# **Health Risk Assessment of Groundwater Pollution—A Case Study of Typical City in North China Plain**

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**ABSTRACT: This article presents an application of assessing human health risk in typical city of North**  China plain. Combined with water quality and multi-element analysis, Pb, Cd, Cr<sup>6+</sup>, Mn, NO<sub>3</sub>, F<sup>-</sup>, and **As in groundwater samples were chosen to be used for human health risk assessment of drinking water pathway and dermal contact pathway, and results show a good effect. Results indicate that (1) poor water quality is caused by salinity and hardness overstandard; (2) in noncarcinogenic risk, samples that do not pose noncarcinogenic risk only account for 28.46%; in carcinogenic risk, samples that do not pose carcinogenic risk account for 73.08%; (3) the noncarcinogenic risk in the study area decreased in**  the following order: NO<sub>3</sub> > Mn>As>F > Cr<sup>6+</sup> > Cd>Pb and the carcinogenic risk of the study area decreased in the following order: As>Cd=NO<sub>3</sub> = Mn=F = Cr<sup>6+</sup> = Cd=Pb=0, because the slop factors were not **available for the other pollutants, except for As; and (4) in terms of whole study area, the main contribute order of drinking water pathway and dermal contact pathway in human body is drinking water** 

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Manuscript received July 5, 2011. Manuscript accepted January 13, 2012. **pathway>dermal contact pathway.** 

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## **INTRODUCTION**

Groundwater is widely used for ideal water supply in North China plain. Generally speaking, groundwater cannot be polluted easily because it is buried under the ground. Therefore, groundwater pollution has the characteristics of difficult to find and control. Once contaminated, it must pay cost for treatment and remediation (Morgenstern et al., 2000).

However, in recent years, with the rapid development of the society and the accelerated development of industrialization, urbanization, and agricultural modernization, impacts of human activities have caused groundwater pollution to a great degree (Chenini et al., 2008; Mohammed et al., 2008; Zhu and Yang, 2008; White et al., 2003; de Vries·Ian Simmers, 2002). Pollutants can be dispersed and accumulated in humans by consumption of water. Human health risk assessment has been used to determine if exposure to a chemical, at any dose, could cause an increase in the incidence of adverse effects to human health (Li et al., 2008). As a result, people are concerned more about the relationship between human health and groundwater pollution than pollution itself, so health risk assessment is particularly important.

For those purposes, guidelines for assessment of groundwater pollution have been published. In recent years, risk assessment procedures used for determining the need for remediation or redevelopment actions at contaminated sites have become especially well developed and documented (U.S. EPA, 1989). Health risk assessment steps were defined as four steps specifically by the U.S. National Academy of Sciences (NAS) in 1983, which consisted of four stages: (1) hazard identification, (2) toxicity (dose-response) assessment, (3) exposure assessment, and (4) risk characterization, had been widely recognized in academic fields and "Cancer Guide" was published in 2005 (http//:www.cfpub.epa.gov/ncea/raf/recordisplay.cfm; U.S. EPA, 1992). In the current work, the study of environmental risk assessment had been carried out in the United Kingdom, the Netherlands, Italy, Canada, Australia, New Zealand, Japan, and Chinese Taipei. Several real health risk assessment system had been built for its own country combined with the assessment method of the United States (LSW, 2003; CCME, 2001; Cushman et al*.*, 2001; NEPC, 1999; Krishnan et al*.*, 1997).

At present, most studies in China have focused on the health risk of drinking water pathway, and there is little research considering both drinking water pathway and dermal contact pathway, which is mainly the introduction and application research results of abroad (Dong et al*.*, 2008; Han et al., 2006; Qiu and Wang, 2003; Pi et al., 2001; Hu, 2000; Tian, 1999;

Zeng et al*.*, 1998; Yang, 1996). It does not have a complete human health risk assessment approach as well as evaluation index system of pollutants itself in China, especially in human health risk assessment of groundwater pollution. Appropriate management of water-bearing basins is critical for country development. Health risk assessments of large-scale areas are urgently needed (Li et al*.*, 2010).

