

Water Quality and Point of Use Treatment Study in Nepal

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Geography



Background - Nepal

- Seventh poorest nation in the world (USAID)
- Dense and growing population in hill and Terai regions
- 70% of population do not have access to clean, safe drinking water (World Resources Institute)



Purpose

- Water Quality:
 - Pinpoint some water quality problems and add to the body of water quality data
- Point-of-Use:
 - Explore and design means of improving drinking water quality on household level



Presentation Outline

- Water Quality Studies
 - Turbidity and Microbial
 - Arsenic
 - Nitrate and Ammonia
- Point of Use Treatment Studies
 - Coagulation and Settling
 - Filtration
 - Disinfection
 - Economics and Logistics



Microbial Contamination of Drinking Water

Andrea Wolfe

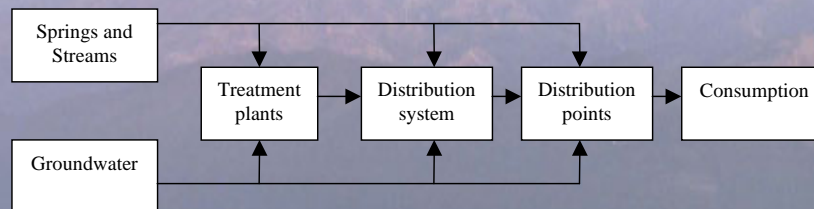


Test Methods

- Turbidity:
 - 2100P Portable HACH Turbidimeter
- Indicator Bacteria:
 - HACH P/A test with MUG reagent
 - HACH MPN H₂S



Drinking Water Distribution System

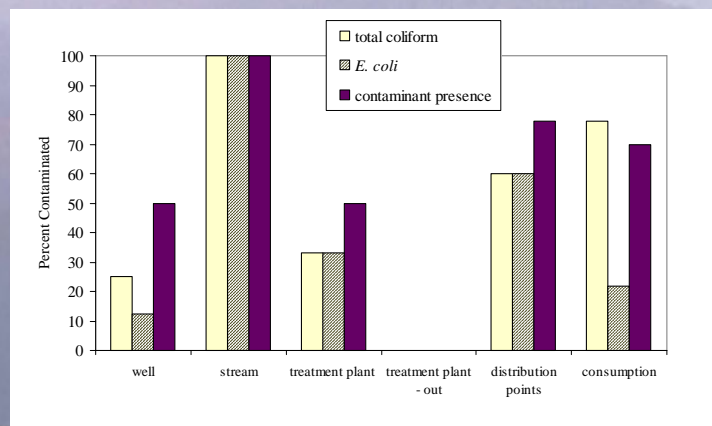


Kathmandu Valley



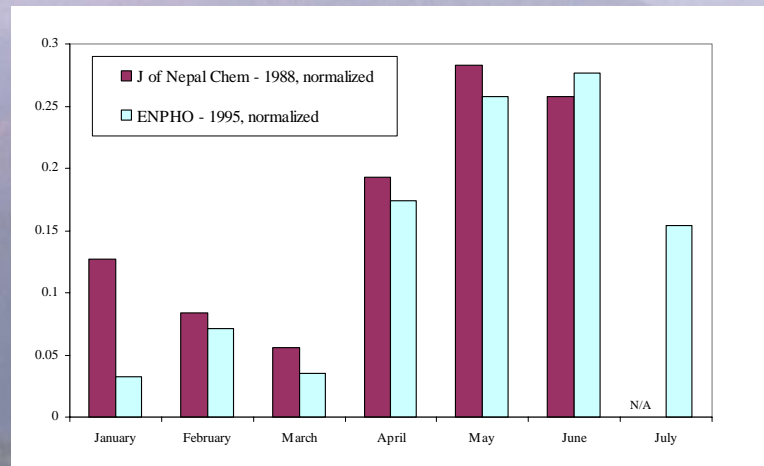


Microbial contamination in the Kathmandu Valley water supply system – January 2000

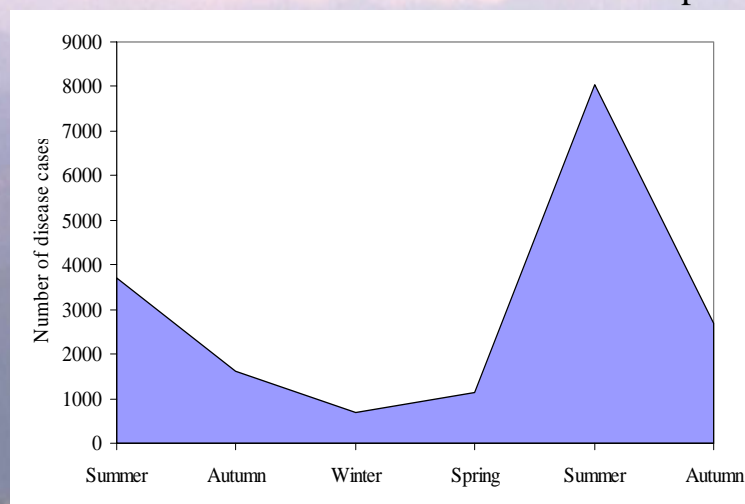




Normalized seasonal variation of total coliform in the Kathmandu Valley water distribution system.



