



## ASSESSMENT OF POTENTIAL CONTAMINATION AND HEALTH RISK ASSOCIATED WITH METALS IN DRINKING WATERS FROM COPSA MICA REGION

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**Abstract:** Metal contamination of drinking water sources from Copsa Mica region (Copsa Mica village, Tarnava villages and Medias Town, Sibiu County, Romania) was assessed using the Metal Index, while health risk associated with metals from the drinking water sources was assessed using the Chronic Daily Intake and the Hazard Quotient. The MI values increase in following order  $S1 > S3 > S2 > S4 > S5$ , indicating a possible metal contamination of three drinking water sources from the studied area. However, according to the Hazard Quotient and the Total Hazard Quotient, the studied drinking waters are safe for human consumption. The calculated Hazard Quotients for studied metals decrease in the order:  $As > Cd > Mn > Zn \geq Cu > Ni \geq Pb > Cr$  for sample S1,  $As > Cu \geq Mn \geq Pb > Cd \geq Ni > Zn > Cr >$  for sample S2,  $Cd \geq Mn \geq Pb > Cu \geq Ni > As > Cr \geq Zn$  for sample S3,  $Zn > Cd \geq Cu > Mn \geq Ni > Cr > Pb$  for sample S4 and  $Cd \geq Ni > Cu > Mn > Cr \geq Pb \geq Zn > As$  for sample S5.

**Keywords:** drinking water, Metal Index, Chronical Daily Intake, Hazard Quotient

### 1. Introduction

Drinking water contamination with metals represents a significant issue for the environment and human health [1-3]. Metals content in water sources have anthropogenic (industrial, agricultural activities) and natural origins (weathering, rock erosion) [1-4]. The use of unnapropriate or poorly monitorized water sources (well water, surface water) as drinking water exposes the population to potential health risks. The raise of population awarenes related to the risk of metal contaminated water consumption could avoid noumerous health problems

(cancer, kidney damages, heart disease) [4-6].

Drinking water quality monitoring with respect to chemical compounds (metals, pesticides, nitrogen compounds) is important due to the pollution exposure issues which implies potential negative effects on health [7, 8]. For that purpose increasing numbers of studies all over the world were performed [9, 10]. Studies on metal pollution are important due to the metals toxicity, ubiquity and persistence in the environment [11, 12]. Thus, different indices (metal index, chronic daily intake, hazard quotients) for metal pollution, risk assessment and drinking water quality were elaborated and applied in order to

assess the chemical status of drinking water source [3, 4, 13].

The Metal Index (*MI*) is an arithmetical tool used to assess the metal pollution status and represents the sum of the ratio between the monitored concentrations and the maximum admissible concentrations (*MACs*) of the studied metal [4, 13].

To assess the non-carcinogenic risk posed by metal contaminated drinking waters, health risk indices such as the Chronic Daily Intake (*CDI*), the Hazard Quotient (*HQ*) and the Total Hazard Quotient (*THQ*) are used [3].

Copsa Mica is known as a “hot spot” of pollution, due to the metal industry and its negative effects on human and animal health and on plants, soil, air and water quality [14]. Presently, the industrial activities ceased, but the chemical

compounds still persist in the environment [14].

The aim of the present study is to evaluate the metal contamination status of drinking water sources using the *MI* and to assess the potential human health risk of metal contaminated waters using the *CDI*, the *HQ*, and the *THQ* indices.

## 2. Materials and methods

### Study area and sampling

Well water samples from Tarnava village (S2, S3), Copsa village (S4, S5) and a public spring water sample (S1) from the vicinity of Medias Town, Sibiu County, Romania used by inhabitants as drinking water sources were studied (Figure 1).



Fig. 1. Study area and drinking water sampling points

These villages are close to Copsa Mica Town, known for the environment pollution with Cu, Fe, Zn, Cd, Cu [14].

All water samples were collected in August of 2014 in polyethylene bottles (500 ml) and kept at 4 °C in a refrigerator until analysis.

### Chemical analysis

Drinking water samples were filtered using 0.45 μm filter membrane and acidified with HNO<sub>3</sub> before analysis of the As, Cd, Cr,

Cu, Fe, Mn, Ni, Pb and Zn content using DRC II Perkin-Elmer ICP-MS.