The current health risk assessment system in China has three problems: (1) the evaluation model is too influx; (2) the evaluation exposure route is singleness, especially in human health risk assessment; and (3) the evaluation content has no innovations. To achieve more reliable risk analysis for decisionmaking, this article reports a case study of an integrated risk analysis to estimate the human health risk in the study area.

## **STUDY AREA**

The study area is one of the most and oldest developed regions in North China plain. Heavy industrial development and fast urbanization have resulted in significant water pollution. It has limited water supply, and the deterioration of water quality has hastened the shortage of water resources, especially for groundwater. Therefore, great attention should be paid to the impacts on human health caused by groundwater pollution.

The study area is located in the northeast of North China plain, and its ground elevation is mostly 10 to 50 m, and surface gradient is about 0.6‰. It belongs to warm and humid-semi-humid climate zone with four different seasons. During many years, mean annual temperature is 12.5 ℃, mean annual rainfall stands at 500 to 750 mm, and mean annual evaporation is 1 775 mm. The precipitation infiltration coefficient is about 0.3, and the groundwater runoff modulus is about 10 to 150 000  $m^3 \cdot a^{-1}$  km<sup>-2</sup>. The aquifer, which mainly consists of fine sand and the medium sand, is a multilayer structure and the singlelayer thickness ranges from 4 to 14 m. Groundwater is mainly Quaternary pore water and karst water. Total area of catchments is  $1\,150\,\mathrm{km}^2$ , which contains exposed karst area of 38  $km^2$  and hidden surface karst area of 1 112  $\text{km}^2$ .

# **DATA AND METHODOLOGY**

## **Sample Collection and Results of Testing**

In 2009, 130 groundwater samples were collected, and the distribution of the samplings is shown in Fig. 1. As a result, 7 kinds of contaminants were determined in groundwater samples because their concentrations were completely high and maybe they would do harm to people's health. The purposes of this study were (1) to investigate the contamination levels of these contaminants and (2) to assess the total risk of health effects to humans.



**Figure 1. Distribution of samples in study area. Map scale of 1 : 250 000 had been marked (Land and Resources Survey Program of China).** 

All the collection work was subjected to strict quality-control procedures of "Geological Survey Assessment of Groundwater Pollution Norms". Nitric acid of 1 : 1, Watson's pure water, marked with "standard solution" (preparation of standard solution must be in strict accordance with GB/T601 "Chemical Preparation of Standard Solution Reagent"), freezers, incubators, sampling apparatus and equipment, labels, disposable gloves, and non-phosphorus detergent were prepared before sampling. The calibration and cleaning of instrument were carried out in accordance with instructions. Seven indexes such as temperature, water temperature, pH, conductivity, redox potential, dissolved oxygen, and turbidity should be measured directly on field. Samplers should be washed with detergent apparatus after completing each sampling. At each sampling point, water sample was collected in 500 mL plastic bottles for trace elements analysis with 3 mL nitric acid (1 : 1) added and water sample was collected in 1 L plastic bottles for full analysis without any reagent added. All samples were refrigerated at *<*4 ℃. All chemical analytical results of this study were performed by quality-control system, which includes reagent blanks and replicate samples. Sampling workers may not smoke and should operate at the downwind.

The materials of sampling well casing and pumping were TFE (PTFE), carbon steel, low carbon steel, galvanized steel, and stainless steel. There must be a valve on the drainage pipe of lift pump, and the distance from valve to well could not be farther than 30 m. If drainage pipe was installed with valve on the branch, and the distance from outfall to branch pipe was farther than 2 m, the PTFE-lined PE hose (polyethylene) would be connected to the branch directly, and a stainless steel tube with about 350 mm length and 5 mm diameter would be connected to the other end of sampling tube (Fig. 2a). If drainage pipe was installed with valve on the branch, but distance from outfall to branch pipe was shorter than 2 m, a section of tube should be installed to extend connect the distance from outfall to sampling tube more than 2 m (Fig. 2b).