Water borne diseases in a Kathmandu Hospital



* ENPHO 1995



Summary of Results

- Drinking water that is disinfected in the treatment plant becomes reinfected in the distribution system
- There is a lot of seasonal variation in distributed drinking water quality
- Seasonal variation in drinking water quality corresponds to fluctuations in waterborne disease



Conclusion and Recommendations

- Conclusion:
 - Much of Kathmandu Valley's drinking water is severely contaminated
- Recommendations:
 - Set drinking water standards
 - Define the roles and responsibilities of the water supply agencies
 - Perform regular water quality monitoring



Arsenic Contamination Study

Tricia Halsey



Why do we care about arsenic in Nepal?



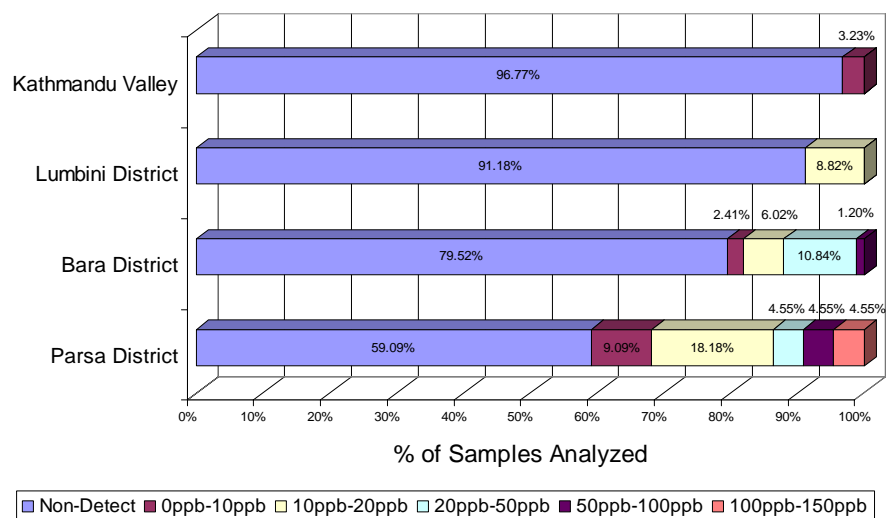
- Toxic chemical
- WHO MCL for As = 10ppb
- Crisis in Bangladesh & India
 - Installation of tube wells several years ago
 - Unknown source generally believed to be nature
 - Found in layer of alluvial deposits
 - Possibility that arsenic will be found in Nepali drinking water



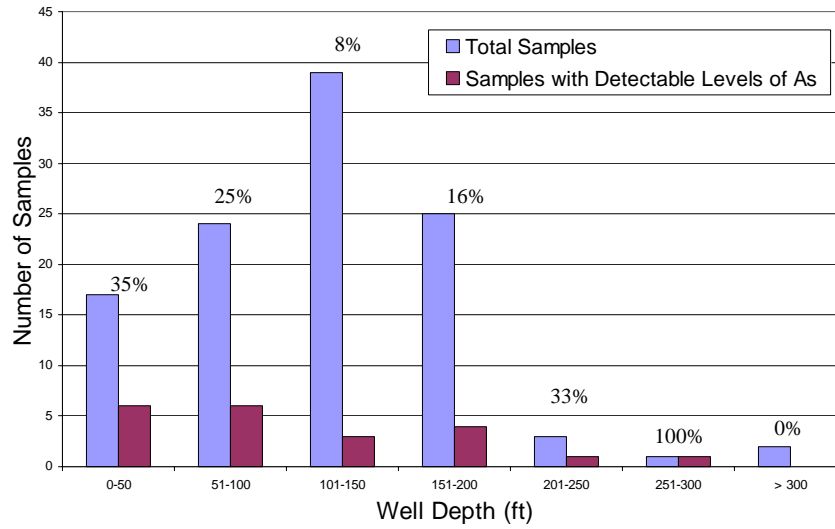
Analytical Methods

- EM Quant Test Strips
- Affiniti Concentration Kits
- Graphite Furnace Atomic Absorption Spectroscopy (GFAAS)
 - A portion of each sample preserved to 1% acidification with concentrated nitric acid
 - Transported back to MIT for analysis in Ralph M. Parsons Laboratory

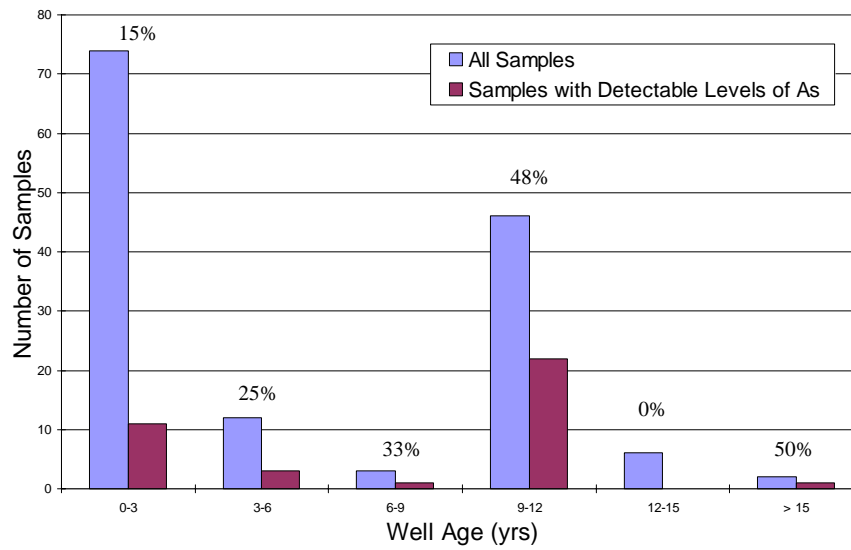
GFAAS Results



Sample Frequency by Well Depth



Sample Frequency by Well Age





Summary of Results

- No contamination found above the WHO limit in the Kathmandu Valley
- 18% of samples taken from the Terai had arsenic levels above the WHO limit (based on GFAAS)
- Samples with detectable levels of arsenic found in tube wells up to 300 feet deep
- 48% of samples taken from wells aged 9-12 years had detectable levels of arsenic



