Iron and/or Manganese in Drinking Water

INTRODUCTION AND OCCURRENCE
Iron and manganese occur naturally in the earth’s crust and are released into water by weathering processes. Both elements are very common in both shallow and deep wells in New Hampshire. Concentrations in groundwater vary widely depending on the local geology and groundwater chemistry, from barely detectable levels of 0.05 mg/L or less to greater than 1.0 mg/L manganese or greater than 10 mg/L iron. Depending on localized pH and oxygen levels in the aquifer, these constituents may be found in their reduced, soluble forms (Mn²⁺, Fe²⁺) or as oxidized, colloidal, particulate forms. Laboratory analyses of total versus filtered metals may be used to establish their relative presence as dissolved or particulate in order to evaluate treatment options.

AESTHETIC EFFECTS
Iron is generally considered to be only a secondary or aesthetic contaminant due to its staining of plumbing fixtures and laundry. Manganese can also cause these undesirable effects. The federal and state secondary or aesthetic standards, established under the Safe Drinking Water Act of 1974, are iron at 0.30 mg/L and manganese at 0.05 mg/L. Secondary standards are reference levels where the contaminant may contribute to taste or staining of plumbing fixtures or laundry.

HEALTH EFFECTS
The occurrence of manganese in drinking water above US EPA’s Health Advisory Level of 0.3 mg/L is a human health risk concern. Over the long-term, consumption of water by the general population containing levels of manganese above 0.3 mg/L is not advisable. Infants up to 12 months of age should not be given water with manganese concentrations greater than 0.3 mg/L for more than a total of 10 days per year, nor should the water be used to make formula for more than 10 days per year. Treatment to remove manganese should be installed or an alternate source of drinking water, such as bottled water, should be utilized when manganese in your drinking water is above 0.3 mg/L. For information about the health effects of manganese, particularly the potential neurotoxic effects on children, please see NHDES Fact Sheet ARD-EHP-15, “Manganese: Health Information Summary.”

There are no health-based standards for iron in drinking water in New Hampshire

HEALTH STANDARDS OR ADVISORIES - MANGANESE
In addition to EPA’s Manganese Health Advisory of 0.3 mg/L for infants, New Hampshire’s ambient groundwater quality standard (AGQS) for manganese was revised from 0.84 mg/L to 0.30 mg/L in December 2020. The AGQS is a health-based standard for public water systems and groundwater discharges.

NHDES recommends that public water systems notify its customers when manganese exceeds 0.1 mg/L.
Because short-term exposure to manganese is considered a health risks to infants below 12 months old, NHDES recommends the following notification language consistent with acute health risks:

Public Notification Language for Manganese Above 0.3 mg/L
“Infants below the age of 12 months old who drink water containing manganese in excess of 0.3 mg/L (0.3 parts per million) could experience harmful and lasting effects on their nervous system. Manganese is an essential nutrient but excessive levels of manganese in drinking water is associated with increased risk of health problems such as impaired motor function and learning, as well as harm to the nervous system.”

Public Notification Language for Manganese Between 0.1 mg/L and 0.3 mg/L
“The Manganese level is above 0.1 mg/L (0.1 parts per million) which may pose a health concern for infants less than 12 months old. Making formula or foods with water containing manganese levels above 0.1 mg/L can increase an infant’s risk of health problems such as impaired motor function and learning, as well as harm to their nervous system.”

TESTING
Obtain water sample bottles by contacting an accredited laboratory from the list provided at des.nh.gov, or a web search for “NHDES Private Wells.” NHDES recommends testing for the Standard Analysis suite of parameters, which includes iron, manganese, bacteria, arsenic, lead, uranium and other important water quality parameters. NHDES recommends testing for the standard analysis suite every 3 to 5 years.

MITIGATION AND TREATMENT
Treatment for iron and/or manganese depends on raw water levels and whether the minerals are dissolved, particulate, or both. Co-occurrence with other contaminants such as hardness, sulfide or arsenic also affects the selection of treatment. Whole-house treatment is recommended in order to control staining of fixtures and laundry. Installation cost for a typical residential whole-house system is $1,500 to $3,000 for a single filtration step, regardless of technology. Common options are:

a) Oxidation-Filtration – filter tradenames for this technology include Birm®, Greensand®, Clack MTM® and Filox®. This is the preferred option for residential and public water supplies regardless of contaminant levels, due to its selectivity to iron and manganese, and avoidance of brine discharge to the environment.

When manganese is present, a strong pre-oxidant such as potassium permanganate (KMnO₄) or chlorine pellets are required for filtration to be effective. Residential systems can be equipped with a permanganate or chlorine pellet feed tank for either intermittent (batch) or continuous pre-oxidation.

For iron only, AIR pre-oxidation is adequate. In some cases, fine colloidal iron may pass through the filter. If so, a deeper filter bed, or multi-layer bed including a fine garnet layer may be used to improve iron capture.

b) Softening – cation exchange “softening” may be used when there is iron or manganese co-occurrence with high hardness over 150 mg/L. This process exchanges all cations (calcium, magnesium, iron, manganese) with the ‘softer’ minerals (sodium or potassium). The softener is regenerated with standard salt (sodium chloride), with the brine waste discharged to your septic system or a drywell. Advantages of softening systems are their simplicity and low maintenance cost. However, they are highly inefficient for iron/manganese because they must remove all the “good minerals” (calcium and magnesium) first, which are present at two to three orders of magnitude higher concentration. Other disadvantages are the high volume of brine discharges, which contaminate the groundwater, including your own well and those of your neighbors, and the increased sodium levels which may be a concern for those on a sodium-restricted diet.

Reducing Salt Use – if a softener must be used, reducing salt discharge to the environment is extremely
important to protect groundwater and nearby streams. Recommendations to reduce salt discharges are:
- Avoid water softeners unless water hardness is over 150 mg/L AND causing aesthetic issues.
- Use non-salt treatment technologies such as Birm or Greensand filtration for iron or manganese.
- Use a “demand-based” unit, which backwashes based on actual water use rather than on a fixed timer.
- Reduce the brine loading to 6-8 pounds salt/CF instead of the factory setting of 10-12 pounds/CF.

FOR MORE INFORMATION
Contact the Drinking Water and Groundwater Bureau at (603) 271-2513 or dwgbinfo@des.nh.gov, or visit us at www.des.nh.gov. You may also input your water test results to the “NHDES Be Well Informed” water treatment application (available via a web search) to interpret your results and identify appropriate treatment options.

Note: This fact sheet is accurate as January 2023. Statutory or regulatory changes or the availability of additional information after this date may render this information inaccurate or incomplete.