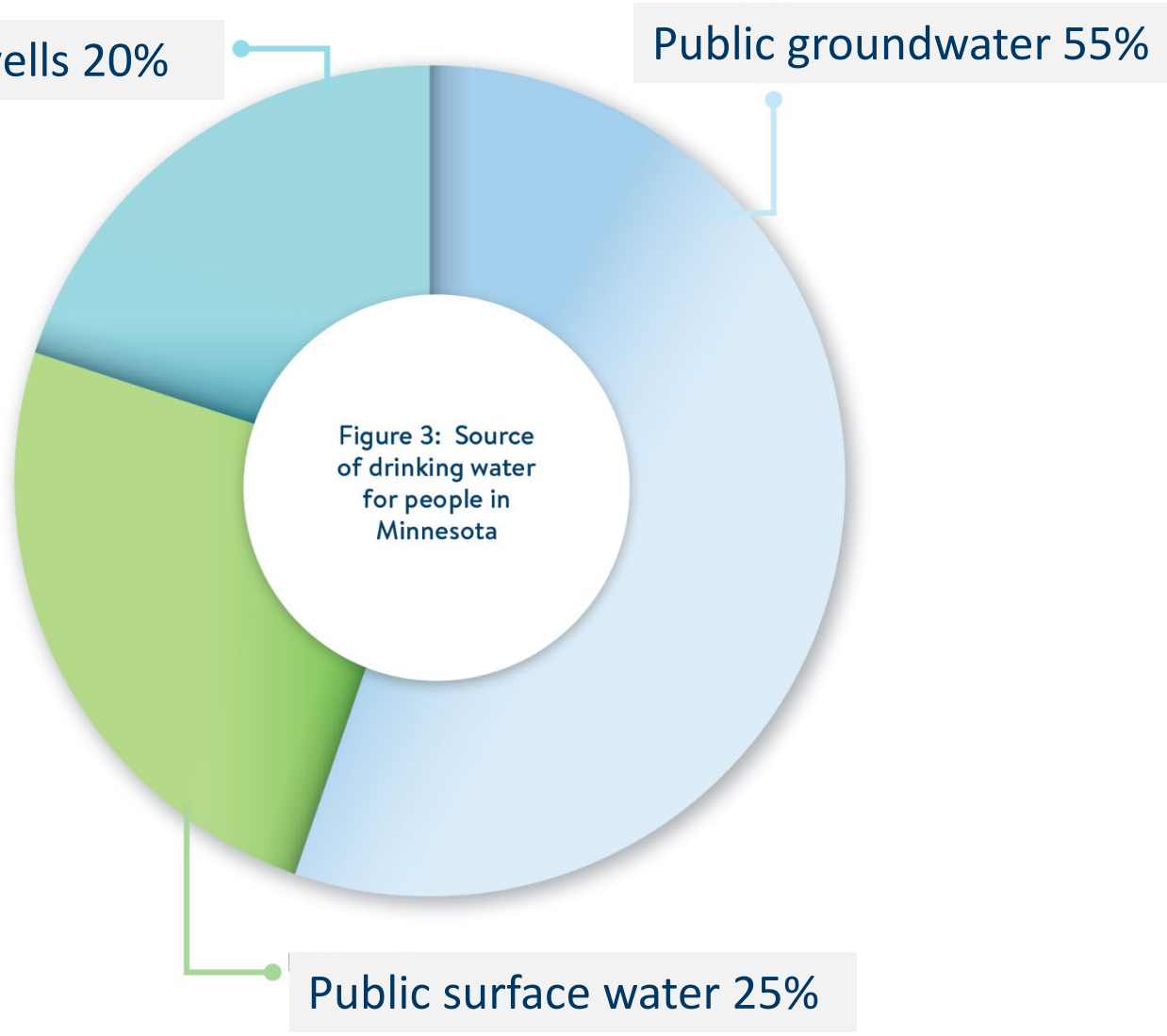
Minnesota Department of Health

MINNESOTA

CLEAN WATER LAND & LEGACY AMENDMENT

YOUR Clean Water Fund AT WORK

Drinking water sources in Minnesota



75% from groundwater
25% from surface water

FY 2025

Connections to strategic plans

Clean Water Council

Drinking water is safe for everyone, everywhere in Minnesota.

Ensure that private well users have safe, sufficient, and equitable access to drinking water.

MN Drinking Water Action Plan

Ensure safe tap water

Establish easy-to-access private well testing and mitigation.