Conclusions/Recommendations

- Small amount of arsenic contamination in areas of the Terai region that may be of natural origin
- Field kits provide a general indication of mass contamination, but more accurate methods should be used when detailed results are required
- Future study of the following is recommended:
 - testing of tube wells in other districts of the Terai
 - analysis of the geology of the region
 - possible anthropogenic sources



Drinking Water Quality Assessment: Nitrate and Ammonia

Andy Bittner



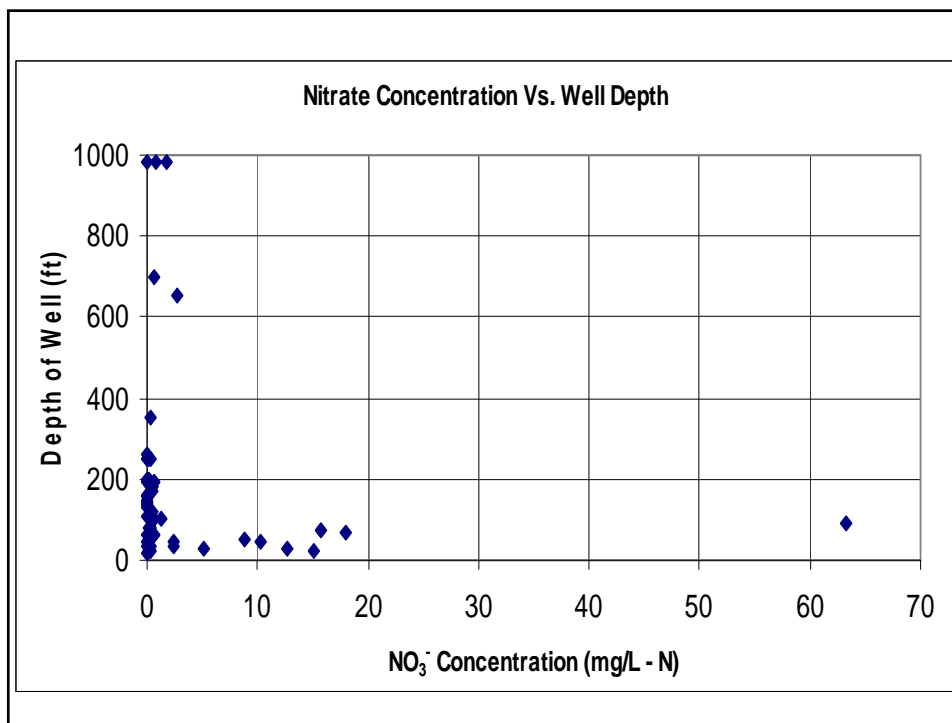
Nepal Nitrate and Ammonia Results

- General Results
 - 8.6% contaminated with NO_3^- over WHO guideline of 10 mg/L -N
 - 29% contaminated with NH_3 over the WHO limit of 1.5 mg/L -N
 - Average NO_3^- concentration = 2.37 mg/L -N
 - Average NH_3 concentration = 5.2 mg/L -N



Nitrates vs. Depth

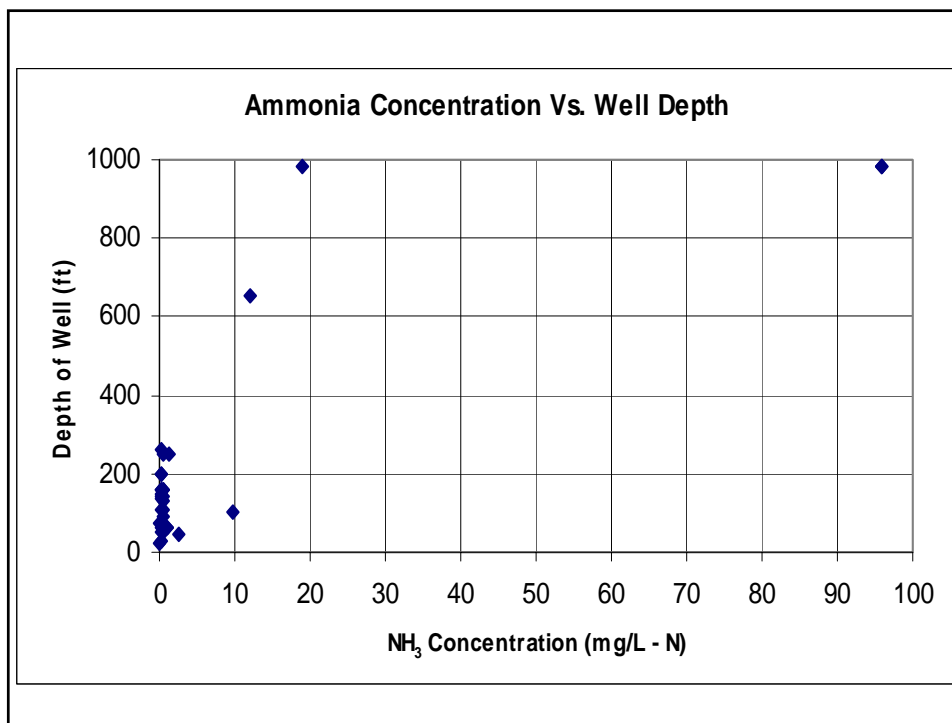
- Nitrates much more prevalent at shallow depths
 - 19% of wells shallower than 50 ft. contaminated with NO_3^- above WHO limit
 - No wells deeper than 100 feet contaminated with NO_3^- above 1 mg/L -N
- Nitrate contamination from surface anthropogenic sources - septic systems and inadequate disposal of sewage wastes