**Figure 2. Connection examples for sampling pipes. (a) Connection examples for sampling pipes; (b) connection examples for sampling pipes.** 

In all test indexes, 27 of inorganic indexes were indispensable: total dissolved solids, total hardness, potassium permanganate index, metasilicate, nitrate, nitrite, ammonium ion, sulfate, carbonate, heavy carbonate, chloride ions, fluoride, iodine ion, sodium, potassium, calcium, magnesium, iron, manganese, lead, zinc, cadmium, hexavalent chromium, mercury, arsenic, selenium, and aluminum; 20 selected index for special area: volatile phenol (in phenol dollars), cyanide, anionic synthetic detergent (water sources indispensable), sulfide (special districts indispensable), total phosphorus, bromine, total chromium, copper,

barium, beryllium, molybdenum, nickel, boron, antimony, silver, and thallium.

Samples were tested by Groundwater Mineral Water and Environmental Supervising and Testing Center of the Ministry of Land and Resources and Tianjin Institute of Geology and Mineral Resources, which had already passed the quality of certification and verification by China Geological Survey Bureau. The test instruments and types were atom absorption spectrophotometer Hitachi Z-5000, Hitachi 180-80, and WFX-IE3; ion chromatograph: Dionex ICS-1500 and ICS-2500; and atomic fluorescence spectrometer XGY1012. Advanced equipment and high level of professional workers provided a powerful guarantee of the accurate determination for samples. Seven kinds of typical inorganic contaminants that harmful to human health were selected, and testing results are presented in Table 1, because their concentrations were completely high and maybe they would do harm to people's health.

When compared with the permissible levels set by the People's Republic of China for environmental quality standards for groundwater standard (GB/T 14848-93) (Table 2), the levels of contaminants of most sampling sites attained the second or fourth level. However, groundwater in the southern site attained the fifth level. The salinity of shallow groundwater was comparatively high, so poor water quality was caused by salinity and hardness overstandard (Table 2).

The concentration of  $NO<sub>3</sub>$  in 34% of the sampling sites exceeded the third level  $(\leq 20)$  by 1.2 times and the highest concentration was 226 mg/L; the concentration of Mn exceeded the third level  $(\leq 0.1)$  by 30 times and the highest concentration was 3.00 mg/L; the highest  $F^-$  concentration was 2.96 mg/L, which exceeded the target level  $(\leq1.0)$  by 3 times; and the highest  $Cr^{6+}$  concentration was 0.73 mg/L, which exceeded the target level  $(\leq 0.05)$  by 14 times. In addition, the highest concentration for Cd was  $7.54 \mu g/L$ .

Industrial uses of water may also affect water quality in study area. The survey result demonstrates that wastewater comes from domestic use and mixed sources (including industrial sources and agricultural sources). The industries that produce sewage are mainly distributed in the northern, eastern, northwest urban, and southern suburb of the city. Their discharge includes food production, papermaking, chemical fertilizer, brewage, mineral dressing, and so on. As a result, the concentration levels of those contaminants are completely high.

Overall, the main factors for groundwater pollution in study area is mainly geological, geomorphological, and hydrogeological conditions. This makes contaminants in upper area enter the aquifer through infiltration; thus, the shallow groundwater is polluted seriously.

## **Exposure Dose Calculation**

The *CDI* value indicates the quantity of chemical substance ingested, inhaled, or absorbed through the skin per unit body weight per unit time  $(mg \cdot kg^{-1} \cdot d^{-1})$ . In accordance with the assessment system, this paper calculated the amount of exposure dose in ingested route and inhaled route (e.g., U.S. EPA, 1989). The parameters in *CDI* formulas are presented in Tables 3 and 4.

The formulas and parameters are as follows.

## **Drinking water pathway**

$$
CDI = \frac{\rho_i \times U \times EF \times ED}{BW \times AT}
$$
 (1)

where *CDI* is exposure expressed as mass of a substance contacted per unit body weight per unit time (mg·kg<sup>-1</sup> $\cdot$ d<sup>-1</sup>);  $\rho_i$  is contamination concentration in water (mg/L); and *U* is ingestion rate per unit time water (L/d).

## **Dermal contact pathway**

$$
CDI = \rho_i \times K_i \times S_A \times \frac{EF \times ED \times EV \times CF}{BW \times AT}
$$
 (2)

where *CDI* is exposure expressed as mass of a substance contacted per unit body weight per unit time (mg·kg<sup>-1</sup>·d<sup>-1</sup>);  $\rho_i$  is contamination concentration in water (mg/L); *K*i is dermal adsorption parameters (cm/h);  $S_A$  is body surface areas (cm<sup>2</sup>); *EV* is bathing frequency (times/d); and *CF* is unit conversion factors  $(L/cm<sup>3</sup>)$ .