- Educational resources and technical assistance
- Financial assistance

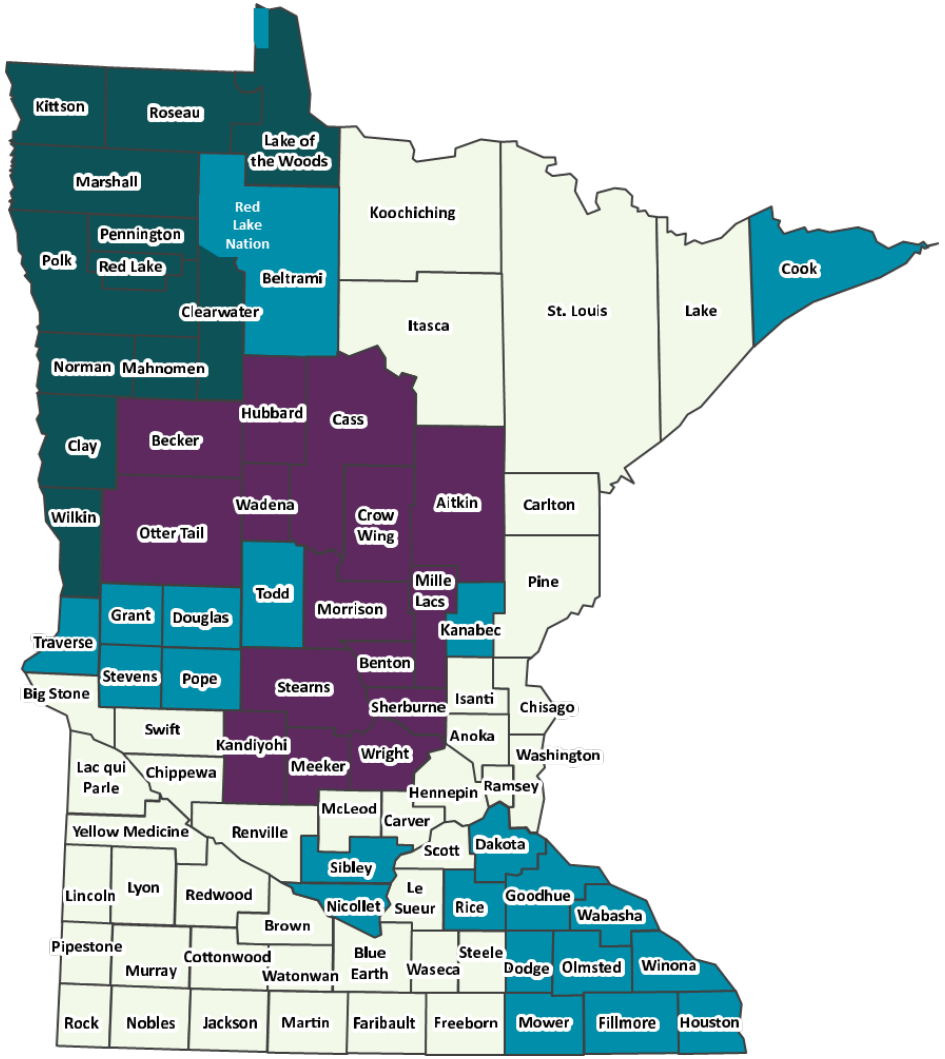
1.2 million private well users have fewer safeguards

	Construction	Routine testing	Mitigation to address contaminants	Protecting source waters	Funding for construction, treatment, repairs, sealing	Well sealing
Public Water System	✓	✓	✓	✓	✓	✓
Private Well	✓	Initial test at well construction			Some selective loans	✓

Well users don't choose their geology or how land is used around them.

Activities with check marks have oversight in state or federal statute. Activities with a person icon are the responsibility of a well user.

