

Occurrence, removal, and environmental impacts of emerging contaminants detected in water and wastewater in Southern Ontario— Part I: occurrence and removal

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Abstract

A comprehensive study was conducted at two wastewater treatment plants (WWTPs) and one water treatment plant (WTP) in Windsor, Ontario, Canada. The occurrence of 220 emerging and legacy compounds, their removal efficiencies by the existing treatment processes, and their potential environmental impacts were studied. The results are reported in a two part paper. In this part (I), the occurrence and removal efficiencies are presented. Three of the 47 target pharmaceutically active compounds (PhACs) and endocrine disrupting compounds (EDCs) contributed 89–96% of the total concentration of PhACs/EDCs in the WWTP influents. They were acetaminophen, ibuprofen, and naproxen. The existing treatment processes successfully removed between 95 and 98% of 'all' PhACs/EDCs, primarily due to the high removal rates of these three analgesics. Concentrations of PhACs/EDCs detected at the WTP intake were two to three orders of magnitude lower than those in the effluent of the upstream WWTP. These concentrations remained relatively unchanged in the finished drinking water, indicating the WTP's low removal efficiency for trace amounts of them. Polybrominated diphenyl ethers (PBDEs) were detected at concentrations as high as 150 ng/L (for PBDE-209) in the WWTPs' influent, and removed at 86–96% efficiency. PBDE effluent concentrations were mostly below 1 ng/L at both WWTPs, with a maximum of 9 ng/L for PBDE-209. Octylphenol, nonylphenol, and nonylphenol ethoxylates concentrations were monitored in one WWTP's effluent, and ranged between undetectable and 286 ng/L (LoDs varied between 1.3 and 15.2 ng/L).

Key words: emerging contaminants, endocrine disrupting compounds (EDCs), pharmaceutically active compounds (PhACs), water treatment, wastewater treatment

INTRODUCTION

A study on the Detroit River watershed (shared between Ontario, Canada and Michigan, USA) indicated the presence of several pharmaceutically active compounds (PhACs) and endocrine disrupting compounds (EDCs) in the effluents from wastewater treatment plants (WWTPs) discharging to the river (Tabe *et al.* 2009). This encouraged the Ontario Ministry of the Environment and Climate Change (MOECC) to design a comprehensive project to improve understanding of the occurrence, removal, and potential environmental impacts of 220 emerging and legacy contaminants. The study was developed in three stages—Baseline, Phase One, and Phase Two. The Baseline study (5 months) concerned the prevalence of the target substances, the removal efficiency of existing treatment processes, and the toxicity of the WWTP effluents to aquatic organisms. Its outcome helped focus Phase One (13 months) on seasonal

variations in occurrence, existing process removal efficiencies, and target substance impacts on aquatic organisms. Phase Two was dedicated to evaluating pilot-scale ozonation in removing or transforming the target substances, and understanding the mechanisms and kinetics of formation of oxidation by-products when selected substances were exposed to ozonation. The results from Phase Two have already been published (Singh *et al.* 2015; Uslu *et al.* 2015).

This paper is the first of a pair reporting the Baseline results. It relates to 47 PhACs/EDCs, 17 polybrominated diphenyl ethers (PBDEs), and four alkylphenols and alkylphenol ethoxylates. In this paper (Part I), findings related to the occurrence of these substances at two WWTPs and one water treatment plant (WTP) in Windsor, Ontario, Canada are presented, and the removal efficiencies of the WTP and WWTP processes are discussed. The environmental impacts are presented in Part II.

The presence of trace organic contaminants (TrOCs) in water sources, and their potential negative impacts on the environment and biota, have been the subject of numerous scientific, social, and political debates (Ternes 1998; Heberer 2002; Heberer *et al.* 2002; Kolpin *et al.* 2002; Metcalfe *et al.* 2003; Sedlak *et al.* 2005; Snyder *et al.* 2007; Tabe *et al.* 2009). The development of novel analytical methods and equipment has enabled detection of extremely low TrOC concentrations—e.g., PhACs and EDCs (Yang *et al.* 2008; Vanderford *et al.* 2012). WWTP effluents have been recognized as a major point discharge source into surface waters. Their negative impacts on the environment and aquatic life have been reported widely (Jobling *et al.* 1998; Westergaard *et al.* 2001; Young *et al.* 2002; Andreozzi *et al.* 2003; Richardson 2003; Laville *et al.* 2004; Sanderson *et al.* 2004; Jobling *et al.* 2009; Tetreault *et al.* 2011; Galus *et al.* 2013). Some investigations suggest a link between increased loads of these contaminants and various environmental and public health risks.

PhACs are used to prevent or treat disease symptoms, in both livestock and humans. This study focuses on PhACs administered to humans. EDCs are thought to interfere with endocrine system functioning. This involves various mechanisms such as mimicking natural hormones, blocking hormone receiving receptors, and disrupting natural hormone synthesis, metabolism, and excretion (Weyer & Riley 2001). Three major EDC categories comprise estrogenic (which mimic natural estrogen), androgenic (mimicking or blocking testosterone), and thyroidal (affecting thyroid glands directly or indirectly) substances (Snyder *et al.* 2002). EDCs can be natural or synthetic—e.g., oral contraceptives (Weyer & Riley 2001).

The concentrations of PhACs and EDCs in water sources are much lower than their therapeutic dosages. However, neither their potential short- and long-term impacts, nor their combined (mixture) effects on the environment and public health are well understood (Boxall *et al.* 2003; Jones *et al.* 2004; Stackelberg *et al.* 2004).