## **Health Risks Calculation**

Risk characterization was considered separately for carcinogenic and noncarcinogenic effects and included a discussion of factors that may result in either an overestimation or an underestimation of the risks



YM040 0.04 0.033 0.083 0.011 71.6 0.76 0 297 522 YM041 0.019 0.029 0 0.019 42.1 0.81 0 276 474 YM042 0.12 0.039 0.8 0.012 18 0.73 0 427 839 YM043 0.008 0.018 0 0.009 6 35.2 0.68 0 259 606 YM044 0.026 0.011 0 | 0.0076 87.8 1.13 0 251 462

**Table 1 The summary of typical contaminants' monitoring concentration in research area** 







"0" means the detectable concentration is zero; "<0.01" means below the detection limit concentration; NA. not available.

$\epsilon$ . Commoditor standard (OD/T 1909) / 201										
Item	$Cr^{6+}$	Pb	F	NO.	Mn	As	Cd	Total hardness	Salinity	
								(calculated by $CaCO3$ )		
First level (1)	$\leq 0.005$	0.005	$\leq 1.0$	$\leq 2.0$	$\leq 0.05$	$\leq 0.005$	$\leq 0.0001$	$\leq 150$	$\leq 300$	
Second level (2)	< 0.01	$\leq 0.01$	$\leq 1.0$	< 5.0	$\leq 0.05$	$\leq 0.01$	$\leq 0.001$	$\leq 300$	$\leq 500$	
Third level (3)	$\leq 0.05$	$\leq 0.05$	$\leq 1.0$	$\leq$ 20	$\leq 0.1$	$\leq 0.05$	$\leq 0.01$	$<$ 450	$\leq 500$	
Forth level (4)	$\leq 0.1$	$\leq 0.1$	< 2.0	$30$	< 1.0	$\leq 0.05$	$\leq 0.01$	$\leq 550$	$\leq 1000$	
Fifth level $(5)$	>0.1	>0.1	>2.0	>30	>1.0	>0.05	>0.01	>550	>2000	

**Table 2 People's Republic of China for environmental quality standards for groundwater standard (GB/T 14848—93) (mg/L)** 

**Table 3 Toxicological characteristics of the main pollutants in study area** 

Pollutants		Non-carcinogenic reference dose $(mg \, kg^{-1} \, d^{-1})$		Carcinogenic slope factors $(mg^{-1} \cdot kg \cdot d)$	Carcinogenic		
	Drinking wa- ter pathway	Dermal con- tact pathway	Inhalation pathway	Drinking wa- ter pathway	Dermal con- tact pathway	Inhalation pathway	Classifications
Pb	0.0014	NA.	NA	<b>NA</b>	NA	NA	Non-carcinogenesis
C <sub>d</sub>	0.0005	0.000 005	NA	<b>NA</b>	NA	6.3	Non-carcinogenesis
(in water)							
$Cr^{6+}$	0.003	0.00006	0.000 029	NA.	NA.	42	Non-carcinogenesis
Mn	0.046	0.00184	0.000014	NA.	NA	NA	Non-carcinogenesis
(in water)							
NO <sub>3</sub>	1.6	0.8	NA	<b>NA</b>	NA	NA	Carcinogenesis
$F^{\circ}$	0.1	<b>NA</b>	NA	NA.	NA	NA	Carcinogenesis
As	0.0003	0.000 123	NA	1.5	3.66	15.1	Carcinogenesis

NA. Not available.

