

water to react with soap, hard water requiring considerably more soap to produce a lather.

Reason for not establishing a guideline value	Not of health concern at levels found in drinking-water
Additional comments	May affect acceptability of drinking-water
Assessment date	1993, revised in 2011
Principal reference	WHO (2011) <i>Hardness in drinking-water</i>

Natural and treated waters have a wide range of mineral content, from very low levels in rainwater and naturally soft and softened water to higher levels in naturally hard waters. Bottled and packaged waters can be naturally mineralized or naturally soft or demineralized. Thus, the mineral consumption from drinking-water and cooking water will vary widely, depending upon location, treatment and water source.

The degree of hardness of drinking-water is important for aesthetic acceptability by consumers (see [chapter 10](#)) and for economic and operational considerations. Many hard waters are softened for those reasons using several applicable technologies. The choice of the most appropriate conditioning technology will depend on local circumstances (e.g. water quality issues, piping materials, corrosion) and will be applied either centrally or in individual homes as a consumer preference.

Consumers should be informed of the mineral composition of their water, whether or not it is modified. The contribution of drinking-water minerals to mineral nutrition should be considered where changes in supply are proposed or where less traditional sources, such as recycled water, seawater or brackish water, are processed and exploited for drinking-water. The treatments used remove most minerals, and stabilization of water is always necessary prior to distribution.

Drinking-water can be a contributor to calcium and magnesium intake and could be important for those who are marginal for calcium and magnesium. Where drinking-water supplies are supplemented with or replaced by demineralized water that requires conditioning, consideration should be given to adding calcium and magnesium salts to achieve concentrations similar to those that the population received from the original supply. Modification of calcium and magnesium concentrations in drinking-water for health reasons should comply with the technical requirements to provide water suitable for distribution.

Although there is evidence from epidemiological studies for a protective effect of magnesium or hardness on cardiovascular mortality, the evidence is being debated and does not prove causality. Further studies are being conducted. There are insufficient data to suggest either minimum or maximum concentrations of minerals at this time, as adequate intake will depend on a range of other factors. Therefore, no guideline values are proposed.

Heptachlor and heptachlor epoxide

Heptachlor (CAS No. 76-44-8) is a broad-spectrum insecticide, the use of which has been banned or restricted in many countries. At present, the major use of heptachlor

is for termite control by subsurface injection into soil. Heptachlor is quite persistent in soil, where it is mainly transformed to its epoxide. Heptachlor epoxide (CAS No. 1024-57-3) is very resistant to further degradation. Heptachlor and heptachlor epoxide bind to soil particles and migrate very slowly. Heptachlor and heptachlor epoxide have been found in drinking-water at nanogram per litre levels. Diet is considered to represent the major source of exposure to heptachlor, although intake is decreasing significantly, as its use has substantially declined.

Reason for not establishing a guideline value	Occur in drinking-water at concentrations well below those of health concern
Assessment date	2003
Principal references	FAO/WHO (1992) <i>Pesticide residues in food—1991 evaluations</i> FAO/WHO (1995) <i>Pesticide residues in food—1994 evaluations</i> WHO (2003) <i>Heptachlor and heptachlor epoxide in drinking-water</i>

Prolonged exposure to heptachlor has been associated with damage to the liver and central nervous system toxicity. In 1991, IARC reviewed the data on heptachlor and concluded that the evidence for carcinogenicity was sufficient in animals and inadequate in humans, classifying it in Group 2B (possibly carcinogenic to humans). A health-based value of 0.03 µg/l can be calculated for heptachlor and heptachlor epoxide on the basis of a PTDI of 0.1 µg/kg body weight, based on a NOAEL for heptachlor of 0.025 mg/kg body weight per day from two studies in the dog, taking into consideration inadequacies of the database and allocating 1% of the PTDI to drinking-water. However, because heptachlor and heptachlor epoxide occur at concentrations well below those of health concern, it is not considered necessary to derive a formal guideline value. It should also be noted that concentrations below 0.1 µg/l are generally not achievable using conventional treatment technology.

Hexachlorobenzene

The major agricultural application for hexachlorobenzene (CAS No. 118-74-1), or HCB, was as a seed dressing for crops to prevent the growth of fungi, but its use is now uncommon. At present, it appears mainly as a by-product of several chemical processes or an impurity in some pesticides. HCB is distributed throughout the environment because it is mobile and resistant to degradation. It bioaccumulates in organisms because of its physicochemical properties and its slow elimination. HCB is commonly detected at low levels in food, and it is generally present at low concentrations in ambient air. It has been detected only infrequently, and at very low concentrations (below 0.1 µg/l), in drinking-water supplies.

Reason for not establishing a guideline value	Occurs in drinking-water at concentrations well below those of health concern
Assessment date	2003
Principal references	IPCS (1997) <i>Hexachlorobenzene</i> WHO (2004) <i>Hexachlorobenzene in drinking-water</i>