### Metal Index (*MI*)

The Metal Index (*MI*) is based on total trend assessment of present status [15, 16]. A high metal concentration associated with its *MAC* indicates a low water quality [15]. The formula (*Eq 1*) for the *MI* rating is [16, 17]:

$$MI = \sum_{i=1}^n \frac{C_i}{(MAC)_i} \quad (1)$$

Where  $C_i$  represents the metal concentration and  $MAC$  is the maximum allowable concentration according to Moghaddam [18].

According to the  $MI$  results, waters can be classified as potable ( $MI < 1$ ), non-potable ( $MI > 1$ ) and water on the threshold of danger ( $MI = 1$ ) [17, 18]. If  $MI > 1$  it represents a threshold of warning, even if the  $C_i$  does not exceed the  $MACs$  for all metals [17].

#### Human health risk assessment indices

##### Chronic Daily Intake (CDI)

The  $CDI$  was calculated in order to estimate the health risk for adults associated with the consumption of contaminated drinking water. The  $CDI$  rating was calculated using Eq 2 [3, 19, 20]:

$$CDI = \frac{C \times DI}{BW} \quad (2)$$

Where,  $C$  represents the metal concentration in water samples ( $\mu\text{g/l}$ ),  $DI$  is the average daily intake rate (2L/day) and the body weight is represented by  $BW$  (72 kg) [2, 3].

##### Hazard quotient (HQ)

The  $HQ$  is a human health risk assessment index, which quantifies the non-carcinogenic risk (Eq 3) [2, 21].

$$HQ = \frac{CDI}{RfD} \quad (3)$$

Where,  $CDI$  is the Chronic Daily Intake and  $RfD$  is the oral toxicity reference dose. For the  $HQ$  computation the used  $RfD$  values were 1.5mg/kg-day for Cr,  $5.0 \times 10^{-4}$ mg/kg-day for Cd,  $3.7 \times 10^{-2}$ mg/kg-day for Cu,  $1.4 \times 10^{-1}$ mg/kg-day for Mn,  $2.0 \times 10^{-2}$ mg/kg-day for Ni,  $3.6 \times 10^{-2}$ mg/kg-day for Pb,  $3.0 \times 10^{-1}$ mg/kg-day for Zn and  $3.0 \times 10^{-4}$ mg/kg-day for As [2, 3, 22].

If  $HQ < 1$ , the safety of the exposed population is assumed [2, 3, 23, 24]. In case of  $HQ > 1$ , there might be non-carcinogenic risk and potential for toxic effects for the population [24].

### 3. Results and discussion

For the  $MI$  rating, As, Cd, Cr, Cu, Fe, Mn, Ni, Pb and Zn were selected in order to evaluate the possible metal contamination of drinking water sources in Copsa Mica region.

The  $MI$  values revealed possible metal pollution of drinking water samples S1, S2 and S3 with  $MI$  values higher than the critical value of 1 (Table 1).

Table 1.

Metal Index (MI) of the drinking water samples						
	S1	S2	S3	S4	S5	MAC*
Cr	5.0	1.5	4.6	3.8	3.4	50
Cd	0.3	0.03	0.1	0.04	0.04	3
Cu	5.8	6.9	6.2	2.8	1.5	1000
Fe	151	94	94.7	50.4	27.2	200
Pb	4.2	0.7	0.8	0.4	0.6	1.5
Zn	38.6	40.9	58	176	21.7	5000
Ni	2.5	1.6	3.9	0.9	1.4	20
As	1.0	0.3	0.9	<LQ	<LQ	50
Mn	7.3	6.6	7.7	4.9	0.7	50
<b>MI</b>	<b>4.1</b>	<b>1.2</b>	<b>1.5</b>	<b>0.79</b>	<b>0.71</b>	-

\*according to Moghaddam et al., 2014 [18]

<LQ – values are below the Limit of Quantification

Thought, the measured concentrations for studied metals do not exceed the *MACs* used for the *MI* count. The drinking water samples with  $MI < 1$  are suitable for drinking.

The *CDI* values (Table 2) for the studied metals in S1 water source situated near

Medias decrease in the order of  $Cd < As < Ni < Pb < Cr < Cu < Mn < Zn$ .

For samples collected from Tarnava village (S2 and S3) the calculated *CDI* increase in the order  $Cd < As < Pb < Ni \leq Cr < Mn < Cu < Zn$  and  $Cd < Pb < As < Ni < Cr < Cu < Mn < Zn$ , respectively.

Table 2.