Although WTPs and WWTPs are not designed to remove TrOCs, existing processes remove substantial portions, along with other contaminants. However, limited data are available to determine the removal efficiencies of these plants, which jeopardizes optimization efforts.

PBDEs are flame retardants used to reduce fire hazard in plastics, furniture, and electronic items. In the vapor phase, PBDEs delay combustion and inhibit the spread of fire. Depending on the number and location of bromine atoms in their structure, there are 209 possible PBDE compounds. They are of environmental concern due to their health effects including negative impacts on human fertility (Harley *et al.* 2010).

Several PBDEs have been designated toxic, in Canada, and their manufacture, import, and use were/are being prohibited. (CEPA 2013).

Long-chain alkylphenols and alkylphenol ethoxylates are potential endocrine disruptors and xenoestrogens (Kochukov *et al.* 2009). Of specific concern are octylphenol (OP), nonylphenol (NP), and nonylphenol ethoxylates (NPEs), which are produced in large volumes. Although their use in detergents is banned they still have applications that lead to widespread release into aquatic environment.

According to the US Environmental Protection Agency (USEPA), NP and NPE show low toxicity to humans, but are highly toxic to fish, and aquatic invertebrates and plants (USEPA 2010).

METHODOLOGY

The target substances' occurrence was studied by monthly 24-hour composite sampling from eight locations in the two WWTPs (WWTP-1 and WWTP-2 hereafter) and one WTP, all in Windsor, Ontario, Canada. Because the WTP is downstream of the discharge from WWTP-1, the sampling locations and times were selected to represent a complete travel path for the target substances from WWTP-1's influent to the finished drinking water leaving the WTP.

Plants and sampling points

WWTP-1 mainly receives residential wastewaters. Its treatment processes consist of primary treatment followed by nitrifying conventional activated sludge (CAS-N) and ultraviolet (UV) irradiation. The UV system operates seasonally and was off during the Baseline Study. WWTP-2 receives both residential (~80%) and industrial (~20%) wastewaters. Its treatment train includes primary treatment followed by a biological aerated filter and UV irradiation. As at WWTP-1, the UV system operates seasonally and was off during the Baseline Study. The processes at the WTP include ozonation, flocculation, sedimentation, and sand filtration. Schematics of the three plants, showing the eight sampling locations, are presented in Figure 1. The sampling points were:

- S1-0: WWTP-1 influent
- S1-1: WWTP-1 primary effluent
- S1-2: WWTP-1 CAS-N treated effluent
- W-0: WTP raw water intake
- W-1: WTP transient water after ozone treatment
- W-2: WTP treated drinking water
- S2-0: WWTP-2 influent
- S2-1: WWTP-2 effluent

Sampling protocol

The samples for PhACs/EDCs were collected monthly for 4 months from all sampling locations except S1-2, where it was collected weekly for 23 weeks to support the toxicity and biological studies. The PBDE samples were collected monthly for 3 months from all three WWTP-1 locations. The alkylphenol and alkylphenol ethoxylate samples were collected S1-2 monthly for 4 months.

The residence time in each process was taken into account so that the same batch of water was sampled along the sampling path. Samples were poured into pre-cleaned, 1L sampling bottles and shipped immediately to the laboratories in ice-packed coolers. The laboratory of MOECC (LaSB) was responsible for all chemical analyses apart from OP, NP and NPEs, which were analyzed at AXYS Laboratories, Surrey, BC.

Target substances

Table 1 is a list of the target substances with their limits of detection (LoDs). Several isotope-labelled substances were used as internal standards, and are italicized and marked with an asterisk (*).