**Table 4 The reference parameters of all pollutants (U. S. EPA, 2003)** 

Parameters	Meaning	Value	Unit
EF	Exposure frequency	365	d/a
ED	Exposure duration	Non-carcinogens is 30 (namely 10 950 d);	a
		Carcinogens is 70 (namely 25 550 d)	
BW	Body weight	70	kg
AT	Average exposure time	Non-carcinogens is 30 (namely 10 950 d);	a
		Carcinogens is 70 (namely 25 550 d)	
U	Ingestion rate	2	L/d
$S_{A}$	Body surface areas	16 600	$\text{cm}^2$
EV	Bathing frequency	1	time/d
CF	Unit conversion factor	0.002	$L/cm^3$
$K_i$	Dermal adsorption	0.001	cm/h

for study area (Table 3). Potential noncarcinogenic risks for exposure to contaminants of potential concern were evaluated by comparison of the estimated contaminant intakes from each exposure route (oral, dermal) with the reference dose (*RfD*) to produce the hazard quotient (*HQ*), defined as follows (U.S. EPA, 1989).

Following the above-mentioned formula, exposure doses were calculated based on associated calculation of the risks, and the formulas are as follows.

#### **Noncarcinogenic Risks**

*HQ=CDI/RfD* (3)

where *HQ* is hazard quotient (unitless) and *RfD* is reference dose  $(mg \cdot kg^{-1} \cdot d^{-1})$ . To assess the overall potential for noncarcinogenic effects posed by more than one chemical, the *HQ*s calculated for each chemical are summed and expressed as a *HQ* (U.S. EPA, 1989).

$$
HQ=HQ_1+HQ_2+\ldots+HQ_n\tag{4}
$$

In cases where the *HQ* does not exceed unity  $(HQ<1)$ , it is assumed that no chronic risks are likely to occur at the site. If the *HQ* were greater than unity as a consequence of summing several *HQ*s, it would be appropriate to segregate to compounds by effect and by mechanism of action and to derive separate *HQ*s for each target organ group (U.S. EPA, 1989).

## **Carcinogenic Risks**

Carcinogenic risks were estimated as the incremental probability of an individual developing cancer over a lifetime as a result of exposure to a potential carcinogen; the following linear dose carcinogenic risk equation was used for each exposure route (e.g., U.S. EPA, 1989).

Low-dose exposure

\n
$$
Risk = CDI \times SF
$$

\n(5)

\nHigh-dose exposure

\n $Risk = 1 - \exp(-CDI \times SF)$ 

\n(6)

where *Risk* is cancer risk and *SF* is cancer slope factor of contaminants  $(mg \cdot kg^{-1} \cdot d^{-1})^{-1}$ . If the calculated value is higher than 0.01, then take the formula (6) instead. If it has multiple carcinogenic contaminants, cancer risks for each carcinogen and each exposure route are added (assuming additives of effects) and compared with the accepted risk. *Risk* in the range of  $10^{-6}$  to  $10^{-4}$ typically is to be acceptable by the Chinese (U.S. EPA, 1992a, b, 1991). Parameters of chemical and toxicological properties of typical contaminants in study area are shown in Table 3.

## **ANALYSIS AND DISSCITION**

## **Noncarcinogenic Risks**

Figure 3 shows the results of noncarcinogenic risk for the study area. The combined *HQ* value for all contaminants ranged from 0.081 to 99.40 (Fig. 3a), and the highest risk *HQ* was 99.40 at YM063 and the lowest risk *HQ* was 0.081 at YM121. The results indicated that for noncarcinogenic risk there might be 71.54% samples that exceeded the limit level of 1.0 in study area, and only 28.46% did not pose noncarcinogenic risk. The distribution of noncarcinogenic risk index classification and formation of noncarcinogenic risk index classification are shown in Figs. 3b and 3c.

## **For exposure routes**

Figures 3a and 4 present the total noncarcinogenic risk value of all the samples for two exposure routes in study area. As shown in Fig. 4a, drinking water pathway was assumed to be the main exposure route of pollutants to humans in the risk assessment, which is a probabilistic distribution pie of two parts, including drinking water pathway that accounts for 77.01% and dermal contact pathway that accounts for 22.99%. These probability results suggest that drinking water pathway contributes to increasing the noncarcinogenic risk of the residents in study area. It can be initially speculated that it may be associated with characteristics of pollutants themselves.

## **For pollutants**

For each sample, most of the total risk *HQ* did not exceed the permissible level, but after concentration addition of the same contaminant in all 130 samples, the *HQ* becomes relatively high (Figs. 5a–5c).