Ammonia vs. Depth

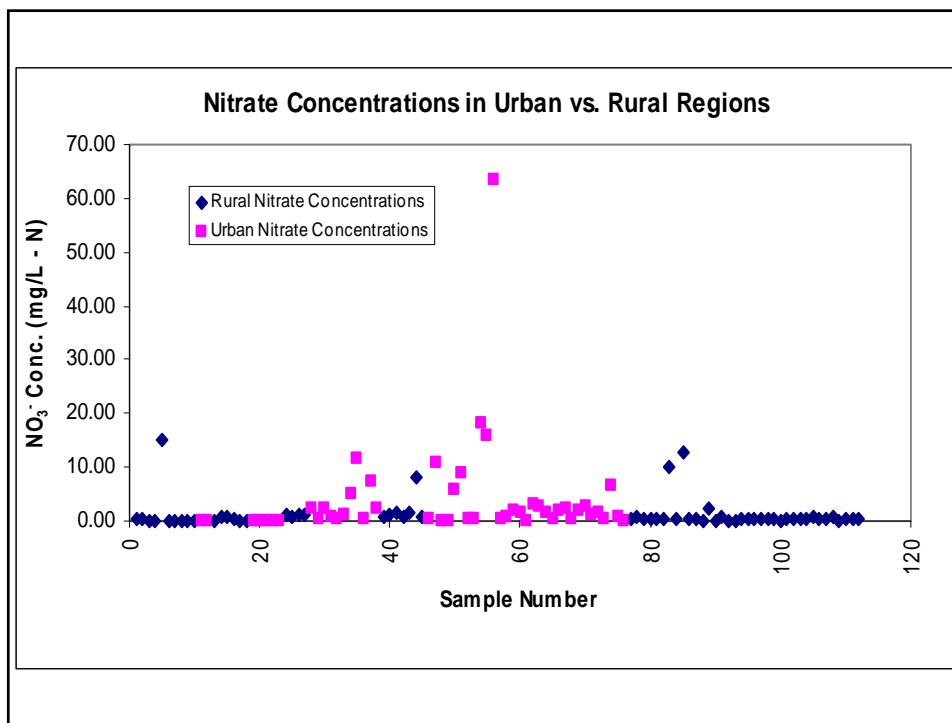
- Ammonia concentrations are relatively low except in deep boring wells - 200-300 m deep
 - Deep boring wells contain average ammonia concentration of 48 mg/L -N
- Ammonia contamination is from geologic causes - presence of deep lignite and peat beds in an anaerobic environment





Nitrate Concentrations in Rural vs. Urban Environments

- Nitrates much more common in urban areas than in rural areas
 - Avg. urban NO_3^- concentration = 3.9 mg/L-N
 - Avg. rural NO_3^- concentration = 1.2 mg/L-N
- Due to prevalence of urban NPS pollutants such as poorly designed septic systems and inadequate containment and treatment of sewage waste
- Possible seasonal fluctuations





Conclusions

- Nitrates common in shallow groundwater sources from anthropogenic NPS contaminants
- Ammonia common in deep groundwater sources from naturally occurring geologic sources
- Urban groundwater sources contain nitrates at much higher concentrations than rural sources



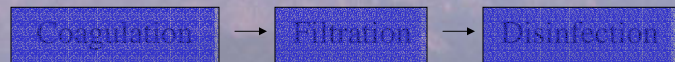
Coagulation and Settling for Applications in Nepal

Kim Luu



Motivation

- Preliminary phase of drinking water treatment



Goals

- Find optimum dosage of coagulant
- Applications
 - Water Treatment Plants
 - Point of Use





Experiments Performed

- Coagulants: FeCl_3 , US Alum, Nepal Alum
- Automated Coagulation
 - Analysis of jar test data
 - Conclusions of optimum dosage
- Manual Coagulation
 - Feasibility



Jar test Experiments

- Rapid Mix
 - 30 seconds under 100 rpm
- Slow Mix
 - 10 minutes under 30 rpm
- Settling
 - 30 minutes under 0 rpm