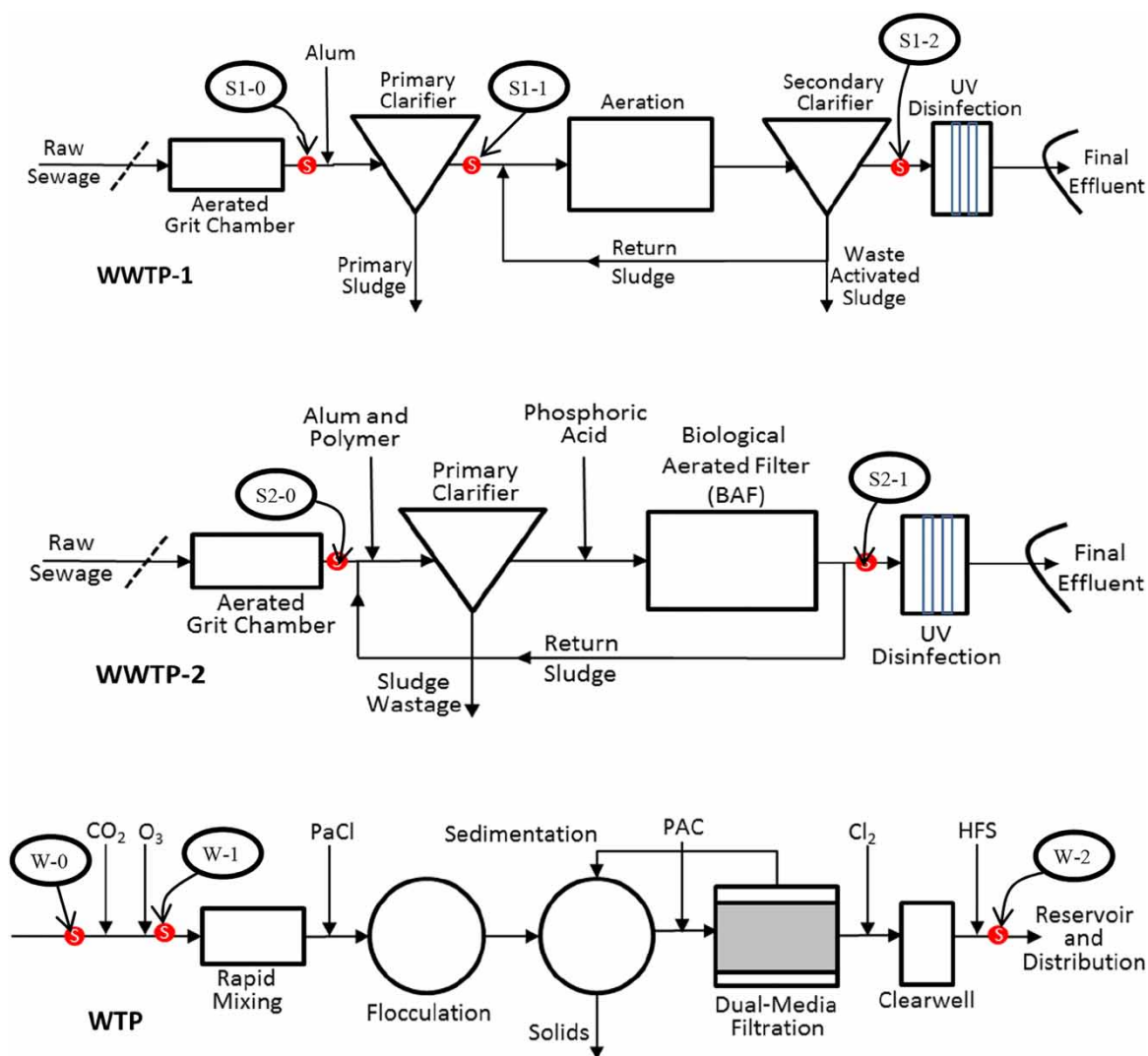


Figure 1 | Schematics of WWTP-1 and WWTP-2, and the WTP, showing the sampling points.

The criteria for choosing the target PhACs/EDCs were their abundance in Detroit River water, as obtained through MOECC monitoring projects and reports in the literature (Metcalf *et al.* 2003; Hua *et al.* 2006; Lishman *et al.* 2006; Tabe *et al.* 2009; Tabe *et al.* 2010; Kleywegt *et al.* 2011), as well as the availability of analytical methods for their detection at ng/L (PPT) levels.

Chemical analysis and treatment of analytical data

PhACs and EDCs were analyzed using state-of-the art liquid chromatography-tandem mass spectrometry as described in Hao *et al.* (2008). The maximum acceptable range of recovery was set at $100 \pm 20\%$. All compounds were analyzed using two kinds of standards: standard chemical solutions (of known chemical composition) and isotope labelled standards (readily distinguished by mass spectrometry) to verify specific compound concentrations.

All standard solutions and heptafluorobutyric acid (99%) were obtained from Sigma Aldrich (Oakville, Ontario, Canada). Deuterium-labelled surrogates came from CDN-Isotope (Pointe-Claire, Quebec, Canada), except sulfamethazine (phenyl- $^{13}\text{C}_6$, 98%) from Cambridge Isotope Laboratories (Andover, MA). Methanol, acetonitrile and sulfuric acid were supplied by Caledon Inc. (Georgetown, Ontario, Canada), ammonium acetate (>99%) by Fluka (Mississauga, Ontario,

Table 1 | List of targeted substances and associated LODs**Alkylphenols (APs) and alkylphenol ethoxylates (APEs) and associated LODs (ng/L)**

		LoD			LoD
1	4-Nonylphenol diethoxylates	169	3	4-Nonylphenols	
2	4-Nonylphenol monoethoxylates	61	4	OP	5.6

PBDEs and associated LODs (ng/L)

1	PBDE-100	0.5	10	PBDE-28	0.09
2	PBDE-119	0.02	11	PBDE-47	3
3	PBDE-126	0.02	12	PBDE-49	0.07
4	PBDE-138	0.07	13	PBDE-66	0.08
5	PBDE-153	0.06	14	PBDE-71	0.07
6	PBDE-154	0.08	15	PBDE-77	0.02
7	PBDE-17	0.03	16	PBDE-85	0.07
8	PBDE-183	0.05	17	PBDE-99	2
9	PBDE-209	4			

PhACs & EDCs and associated LODs (ng/L)

Analgesic & Painkillers			27	Sulfathiazole	2
1	<i>Acetaminophen</i> *	2	28	Tetracycline	10
2	<i>Ibuprofen</i> *	0.5	29	Trimethoprim	1
3	<i>Indomethacin</i> *	5	Hormones, ovulation inhibitors, estrogen replacements		
4	Ketoprofen	2			
5	<i>Naproxen</i> *	2	30	17- α -Estradiol	5
Antibiotics			31	17- α -Ethinyl Estradiol	5
6	Carbadox	10	32	17- β -Estradiol	2
7	Chloramphenicol	2	33	19-Norethisterone	5
8	Chlorotetracycline	10	34	Diethylstilbestrol	10
9	<i>Ciprofloxacin</i> *	0.5	35	<i>Equilin</i> *	2
10	<i>Diclofenac</i> *	1	36	Estriol	5
11	Doxycycline	5	37	<i>Estrone</i> *	2
12	Enrofloxacin	5	38	<i>Progesterone</i> *	20
13	Erythromycin	10	Lipid regulators, anti-coagulants		
14	Lasalocid A	10	39	Bezafibrate	1
15	Lincomycin	0.5	40	<i>Clofibric acid</i> *	0.5
16	Meclocycline	10	41	<i>Gemfibrozil</i> *	1
17	Norfloxacin	10	42	Warfarin	5
18	Oxytetracycline	5	Perfluoro surfactants		
19	Roxithromycin	2	43	PFOA	1
20	Sulfachloropyridazine	5	44	PFOS	0.5
21	Sulfadiazine	5	EDC		
22	Sulfadimethoxine	1	45	<i>Bisphenol A</i> *	2
23	Sulfamerazine	1	Others (antiepileptic, ionophore)		
24	<i>Sulfamethazine</i> *	1	46	<i>Carbamazepine</i> *	1
25	Sulfamethizole	2	47	Monensin sodium	10
26	<i>Sulfamethoxazole</i> *	2			