As shown in Fig. 5a, *HQ* value for all contaminants ranged from  $1.334 \times 10^{-1}$  to  $1.951 \times 10^{2}$ . The main source of risks associated with noncarcinogenic substances was contributed by  $NO<sub>3</sub>$  from oral and dermal exposure. The highest total noncarcinogenic risk was  $1.951 \times 10^2$  and the lowest total noncarcinogenic risk was  $1.334 \times 10^{-1}$ . The *HQ* order of the main contaminants decreased in the following order:  $As > F > Cr^{6+} > Cd > Pb$ , and their risk values were  $1.951\times10^{2}$ ,  $1.176\times10^{2}$ ,  $5.005\times10^{1}$  $, \quad 2.521 \times 10^{1},$  $1.215 \times 10^{1}$ , 4.102, and  $1.334 \times 10^{1}$ , respectively.

Figure 5b shows statistical graph of noncarcinogenic risk for dermal contact pathway, and *HQ* value for all contaminants ranged from 0.000 to  $6.105 \times 10^{1}$ . The *HQ* order of the main contaminants decreased in the following order:  $Mn > NO_3 > Cr^{6+} > As > Cd > F = Pb$ , and their risk values were  $6.105 \times 10^{1}$ ,  $1.551 \times 10^{1}$ , 8.305, 4.767, 3.330, 0.000, and 0.000, respectively. The results demonstrate that, in dermal contact pathway, Mn posed the highest noncarcinogenic risk value



**Figure 3. Formation of health risk for all exposure routes in study area. (a) Formation of noncarcinogenic risk for all exposure routes in study area (Map scale of 1 : 250 000 had been marked); (b) distribution of noncarcinogenic risk index classification; (c) formation of noncarcinogenic risk index classification.** 



**Figure 4. Risk index classification of all samples. (a) Statistical graph of total noncarcinogenic risk for all samples; (b) statistical graph of total carcinogenic risk for all samples.** 

of  $6.105 \times 10^{1}$ . Therefore, for one thing, great attentions should be paid to Mn; for another, the monitoring for samples should be strengthened and appropriate measures should be taken to remove Mn in water for reducing the harm.

Figure 5c shows statistical graph of noncarcinogenic risk for drinking water pathway, and *HQ* value for all contaminants ranged from  $1.334 \times 10^{-1}$  to 1.796 $\times$ 10<sup>2</sup>. The *HQ* order of the main contaminants decreased in the following order:  $NO<sub>3</sub> > Mn > As > F >$  $Cr^{6+} > Cd > Pb$ , and their risk values were 1.796 $\times 10^2$ ,  $5.658 \times 10^{1}$ ,  $4.529 \times 10^{1}$ ,  $2.521 \times 10^{1}$ ,  $3.849$ ,  $7.715 \times 10^{1}$ , and  $1.334\times10^{-1}$ , respectively. Therefore, drinking water pathway of  $NO<sub>3</sub>$  in groundwater is considered to pose the greatest risk to human health in this area, and only Cd and Pb did not exceed the permissible noncarcinogenic risk limit level of 1.0.

## **Carcinogenic Risk**

Only oral and dermal potential carcinogenic risks from exposure to the water of As were evaluated because the slope factors for other contaminants were



**Figure 5. Statistical graphs of the noncarcinogenic risk indexes of all samples. (a) Statistical graph of total noncarcinogenic risk for all contaminants in study area; (b) statistical graph of noncarcinogenic risk for dermal contact pathway; (c) statistical graph of noncarcinogenic risk for drinking water pathway.** 

not available. The potential carcinogenic risk from oral and dermal risk exposure to As was 0.000 to  $6.200\times10^{-3}$  (Fig. 6a). The highest level was at YM086, which was  $6.200\times10^{-3}$ . Figures 6b and 6c demonstrate the percentages of carcinogenic risk indexes for all samples, which is a probabilistic formation pie of two parts, including intervals  $>10^{-4}$  and  $\leq 10^{-6}$ – $10^{-4}$ , respectively. It shows that, for all samples, samples that do not pose carcinogenic risk account for 73.08% and all the other 26.92% pose carcinogenic risk.