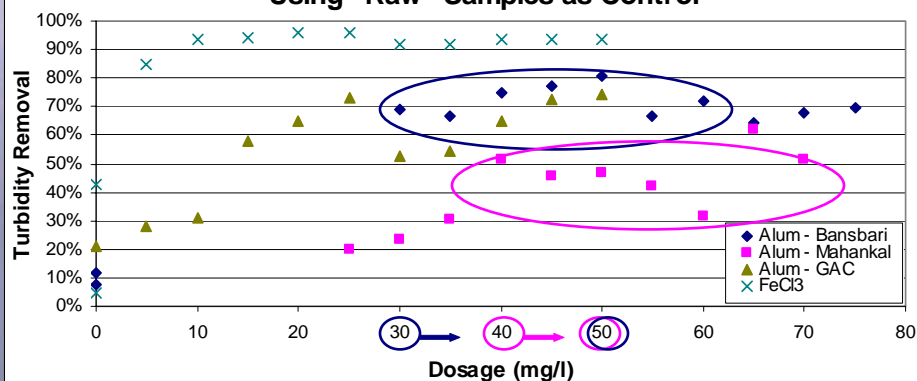


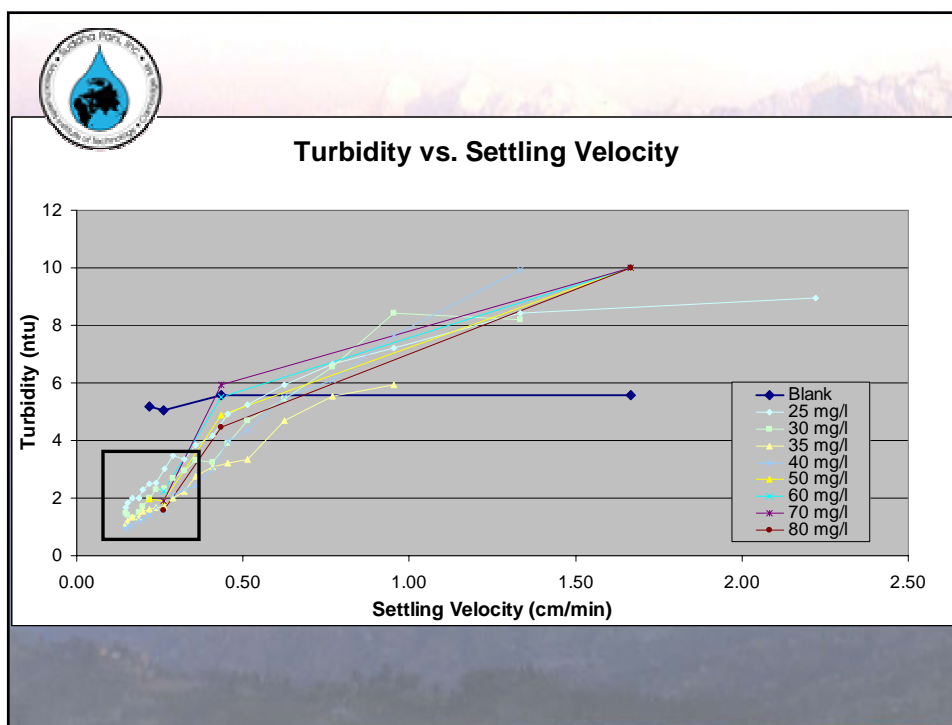
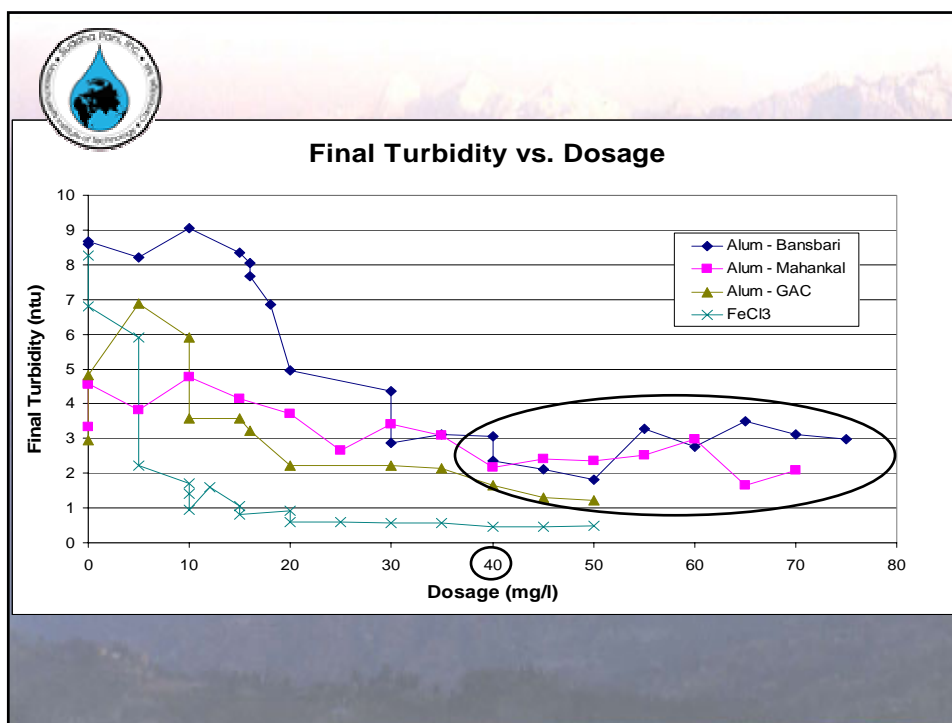
Analysis of Jartest Data