*Indicates use of isotope-labelled substance as internal standard.

Table 2 | Summary of analytical results for occurrence and removal of PhACs in two WWTPs and one WTP in Windsor

Location	Total Analyses	No. of detects	Median Monthly Conc, ng/L	Mean monthly Conc \pm SE, ng/L	Mean Removal \pm SE
WWTP-1					
S1-0	188	133	212,049	183,000 \pm 46,000	
S1-1	188	135	182,951	173,000 \pm 38,000	
S1-2	1,081	701	3,638	3,600 \pm 100	98% \pm 1%
WTP					
W-0	188	85	546	730 \pm 290	
W-1	141	58	615	640 \pm 100	
W-2	188	72	622	650 \pm 170	-8% \pm 24%
WWTP-2					
S2-0	188	132	206,876	197,000 \pm 14,000	
S2-1	188	121	10,312	10,000 \pm 1,000	95.0% \pm 0.5%

Canada) and ethylene diamine acetic acid (disodium salt, ACS reagent grade) by BioRad (Mississauga, Ontario, Canada).

Removal efficiencies were determined using Equation (1):

$$R = \frac{C_{in} - C_{out}}{C_{in}} \times 100 \quad (1)$$

where, R is removal efficiency (%);

C_{in} is the target pollutant concentration entering the process/plant, (ng/L, μ g/L, or mg/L); and,

C_{out} is the target pollutant concentration in the process/plant effluent, (ng/L, μ g/L, or mg/L).

For compounds with undetectable concentrations, a statistical approach using censored data analysis was used, as recommended by Helsel (2012).

RESULTS AND DISCUSSION

PhACs and EDCs

A summary of results is shown in Table 2. The 188 analytical results shown for S1-0 and S1-1 refer to the 47 substances sampled monthly for 4 months. The 1,081 results shown for S1-2 relate to the 23 weekly sets of samples taken for toxicology tests and also used for chemical analysis. Removal efficiencies were only calculated for paired samples (those relating to the same batch of water). One set of analytical results, including samples taken from W-1 was lost, leaving just 141 analyses for that location. The median and mean overall concentrations shown in Table 2 refer to the total concentrations of all 47 PhACs and EDCs over the sampling period.

Approximately 70% of the analytes in the WWTP influents were detected at least once over the 4-month sampling period. Some substances detected in the influents were removed by treatment to below their LoDs and were thus reported as undetected in the effluents.

After discharge to the surface water, further reductions in target substance concentrations were noted, arising through natural processes like dilution, biodegradation, photo-degradation, adsorption and sedimentation. As a result, fewer substances were detected at the WTP intake than in WWTP-1's effluent discharge a few kilometers downstream. The detection frequency of substances at the WTP intake was also lower than in WWTP-1's effluent and, for the concentrations of those detected were up three orders of magnitude lower. Consequently, target substance concentrations at W-1

and W-2 were very low and, in many cases, close to their LoDs. This caused inaccuracies in calculating the WTP's removal efficiency, as reported in Table 2.

The median and mean monthly concentrations of the target PhACs/EDCs at both S1-0 and S2-0 were around 200,000 ng/L (0.2 mg/L). The secondary treatments of both WWTPs successfully removed between 95 and 98% of the total concentrations.

Table 3 categorizes the target PPCPs/EDCs by removal efficiency in the WWTPs and WTP. The categories include:

1. Undetected: substances were not detected in any sample.
2. Negative or Zero: substances whose concentrations were higher or similar in the effluent than in the influent.
3. Low: removal efficiencies between 0 and 50%.
4. Moderate: removal efficiencies between 50 and 75%.
5. High: removal efficiencies between 75 and 95%.
6. Excellent: removal efficiencies exceeding 95%.
7. Inconclusive: removal efficiencies with standard errors spread over three or more categories.

Accordingly, the treatment efficiency of WWTP-1 is higher than that of WWTP-2, as the former removed more substances at moderate to excellent efficiency. The two plants, however, performed similarly towards certain substances. For example, both removed acetaminophen, ibuprofen, estriol, and bisphenol A at high/excellent efficiency, clofibrac acid, gemfibrozil, and lasalocid A at low efficiency, and had no impact on carbamazepine or diclofenac. The WTP was only efficient in removing ibuprofen and carbamazepine, and to some extent acetaminophen.