Chronic Daily Intake (*CDI*), Hazard Quotient (*HQ*) and Total Hazard Quotient (*THQ*) for drinking water

Metal	S1		S2		S3		S4		S5	
	<i>CDI</i>	<i>HQ</i>	<i>CDI</i>	<i>HQ</i>	<i>CDI</i>	<i>HQ</i>	<i>CDI</i>	<i>HQ</i>	<i>CDI</i>	<i>HQ</i>
Cr	$1.4 \times 10^{-4}$	$0.1 \times 10^{-3}$	$0.4 \times 10^{-4}$	$0.3 \times 10^{-4}$	$1.2 \times 10^{-4}$	$0.1 \times 10^{-3}$	$0.1 \times 10^{-3}$	$0.1 \times 10^{-3}$	$0.9 \times 10^{-4}$	$0.1 \times 10^{-3}$
Cd	$0.1 \times 10^{-4}$	$0.2 \times 10^{-1}$	$0.1 \times 10^{-5}$	$0.2 \times 10^{-2}$	$0.3 \times 10^{-5}$	$0.6 \times 10^{-2}$	$0.1 \times 10^{-5}$	$0.2 \times 10^{-2}$	$0.1 \times 10^{-5}$	$0.2 \times 10^{-2}$
Cu	$1.6 \times 10^{-4}$	$0.4 \times 10^{-2}$	$1.9 \times 10^{-4}$	$0.5 \times 10^{-2}$	$1.7 \times 10^{-4}$	$0.5 \times 10^{-2}$	$0.8 \times 10^{-4}$	$0.2 \times 10^{-2}$	$0.4 \times 10^{-4}$	$0.1 \times 10^{-2}$
Mn	$2.0 \times 10^{-4}$	$1.0 \times 10^{-2}$	$1.8 \times 10^{-4}$	$0.5 \times 10^{-2}$	$2.1 \times 10^{-4}$	$0.6 \times 10^{-2}$	$1.4 \times 10^{-4}$	$0.1 \times 10^{-2}$	$0.4 \times 10^{-4}$	$0.3 \times 10^{-3}$
Ni	$0.7 \times 10^{-4}$	$0.3 \times 10^{-2}$	$0.4 \times 10^{-4}$	$0.2 \times 10^{-2}$	$1.1 \times 10^{-4}$	$0.5 \times 10^{-2}$	$0.3 \times 10^{-4}$	$0.1 \times 10^{-2}$	$0.6 \times 10^{-3}$	$0.2 \times 10^{-2}$
Pb	$1.2 \times 10^{-4}$	$0.3 \times 10^{-2}$	$0.2 \times 10^{-4}$	$0.5 \times 10^{-2}$	$0.2 \times 10^{-4}$	$0.6 \times 10^{-2}$	$0.1 \times 10^{-4}$	$0.3 \times 10^{-3}$	$0.2 \times 10^{-4}$	$0.1 \times 10^{-3}$
Zn	$10.7 \times 10^{-4}$	$0.4 \times 10^{-2}$	$0.1 \times 10^{-2}$	$0.1 \times 10^{-3}$	$1.6 \times 10^{-3}$	$0.1 \times 10^{-3}$	$4.9 \times 10^{-3}$	$0.2 \times 10^{-1}$	$0.2 \times 10^{-4}$	$0.1 \times 10^{-3}$
As	$0.3 \times 10^{-4}$	$0.9 \times 10^{-1}$	$0.1 \times 10^{-4}$	$0.3 \times 10^{-1}$	$0.3 \times 10^{-4}$	$0.4 \times 10^{-3}$	-	-	-	-
<b>THQ</b>	<b>0.13</b>		<b>0.05</b>		<b>0.03</b>		<b>0.02</b>		<b>0.01</b>	

For samples from Copsa Mica village (S4 and S5) the calculated *CDI* increase in the order  $As < Cd < Zn < Cr < Pb < Ni < Cu < Mn$  for sample S4 and  $Cd < Pb \leq Zn < Cu \leq Mn < Cr < Ni$  for sample S5.

The highest *CDI* values were obtained for Zn in samples S1, S2, S3 and S4, followed by the *CDI* for Ni in sample S5 and Cr in sample S4. Samples S2, S3, S4 and S5 present the lowest *CDI* for Cd.

According to the *HQ* values, the sample S1 and S2 present the highest risk exposure to metals, mainly As and Cd. Sample S4 is characterized with the highest Zn concentration. The lowest *HQ* values were obtained for sample S5, as shown in figure 2.