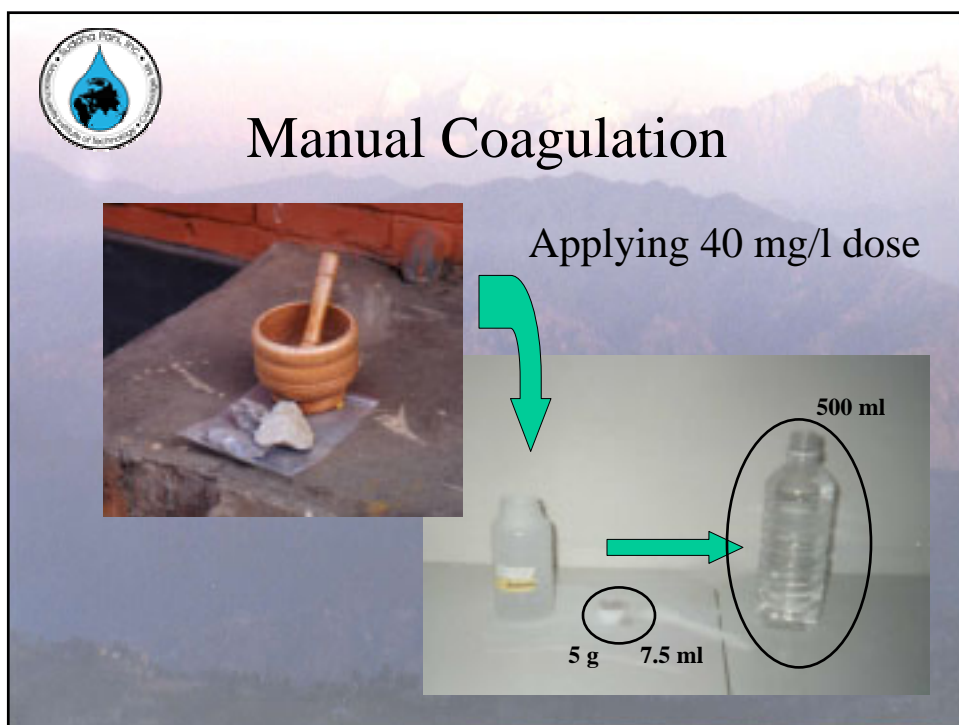
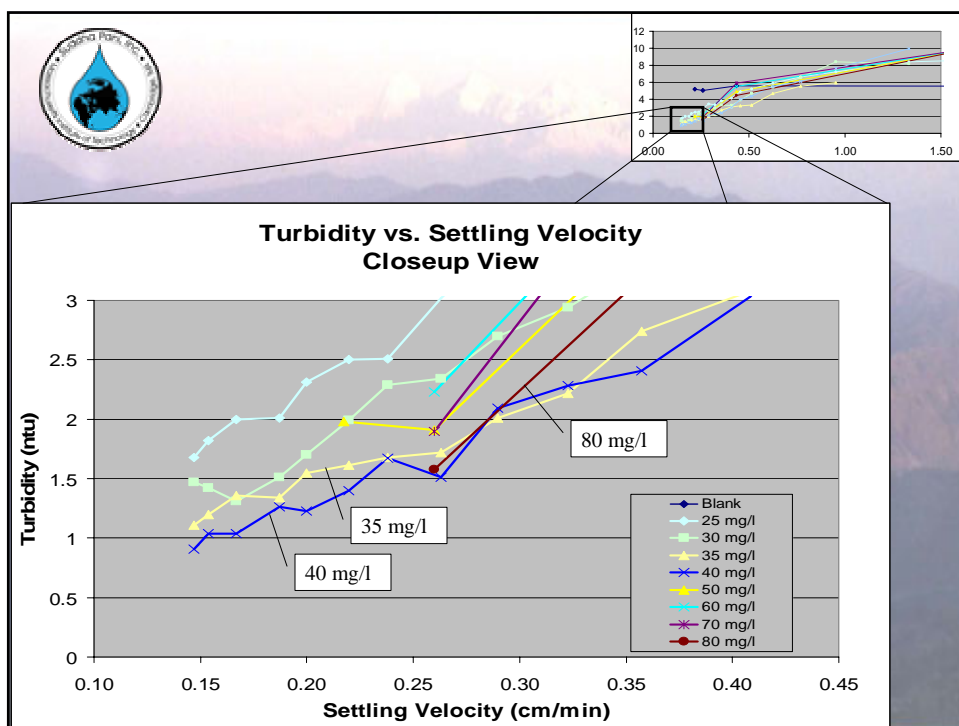
- Percent Removal of Turbidity
 - using “raw” water as control
 - using “zero” water as control
- Final Turbidity after Settling
- Settling Tests



**Turbidity Removal Efficiency vs. Dosage
Using "Raw" Samples as Control**









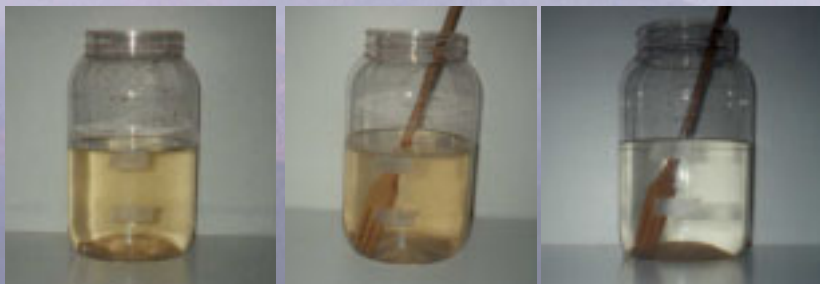
Water Treated through Manual Coagulation



- 30 seconds under ~ 1.5 rotations per second
- 10 minutes under .5 rotations per second
- 30 minutes under 0 rotations per second



Water Treated through Manual Coagulation



Raw Water



Settling Time

0 min

Settling Time

30 min

Coagulation
Regime



Conclusions

- Optimum Dosage: 40 mg/l
- Point of Use Applications
 - incomplete color removal
 - turbidity removal much better in filters
 - disinfection requirement
- Filters cannot be discounted.