The occurrence and removal information of the ten commonest PhACs/EDCs at different sampling locations is shown in Table 4. The highest concentrations in the raw sewage belonged to the three analgesics; acetaminophen, ibuprofen, and naproxen. These, together, formed 96% and 89% of the total concentration of PhACs/EDCs in the influents of WWTP-1 and WWTP-2, respectively. Acetaminophen alone contributed 87% and 72% of the total concentration of PhACs/EDCs in the WWTP-1 and WWTP-2 influents, respectively. Bisphenol A (BPA) was also a major substance in the influent of WWTP-2, contributing 9% to the PhACs/EDCs concentrations. This may demonstrate the impact of the industrial wastewater load entering WWTP-2.

The high general efficiencies of the WWTPs arose from the 99 + % removal of acetaminophen. WWTP-1 also removed 99 + % of ibuprofen and naproxen. The removal efficiencies of the latter two substances at WWTP-2 were 88% and 58%, respectively. This could be due to the difference in the treatment trains of the two plants. The removal efficiencies of the WWTPs for substances other than the three analgesics and BPA were low at $42 \pm 7\%$ and $15 \pm 7\%$, respectively. Table 4 also shows the frequency and concentrations of the target substances in transit through the WTP. Only 17- α -estradiol was detected in all 4 sampling events at the WTP intake.

Figure 2 illustrates the concentration variations of the ten commonest substances from the influent of WWTP-1 to the WTP's finished water. The high removal efficiencies for the three analgesics are clear, with 2–3 orders of magnitude reduction in concentration from the influent to the effluent of WWTP-1.

Figure 3 shows the concentration history of the ten commonest substances in the finished drinking water, traced back through the sampling locations in the WWTP and WTP. Nine substances persisted through the water treatment processes—i.e., their concentrations at the WTP intake were not statistically different from those at its discharge. The one exception was sulfadimethoxine, with inconsistent concentrations at all sampling locations leading to inconclusive removal efficiency. The concentrations of some substances were in the vicinity of their LoDs, making it difficult to determine removal efficiencies. However, a general trend suggested that the water treatment processes – including ozonation – were incapable of removing or transforming very low concentrations of these substances.

Table 3 | PhACs and EDCs grouped by removal efficiencies in WWTP-1, WWTP-2, and WTP

Undetected	No/ – ve removal (≤0%)	0-50% Low	50 ± 75% Moderate	75 ± 95% High	95 + % Excellent	Inconclusive
WWTP-1						
Equilin PFOA PFOS	Carbamazepine Chlorotetra- cycline Diclofenac Enrofloxacin Erythromycin Monensin sodium	19-Norethisterone Clofibric acid Diethylstilbestrol Gemfibrozil Lasalocid A Oxytetracycline	17- α -Estradiol 17- β -Estradiol Bezafibrate Ciprofloxacin Sulfamerazine Sulfa-methoxazole Trimethoprim	Bisphenol A Progesterone	Acetaminophen Estriol Estrone Ibuprofen Naproxen Sulfathiazole Sulfamethazine Sulfamethizole Tetracycline Warfarin	17- α -Ethynyl Estradiol Carbadox Chloramphenicol Doxycycline Indomethacin Ketoprofen Lincomycin Meclocycline Norfloxacin Roxithromycin Sulfachloropyridazine Sulfadiazine Sulfa-dimethoxine
WTP						
17- β -Estradiol Carbadox Chloramphenicol Equilin Estrone Indomethacin PFOA Sulfachloro-pyridazine Sulfadiazine	Enrofloxacin Ketoprofen Sulfamethizole Sulfamerazine Sulfathiazole Warfarin	17- α -Estradiol Bezafibrate Chlorotetracycline Diethylstilbestrol Doxycycline Estriol Gemfibrozil Lasalocid A Norfloxacin Oxytetracycline Tetracycline	Acetaminophen	Carbamazepine Ibuprofen	 PFOS Progesterone Roxithromycin Sulfadimethoxine Sulfamethazine Sulfa-methoxazole Trimethoprim	17- α -Ethynyl Estradiol 19-Norethisterone Bisphenol A Ciprofloxacin Clofibric acid Diclofenac Erythromycin Lincomycin Meclocycline Monensin sodium Naproxen

(Continued.)

Table 3 | Continued

Undetected	No/ – ve removal ($\leq 0\%$)	0–50% Low	50 \pm 75% Moderate	75 \pm 95% High	95 + % Excellent	Inconclusive
WWTP-2						
Diethylstilbestrol	17- α -Estradiol	17- β -Estradiol	Ciprofloxacin	Bisphenol A	Acetaminophen	17- α -Ethynyl Estradiol
Monensin sodium	19-Norethsterone	Bezafibrate	Ketoprofen Naproxen	Estriol		Carbadox
PFOA	Carbamazepine	Chlorotetracycline	Oxytetracycline	Ibuprofen		Chloramphenicol
PFOS	Diclofenac	Clofibric acid				Lincomycin
Sulfamerazine	Doxycycline	Enrofloxacin				Meclocycline
Sulfathiazole	Erythromycin	Equilin Estrone				Progesterone
	Sulfadimethoxine	Gemfibrozil				Roxithromycin
	Sulfamethoxazole	Indomethacin				Sulfachloropyridazine
		Lasalocid A				Sulfamethazine
		Norfloxacin				Sulfamethizole
		Sulfadiazine				Tetracycline
						Trimethoprim
						Warfarin