The *THQ* ranged from 0.01 (S5) to 0.13 (S1).

According to the *HQ* and the *THQ* results, the inhabitants using the studied water samples as drinking water sources do not present potential non-carcinogenic risk.

#### 4. Conclusion

The *MI* indicates a possible metal contamination of drinking water samples from Medias Town and Tarnava village, respectively water samples S1, S2 and S3. However the metal concentrations do not exceed the *MACs* used for the *MI* calculation. The health risk assessment (*CDI*, *HQ* and *THQ* indices) indicates that the studied drinking water samples do not

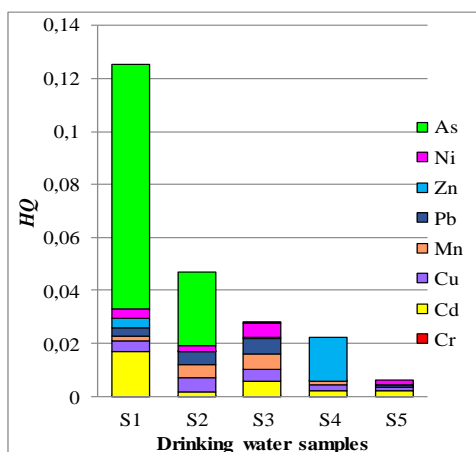


Fig. 2. The Hazard Quotient (*HQ*) variation for drinking water

present potential non-carcinogenic risk, adverse or toxic effects for the inhabitants.

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## 6. References

- [1] AHMET D., FEVZI Y., TUNA A.L., NEDIM O., Heavy metals in water, sediment and tissues of *Leuciscus cephalus* from a stream in southwestern Turkey, *Chemosphere*, 63: 1451–1458, (2006).
- [2] MUHAMMAD S., SHAH M.T., KHAN S., Arsenic health risk assessment in drinking water and source apportionment using multivariate statistical techniques in Kohistan region, northern Pakistan, *Food and Chemical Toxicology*, 48: 2855–2864, (2010).
- [3] MUHAMMAD S., SHAH M.T., KHAN S., Health risk of heavy metals and their source apportionment in drinking water of Kohistan region, northern Pakistan, *Microchemical Journal*, 98: 334–343, (2011).
- [4] PRASANNA M.V., PRAVEENA S.M., CHIDAMBARAM S., NAGARAJAN R., ELAYARAJA A., Evaluation of water quality pollution indices for heavy metal contamination monitoring: a case study from Curtin Lake, Miri City, East Malaysia, *Environmental Earth Science*, 67: 1978–2001, (2012).
- [5] ARAIN M.B., KAZI T. G., BAIG J.A., AFRIDI H.I., SARAJUDDIN, BREHMAN K.D., PANHWAR H., ARAIN S.S., Co-exposure of arsenic and cadmium through drinking water and tobacco smoking: Risk assessment on kidney dysfunction, *Environmental Science and Pollution Research*, 22 (1): 350–357, (2015).
- [6] SOFUOGLU S.C., LEBOWITZ, M.D., O’ROURKE M.K., ROBERTSON G.L., DELLARCO M., MOSCHANDREAS D.J., Exposure and risk estimates for Arizona drinking water, *Journal - American Water Works Association*, 95: 67–79, (2003).
- [7] DELPLA I., BENMARHNIYA T., LEBEL A., LEVALLIOS P., RODRIGUEZ M. J., Investigating social inequalities in exposure to drinking water contaminants in rural areas, *Environmental Pollution*, 207: 88–96, (2015).
- [8] BATTALEB-LOOIE, S., MOORE, F., MALDE, M.K., JACKS, G., Fluoride in groundwater, dates and wheat: estimated exposure dose in the population of Bushehr, Iran. *Journal of Food and Composition Analysis*, 29: 94–99, (2013).
- [9] HOAGHIA M.A., ROMAN C., LEVEL E.A., RISTOIU D., Footprint and direct impact of anthropic activities on groundwaters from Medias area, *Studia Universitatis Babeș-Bolyai, Chemia, LX (1): 109–118, ISSN 1224-7154, (2015).*
- [10] XU, P., HUANG, S., WANG, Z., LAGOS, G., Daily intakes of copper, zinc and arsenic in drinking water by population of Shanghai, China, *Science of the Total Environment* 362: 50–55, (2006).
- [11] ZHANG L., MO Z., QIN J., LI Q., WEI Y., MA S., XIONG Y., LIANG G., QING L., CHEN Z., YANG X., ZHANG Z., ZOU Y., Change of water sources reduces health risks from heavy metals via ingestion of water, soil, and rice in a riverine area, South China, *Science of the Total Environment*, 530–531: 163–170, (2015).
- [12] Razak N.H.A, Praveena S.M., Aris A.Z, Hashim Z., Drinking water studies: A review on heavy metal, application of biomarker and health risk assessment (a special focus in Malaysia), *Journal of Epidemiology and Global Health*, (2015). Doi: 10.1016/j.jegh.2015.04.003.
- [13] EDET A.E., OFFIONG O.E., Evaluation of water quality pollution indices for heavy metal contamination monitoring. A study case from Akpabuyo-Odukpani area, Lower Cross River Basin (southeastern Nigeria), *GeoJournal*, 57: 295–304, (2002).
- [14] MUNTEAN E., MUNTEAN N., DUDA M., Heavy Metal Contamination of soil in Copsa Mica Area, *ProEnvironment*, 6: 469–473, (2013).
- [15] BAKAN G., BOKE O.H., TULEK S., CUCE H., Integrated environmental quality assessment of Kızılırmak River and its coastal environment, *Turkish Journal of Fisheries and Aquatic Sciences*, 10: 453–462, (2010).
- [16] GOHER M.E., HASSAN A.M., ABDEL-MONIEM I.A., FAHMY A.H., EL-SAYED S.M., Evaluation of surface water quality and heavy metal indices of Ismailia Canal, Nile River, Egypt, *Egyptian Journal of Aquatic Research*, 40: 225–233, (2014).
- [17] TAMASI G., CINI R., Heavy metals in drinking waters from Mount Amiata. Possible risks from arsenic for public health in the province of