Filtration Study

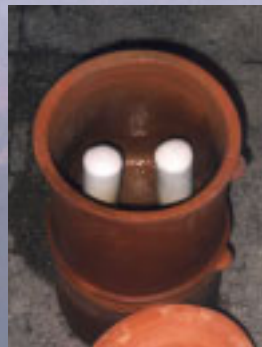
Junko Sagara



Indian Ceramic Candle Filter



Nepalese Ceramic Candle Filter



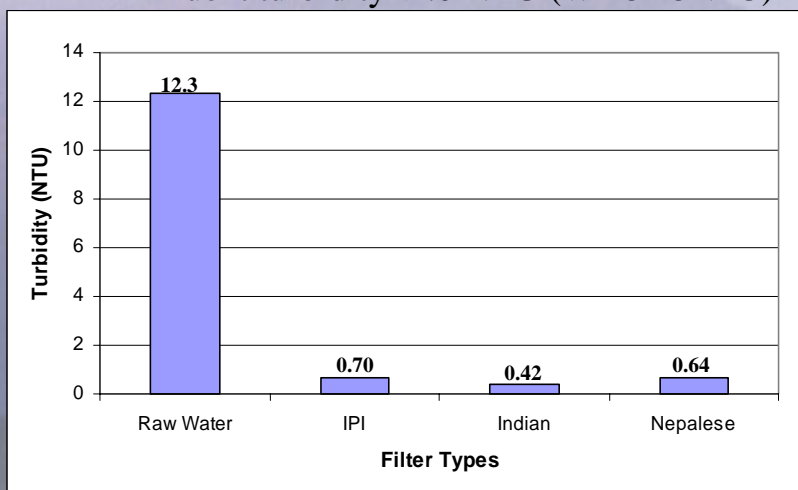


Industry for the Poor (IPI) Purifier



Test Results

- High turbidity removal efficiency
– Effluent turbidity < 1.0 NTU (WHO - 5NTU)





Microbial Tests

- HACH P/A Test
 - Total Coliform and *E.Coli*

Filter	Total Coliform	<i>E.Coli</i>
IPI Purifier (no Cl)	+	+
IPI Purifier (with Cl)	-	-
Indian Filter	+	-
Nepalese Filter	+	+

- HACH MPN Test
 - H₂S Producing Bacteria
 - Similar Results Obtained



Availability of Filters

- Industry for the Poor Purifier
 - Chlorine bleach not available in Nepal
 - Sediment and activated carbon filters expensive in Nepal
- Indian Ceramic Filter
 - Widely used in Nepal among families with higher income
 - Price too high for lower income families or people in the rural areas (US\$10 to US\$20)
- Nepalese Ceramic Filter
 - Very cheap (US\$3)



Recommendation and Conclusion

- The Point-of-Use Filtration systems tested achieved:
 - High turbidity removal efficiency
 - Inadequate removal of microbiological contamination
- Filter systems tested do not treat water to an acceptable drinking water quality
- Nepalese Ceramic Candle Filter with Disinfection is recommended
 - Colloidal Silver Disinfection



Disinfection Study

Amer Khayyat



Disinfection Study

- Three disinfection techniques studied and tested for possible Point of Use (POU) application
 - Chlorination
 - UV disinfection
 - Solar Disinfection



Selection Criteria

- Efficacy: Study local performance and compare with Laboratory and Literature Benchmarks
- Cost: Must be affordable to the lower income brackets; those less likely to have safe water
- Equipment: Focus what is locally produced/available
- Regulatory: Compliance with national sanitation and pollution policies
- Socio-cultural: Acceptable to local traditions, customs and cultural standards



Chlorine Disinfection

- IN THEORY
 - Advantages:
 - inexpensive.
 - widely available
 - proven effectiveness
 - Disadvantages
 - Trihalomethanes (carcinogenic)
 - Requires supply of chemicals and relatively accurate dosages
 - Bad taste which may be unacceptable
- IN PRACTICE
 - Advantages:
 - proven effectiveness in municipal applications.
 - Disadvantages:
 - Is NOT locally available in retail outlets; even municipal supplies intermittent
 - High sensitivity to chlorine taste and smell
 - Turbid/Organically contaminated sources heighten THM risk



Ultraviolet Disinfection

- Advantages:
 - None to speak of in the context of this study
- Disadvantages:
 - Available locally as a proprietary imported luxury item
 - Electric grid highly limited
 - 14 % of all households
 - 9 % of all rural households(UNDP HDR 1998)
 - Water turbid esp. in the Monsoon season



Solar Disinfection

• IN THEORY

– Advantages

- Free, no equipment and powered by the sun
- Good efficacy in sunny regions

– Disadvantages

- Dependent on climate, temperature and water conditions
- hard to test for efficacy
- still not fully studied

• IN PRACTICE

– Advantages

- Plastic and Glass bottles widely available
- Public appeal
- At worst will not decrease water quality