Table 4 | The ten commonest PhACs/EDCs at different sampling locations

Substance	LoD (ng/L)	Detection frequency	Min ¹ (ng/L)	Max (ng/L)	Median (ng/L)	Mean (ng/L) ± Standard Error	% Removal Efficiency
WWTP-1 Influent							
Acetaminophen	2	4/4	42,264	226,250	180,000	157,000 ± 41,000	100 ± 0
Ibuprofen	0.5	4/4	4,828	16,625	13,625	12,000 ± 3,000	99 ± 0
Naproxen	2	3/4	ND/8,038	9,650	8,100	8,600 ± 500	99 ± 0
Sulfamethoxazole	2	4/4	744	2,188	1,725	1,600 ± 400	55 ± 11
Trimethoprim	1	2/4	ND/901	1,988	1,444	1,400 ± 500	55 ± 8
Bisphenol A	2	4/4	363	2,400	574	1,000 ± 500	82 ± 5
Ciprofloxacin	0.5	4/4	134	1,288	932	800 ± 300	57 ± 27
Norfloxacin	10	3/4	ND/84	1,300	855	750 ± 350	49 ± 34
Carbamazepine	1	4/4	377	533	454	450 ± 40	20 ± 30
Bezafibrate	0.5	4/4	163	600	466	420 ± 90	53 ± 13
WWTP-1 Effluent							
Trimethoprim	1	25/25	134	791	448	460 ± 40	55 ± 8
Carbamazepine	1	23/25	ND/196	838	409	440 ± 30	-7 ± 20
Diclofenac	1	23/25	ND/194	749	451	425 ± 25	-21 ± 17
Sulfamethoxazole	2	25/25	116	841	403	420 ± 30	55 ± 11
Bisphenol A	2	23/25	ND/10	782	318	350 ± 50	82 ± 5
Ciprofloxacin	0.5	25/25	80	343	158	170 ± 20	57 ± 27
Norfloxacin	10	25/25	70	235	161	150 ± 10	49 ± 34
Bezafibrate	0.5	23/25	ND/49	258	140	150 ± 10	53 ± 13
Clofibrac acid	1	21/25	ND/3	360	134	130 ± 20	19 ± 9
Enrofloxacin	5	23/25	ND/85	143	115	115 ± 5	0 ± 18
WTP Intake							
Ciprofloxacin	0.5	2/4	ND/134	238	119	230 ± 160	0 ± 71
Enrofloxacin	5	3/4	ND/111	119	114	90 ± 30	-1 ± 18
Acetaminophen	2	3/4	ND/5	209	11	60 ± 50	72 ± 14
Norfloxacin	10	3/4	ND/39	80	43	40 ± 20	4 ± 2
17- α -Estradiol	5	4/4	9	39	36	30 ± 10	10 ± 8
Chlorotetracycline	10	3/4	ND/17	65	24	30 ± 10	2 ± 1
Meclocycline	10	1/4	ND/101	101	ND	30 ± 20	0 ± NA
Tetracycline	10	3/4	ND/20	57	21	30 ± 10	1 ± 1
Erythromycin	10	2/4	ND/22	50	14	20 ± 10	34 ± 40
Doxycycline	5	3/4	ND/13	38	13	20 ± 10	1 ± 0
WTP Finished Drinking Water							
Ciprofloxacin	0.5	3/4	ND/9.5	476	13	130 ± 120	0 ± 71
Enrofloxacin	5	4/4	110	128	120	120 ± 4	-1 ± 18
Norfloxacin	10	3/4	ND/37	80	41	40 ± 20	4 ± 2
Acetaminophen	2	1/4	ND/124	124	<LoD	30 ± 30	72 ± 14
Meclocycline	10	1/4	ND/101	101	<LoD	30 ± 20	0 ± NA
Chlorotetracycline	10	3/4	ND/16	65	23	30 ± 10	2 ± 1
17- α -Estradiol	5	4/4	6	38	34	30 ± 10	10 ± 8
Tetracycline	10	3/4	ND/19	58	20	30 ± 10	1 ± 1
Indomethacin	5	1/4	ND/94	94	<LoD	30 ± 20	NA
Sulfadimethoxine	1	1/4	ND/75	75	<LoD	20 ± 20	NA

(Continued.)

Table 4 | Continued

Substance	LoD (ng/L)	Detection frequency	Min ¹ (ng/L)	Max (ng/L)	Median (ng/L)	Mean (ng/L) ± Standard Error	% Removal Efficiency
WWTP-2 Influent							
Acetaminophen	2	4/4	83,500	178,750	150,625	140,000 ± 20,000	100 ± 0
Ibuprofen	0.5	4/4	14,250	56,500	22,125	29,000 ± 9,000	88 ± 4
Bisphenol A	2	4/4	2,950	43,125	12,150	18,000 ± 9,000	92 ± 4
Naproxen	2	4/4	4,775	7,763	5,400	6,000 ± 700	58 ± 8
Sulfamethoxazole	2	4/4	673	961	755	800 ± 60	-29 ± 10
Trimethoprim	1	4/4	135	1,031	706	600 ± 200	-16 ± 47
Ciprofloxacin	0.5	4/4	186	576	462	420 ± 90	52 ± 8
Diclofenac	1	4/4	243	340	313	300 ± 20	-9 ± 10
Carbamazepine	1	4/4	179	323	269	260 ± 30	-12 ± 5
Bezafibrate	0.5	4/4	226	291	243	250 ± 10	40 ± 12
WWTP-2 Effluent							
Ibuprofen	0.5	4/4	1,050	5,488	2,881	3,000 ± 1,000	88 ± 4
Naproxen	2	4/4	951	3,288	2,881	2,500 ± 500	58 ± 8
Sulfamethoxazole	2	4/4	741	1,325	993	1,000 ± 100	-29 ± 10
Bisphenol A	2	4/4	401	916	599	600 ± 100	92 ± 4
Trimethoprim	1	4/4	330	843	396	500 ± 100	-16 ± 47
Diclofenac	1	4/4	259	399	324	330 ± 30	-9 ± 10
Acetaminophen	2	3/4	ND/129	733	273	300 ± 200	100 ± 0
Carbamazepine	1	4/4	188	394	298	290 ± 50	-12 ± 5
Ciprofloxacin	0.5	4/4	117	323	176	200 ± 50	52 ± 8
Bezafibrate	0.5	4/4	72	265	143	150 ± 40	40 ± 12

¹If one or more values were non-detect both ND and the minimum detected values are reported.