There is growing momentum for private well testing

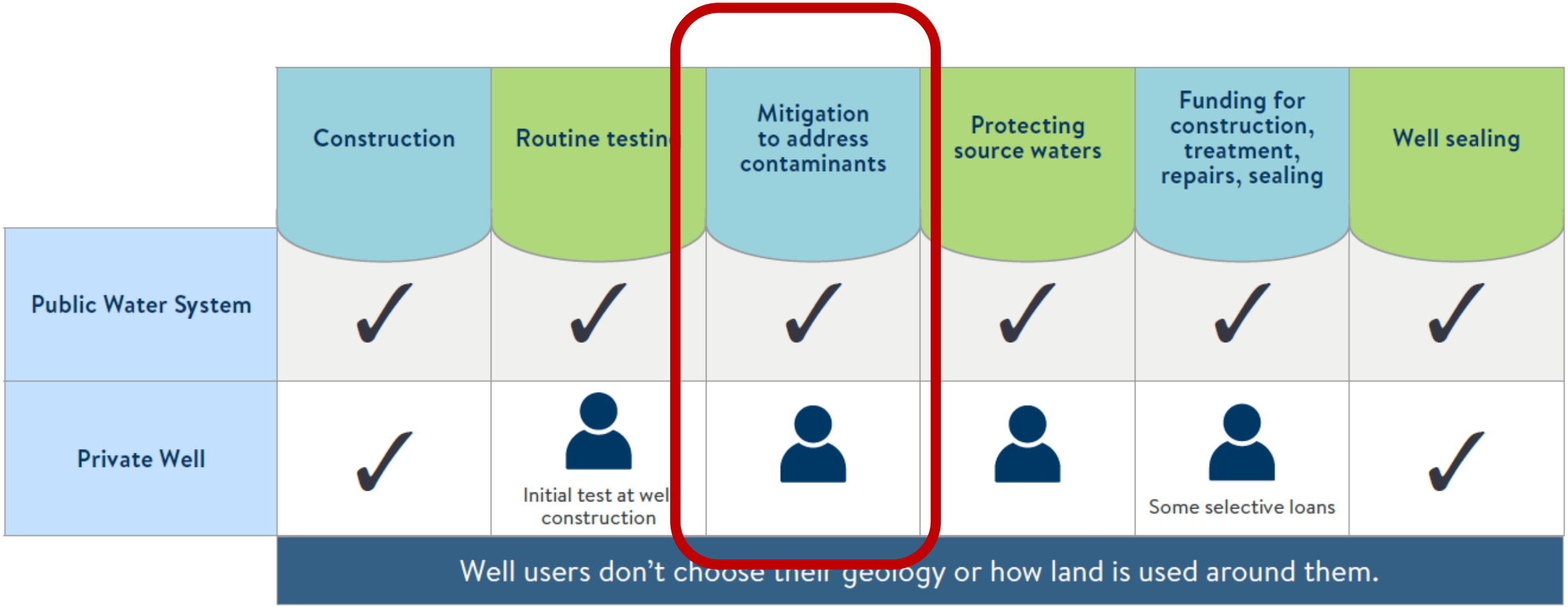


CWF Private Well Protection Grants and testing in SEMN

Interested counties; private wells in comprehensive watershed management plans

Northwest Minnesota Groundwater Initiative

A big gap in mitigation to address contaminants



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We recommend testing for the top five common contaminants

Testing is even more important if young children drink the water.

Contaminants are common and have health effects

	Coliform Bacteria	Nitrate	Arsenic	Manganese	Lead
Health effects					
Statewide frequency	**27%** (1996 CDC study)	**40%+** (some townships) **~4-5%** (all wells) **~1%** (new wells)	**~50%** (have arsenic)	**50%** (above level safe for infants)	**?**
Southeast MN (1,013 tests)	**10%**	**9%**	**18%**	**8%**	**40%**

Few private well users are testing and taking necessary action

2016 survey of 798 well owners who had arsenic above 10 µg/L in their new well sample

<20%

tested at recommended frequency

34%

did not take action to reduce exposure to arsenic above the level allowed in community water systems

MDH fields many inquiries about financial assistance

8%

of private well inquiries were about mitigation financial assistance in 2024

75 inquiries

about mitigation financial assistance in 2024

Access to mitigation is essential

People don’t simply need information (deficit model)

Health Belief Model: explains engagement or lack of engagement

- Can I get this disease? (*perceived* susceptibility)
- Will it be serious? (*perceived* severity)
- Does the action really help? (*perceived* benefits)
- Can I afford this action? (*perceived* barriers)
- When should I consider doing this action? (cue to action)
- Can I do this action? (self-efficacy)

15% of respondents didn’t take action due to cost

Reason did not take action to reduce arsenic	Percent
Not concerned about arsenic level	50%
Wasn’t sure what to do or who to contact	21%
Treatment options are too expensive	**15%**
Treatment systems are too difficult to use and maintain	15%
Haven’t gotten around to it yet, but plan to someday	11%