#### **For exposure routes**

Figures 4b and 6a present the total carcinogenic risk value of all the samples for three exposure routes in study area. Figure 4b shows that drinking water pathway covers the largest portion of the whole carcinogenic risk distribution, which accounts for 90.47%. The proportion for dermal contact pathway is 9.53%. Therefore, these probability results suggest that drinking water pathway contributes to increasing the carcinogenic risk of the residents in study area. Although these harms are potential chronic, it should be paid attention to.

Figures 6d and 6e show the total carcinogenic risk value of As for dermal contact pathway and drinking water pathway, respectively. For dermal contact pathway (Fig. 6d), the samples' number of risk value was 0, between  $10^{-6}$  and  $10^{-4}$ , and exceeded the limit level of  $10^{-6}$  to  $10^{-4}$  was 77, 49, and 4, respectively. For drinking water pathway (Fig. 6e), the samples' number of risk value was 0, between  $10^{-6}$  and  $10^{-4}$ , and exceeded the limit level of  $10^{-6}$  to  $10^{-4}$  was 77, 18, and 35, respectively.

#### **For pollutants**

Only oral and dermal potential carcinogenic risks from exposure to the water of As were evaluated because the slope factors for other contaminants were not available. But these did not mean that all the others did not pose carcinogenic risk. The potential carcinogenic risk from oral and dermal risk exposure to As was  $0.000$  to  $6.200 \times 10^{-3}$ (Fig. 6a). For all samples, the samples' number of risk value was 0, between  $10^{-6}$ – $10^{-4}$  and exceeded the limit level of  $10^{-6}$ – $10^{-4}$  was 77, 18 and 35, respectively.

## **CONCLUSIONS**

When comparing health risk assessments all over the world, the human health risk assessment system in typical city of North China plain provides a good example for groundwater contaminated site and also provides a practical experience to establish a workable risk assessment system for groundwater pollution.

Through application of health risk assessment system of groundwater pollution in typical city of North China plain, some conclusions have been drawn as follows.

(1) In an overall pattern of investigation and analyzing of study area, seven kind pollutants of Pb, Cd,  $Cr^{6+}$ , Mn,  $NO<sub>3</sub>$ , F, and As were identified in 130 groundwater samples. The water quality and multi-element analysis



**Figure 6. Carcinogenic risk index classification of all samples. (a) Statistical graph of total carcinogenic risk for all samples; (b) distribution of carcinogenic risk index classification; (c) formation of carcinogenic risk index classification; (d) statistical graph of carcinogenic risk of As for dermal contact pathway; (e) statistical graph of carcinogenic risk of As for drinking water pathway.** 

show that excessive hardness and salinity are main reasons for poor water quality. Health risk assessment results indicated that the study area had been polluted to a certain extent. As a result, there are differences between water composition analysis and health risk assessment.

(2) The level of noncarcinogenic risk for groundwater in the area is relatively high and carcinogenic risk for groundwater in the area is relatively low.

Noncarcinogenic Risk: Samples that do not pose noncarcinogenic risk only account for 28.46%. The noncarcinogenic risk value of  $>1.0$  and  $\leq 1.0$  accounts for 71.54% and 28.46%, respectively.

Carcinogenic Risk: Samples that do not pose carcinogenic risk only account for 19.23% and all the rest pose carcinogenic risk. The carcinogenic risk  $>10^4$  and  $\leq 10^{-6}$ –10<sup>-4</sup> accounts for 26.92% and 73.08%, respectively.

As for samples with higher noncarcinogenic risk index and cancer risk index, it is suggested that the water source be re-searched because they are no longer suitable for drinking. Some components should be treated appropriately according to industrial use. In addition, long-term monitoring and treatment measures should be strengthened for understanding water quality and industrial reuse so that the concentration of pollutants could be reduced as well as the health risks.

(3) The noncarcinogenic risk order of the study area decreased in the following order:  $NO<sub>3</sub> > Mn > As > F >$  $Cr^{6+} > Cd > Pb$  and the carcinogenic risk of the study area decreased in the following order:  $As > Cd = NO<sub>3</sub> = Mn = F =$  $Cr^{6+}$ =Cd=Pb=0, because the slop factors were not available for the other pollutants.

(4) In terms of the whole study area, in both noncarcinogenic risk and carcinogenic risk, the main contribution order of two exposure routes is drinking water pathway>dermal contact pathway.

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