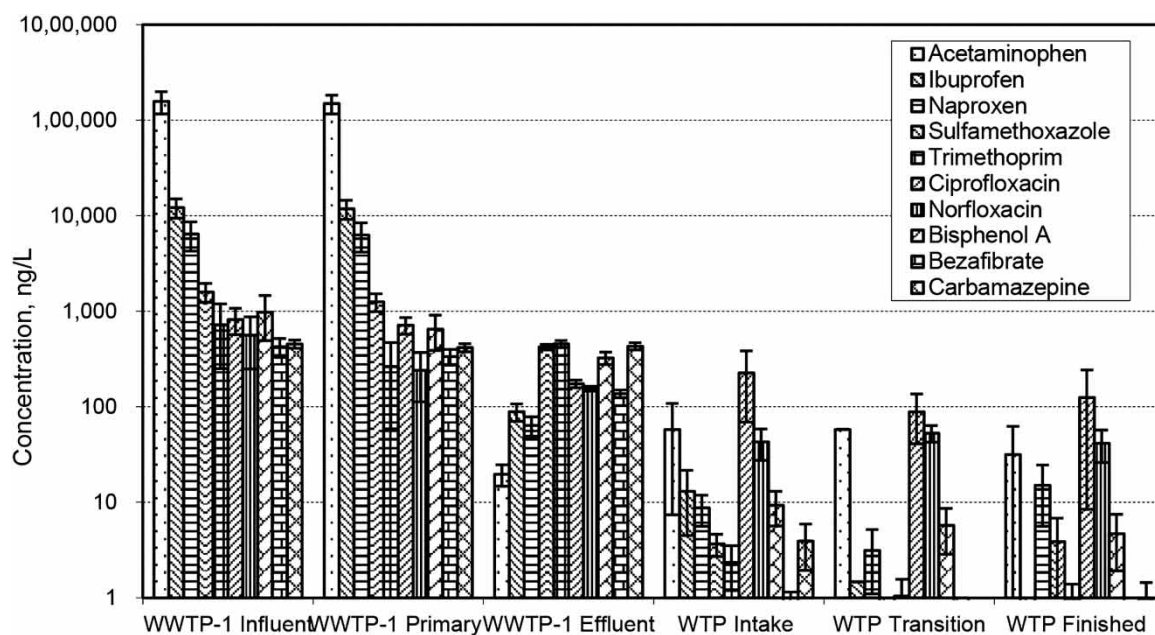


Figure 2 | Variation in concentrations of the ten commonest PPCPs/EDCs from the influent of WWTP-1 through the sampling locations to the drinking water discharge from the WTP.

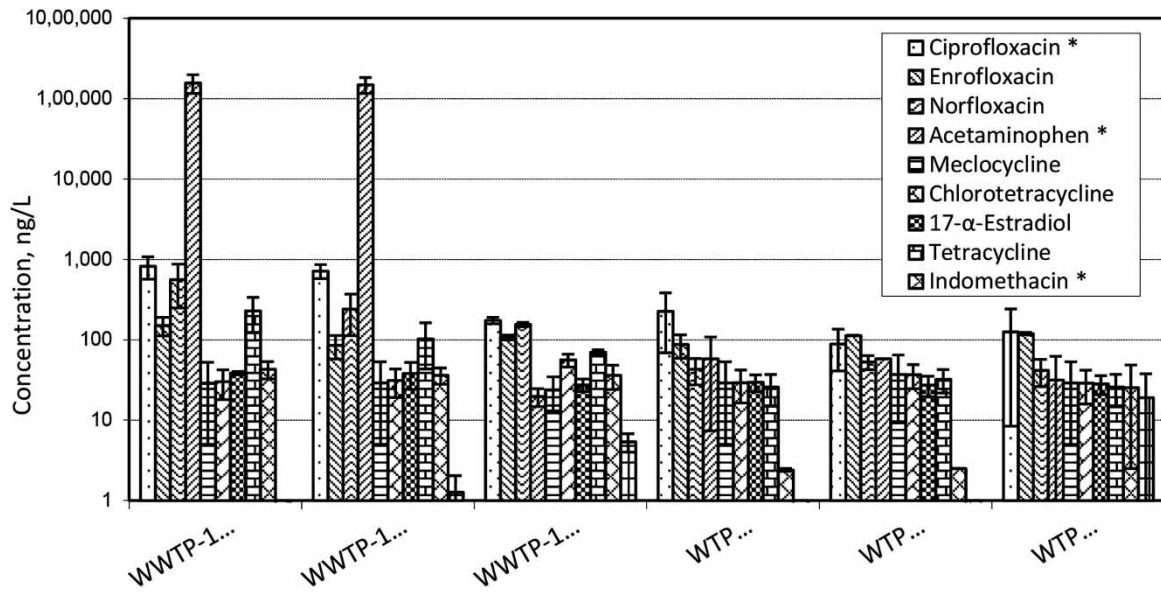


Figure 3 | History of the concentrations of the ten commonest substances detected in the finished drinking water traced back to the influent of WWTP-1.