Siena, *Science of the Total Environment*, 327: 41–51, (2004).

[18] MOGHADDAM M.H., LASHKARIPOUR G.R., DEHGHAN P., Assessing the effect of heavy metal concentrations (Fe, Pb, Zn, Ni, Cd, As, Cu, Cr) on the quality of adjacent groundwater resources of Khorasan steel complex, *International Journal of Plant, Animal and Environmental Sciences*, 2 (1): 511-518, (2014.)

[19] U.S. EPA, “Risk Assessment Guidance for Superfund. Vol. I. Human Health Evaluation Manual. Part A. Interim Final,” Office of Emergency and Remedial Response, U. S. Environmental Protection Agency, Washington, DC, (1989). Online source, accessed in 18.08.2015: [http://www.epa.gov/oswer/riskassessment/ragsa/pdf/rags\\_a.pdf](http://www.epa.gov/oswer/riskassessment/ragsa/pdf/rags_a.pdf).

[20] QAIYUM M.S., SHAHARUDI M.S., SYAZWAN A.I., Muhaimin A., Health Risk Assessment after Exposure to Aluminum in Drinking Water between Two Different Villages, *Journal of Water Resource and Protection*, 3: 268-274, (2011).

[21] U.S. EPA, Guidance for Performing Aggregate Exposure and Risk Assessments, Office

of Pesticide Programs, Washington, DC, (1999). Online source, accessed in 18.08.2015:

<http://www.epa.gov/scipoly/sap/meetings/1999/february/guidance.pdf>.

[22] U.S. EPA Integrated Risk Information System, A-Z List of Substances. Online source accessed at 28.08.2015:

<http://cfpub.epa.gov/ncea/iris/index.cfm?fuseaction=iris.showSubstanceList>.

[23] U.S. EPA, Guidelines for Carcinogen Risk Assessment, EPA/630/P-03/001F, Risk Assessment Forum, Washington, DC, (2005). Online source, accessed in 18.08.2015

[http://www.epa.gov/reg3hwmd/risk/human/rb-concentration\\_table/documents/CANCER\\_GUIDELINES\\_FINAL\\_3-25-05%5B1%5D.pdf](http://www.epa.gov/reg3hwmd/risk/human/rb-concentration_table/documents/CANCER_GUIDELINES_FINAL_3-25-05%5B1%5D.pdf).

[24] KAVCAR P., SOFUOGLUB A., SOFUOGLUB S.C., A health risk assessment for exposure to heavy metals via drinking water ingestion pathway, *International Journal of Hygiene and Environmental Health*, 212: 216–227, (2009).