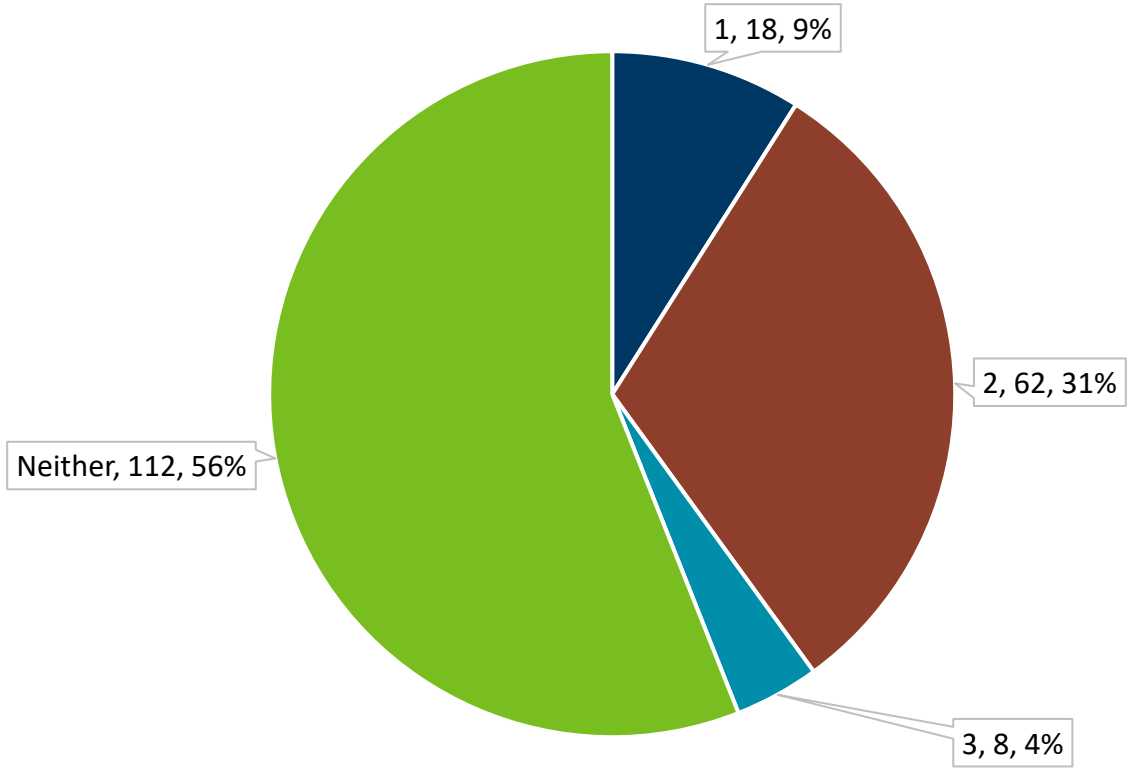
Lower income respondents were **five times more likely** to select cost as the reason

Existing mitigation funding options

Program Name	Income	Age	Other
Single Family Housing Repair Loans and Grants	<50% median area income	62+ for a grant **ONLY GRANT OPTION**	Community <25,000 people
Rehabilitation Loan/Emergency and Accessibility Loan Program	<$28,200 combined income for 2 people		
Fix Up Program (Loan)	Annual income <$155,500-$175,400 (depends on location)		
Agriculture Best Management Practices (AgBMP) Loan Program	No income limit		
Southeast Minnesota (paid directly to contractor)	No income limit	No age limit	The well must be in the eight-county area

Reverse Osmosis Installations

Reverse Osmosis Installations at Households with a Vulnerable Population and Low Income



44%

Of households receiving an RO system had a demonstrated need: higher health risk from nitrate or financial need

What are the mitigation options?

What informs the best mitigation option

- Contaminant(s)
- Whether you have electricity
- Geology
- Budget
- Whole house vs. point of use

Most common mitigation approaches

- Well repairs
- Disinfection
- Point of use treatment including reverse osmosis, carbon filters, anion exchange, distillation, adsorptive media
- New well

Costs and Benefits Analyses

At the household level

- Basic five contaminants alone, or in combination
- Continuum of treatment options
  - Comparison and ranking
  - Operations and maintenance
  - Protectiveness and performance
- Cost
- Decision tree

At a state level

- Build on household CBA
- Conduct a large scale social and public health analysis
- Consider costs over the long term
- Consider morbidity and mortality avoided
- Identify potential tradeoffs

Possible objections

- Spending public dollars on private property
  - $243M in general fund for lead service line replacement
  - About half the CWF goes to BWSR, focus of BWSR work is with private landowners on private land
- It’s too much
  - Voluntary nature will limit engagement
  - Cost can be spread over a 10-year timeline
- Only benefits individuals
  - Proper well construction protects groundwater

Idea: build on the existing system

MINNESOTA POLLUTION CONTROL AGENCY

Legacy pollutants

e.g., PFAS

DEPARTMENT OF AGRICULTURE

Pesticide & fertilizer pollutants

e.g., nitrate

DEPARTMENT OF HEALTH

Geogenic contaminants

Arsenic, manganese

Questions?

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