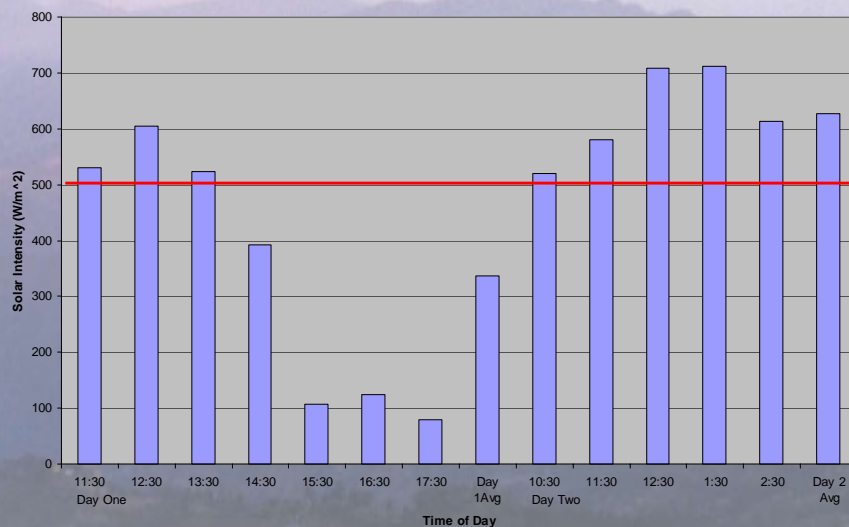
– Disadvantages

- No data available on solar radiation
- Turbid water and low sun during monsoon
- No residual
- Large possibility for human error



Solar Disinfection

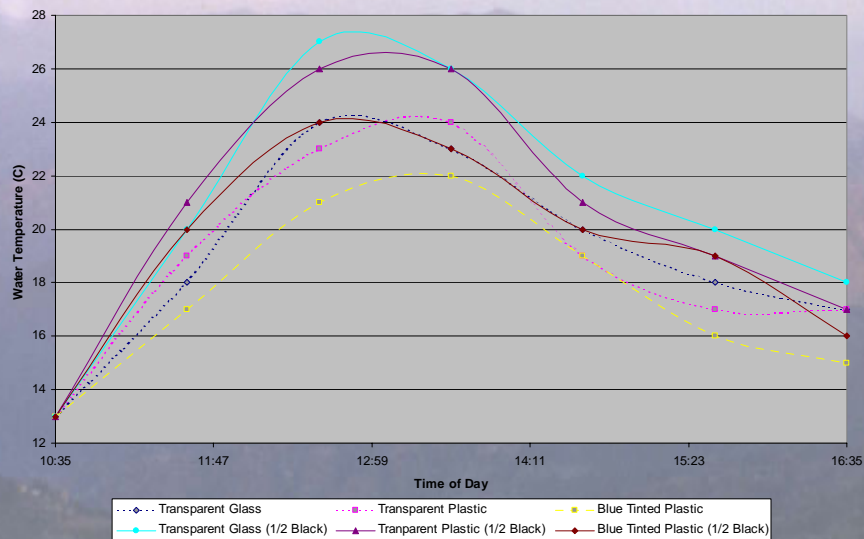
Solar Intensity (26/1/00)





Solar Disinfection

Water Temperature vs Time of Day



Solar Disinfection

P/A test			
Before			
Total Coliform	Positive		
E-Coli	Positive		
After	Untinted Plastic	Untinted glass	Blue Plastic
Total Coliform	Negative	Negative	3 Positive 1 Negative
E-Coli	Negative	Negative	Negative



Recommendations and



Economics and Logistics of Point-of-Use Filters

Benoit Maag



Purpose : To find ...

- Who needs POU ?
- Who can afford POU ?
- What are the existing products ?
- How to expand use ?

POU = Point-Of-Use Treatment



Who needs POU ?

- Mountain areas : No
- Populated Rural Areas : Yes & No
 - No centralized system
 - Contaminated Water
 - Sanitation first ?
- Urban areas Yes
 - Poor centralized system
 - Contaminated water
 - Many people boil and/or filter



Who can afford POU ?

- Populated Rural Areas : 10 % pop. ?
 - Affluent families
- Urban areas < 30% ?
 - Estimates range from 30 % to 90 %
 - Affluent families



What are the products ?

- | | |
|--|---------------------------------|
| • Standard design <-> Mature market | US |
| • Indian-made ceramic candle metal filters | Equivalent |
| – 600 ~ 1200 Rs / filter (13 ~ 30 liter capacity) | \$ 2000 |
| – 80 ~ 100 Rs / candle (1~4 candles per filter) | per filter |
| • Need to be cleaned and replaced regularly (every 2 months ?) | |
| • 40 ~ 200 Rs / month | \$ 200 /mo |
| – vs : | for candles |
| • Average income : | 1000 Rs / month (Nepal average) |
| • Kerosene : | 45 Rs/month (5 liters / day) |
| • Chlorine : | 20 Rs / month (5 liters / day) |



What are the products ?

- Problems :
 - Small capacity
 - 5 liters / day / candle -> water for 2-3 people
 - Clogs with turbid waters (rainy season)
 - No disinfection
 - Candles are easily breakable
 - Candle fixture leaks often
 - Expensive



How to expand use ?

- A better product is necessary
 - A reliable system at current prices would be well accepted
 - Price is far too high for most people
- Distribution ?
 - Accurate
- To expand use beyond the affluent
 - Sponsor ?
 - Who will be the 'Social Carrier of Technology' ?



Social Carrier of Technology ? A difficult and controversial issue

- | | |
|--|---------|
| • Market | Limited |
| • Government, Foreign Aid, NGOs | No |
| – Work on large/medium scale projects | |
| • Para-Government (Schools, Health posts...) | No |
| – Limited staff, money and few incentives | |
| • Humanitarian, Religious, Political groups | Limited |
| – Usually high motivation but limited scale | |



Conclusions

- POU is needed
- Mature market
- Distribution is OK
- Standard products are expensive and perform poorly
- A reliable product is needed
- Expanding use to the majority is difficult
 - Cost
 - Social carrier of Technology