Of the ten substances, four persisted through both wastewater and water treatment processes, with their average concentrations remaining statistically the same from the influent to the effluent of the WWTP-1 and then from the intake to the finished water in WTP. These four included enrofloxacin, chlortetracycline, 17 α -estradiol, and meclocycline. The latter had concentrations in the vicinity of its LoD. The performance of the plants in relation to these substances underlined the relative inefficiency of the treatment processes in removing or transforming certain substances at very low concentrations.

The concentrations of the ten commonest substances in the influent and effluent of WWTP-2 are shown in Figure 4. Comparison of Figures 2 and 4 indicates that nine out of ten substances were common in the influents of both WWTPs. The exceptions are norfloxacin in WWTP-1 which is replaced by diclofenac in WWTP-2. The high concentration of bisphenol A in the influent of

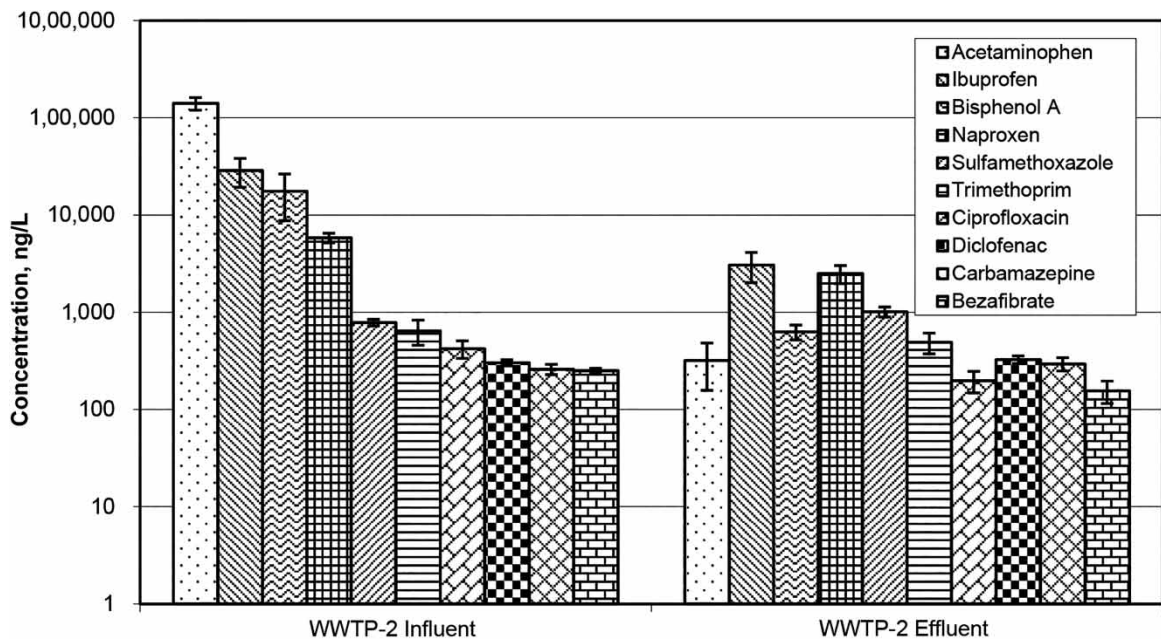


Figure 4 | Concentrations of high occurrence substances in WWTP-2.

WWTP-2 is probably due to the industrial wastewater influent to this plant. Four of the ten substances – sulfamethoxazole, trimethoprim, diclofenac, and carbamazepine – persisted through the treatment processes, with influent and effluent concentrations statistically the same.

PBDEs

Some 17 PBDE congeners were analyzed. The samples were collected monthly for 3 months. The sub-ng/L to ng/L LoDs enabled detection of all target PBDEs in all samples. Most of the PBDE congeners were present at sub-ng/L levels, much lower than the concentrations of PhACs/EDCs. The results for those with mean concentrations of 1 ng/L or above in the WWTP influents are summarized in Table 5, and Figures 5 and 6.

Table 5 also shows the Canadian Federal Environmental Quality Guideline (FEQGs) levels for the two WWTP effluents (CEPA 2013). FEQGs have been developed in Canada for certain PBDE congeners in water, fish tissue, sediments, wildlife (including birds' eggs), to assess the ecological impacts of PBDEs in the environment. Use of FEQGs is voluntary unless prescribed in permits or other regulatory tools.

Table 5 | Concentrations and removal efficiencies of the top five PBDE congeners in the WWTP influents compared with FEQG recommended levels

Congener	Influent ng/L	Primary ng/L	Effluent ng/L	Removal %	FEQG ng/L
WWTP-1					
PBDE-209	112 ± 22	42 ± 13	5 ± 1	61 ± 12	–
PBDE-99	43 ± 9	26 ± 8	2.8 ± 0.7	42 ± 12	4
PBDE-47	39 ± 8	26 ± 8	4 ± 1	36 ± 13	24
PBDE-100	8 ± 2	5 ± 1	0.7 ± 0.2	38 ± 14	0.2
PBDE-153	4 ± 1	2.4 ± 0.6	0.16 ± 0.04	40 ± 12	120
WWTP-2					
PBDE-209	63 ± 3		9 ± 4	86 ± 5	–
PBDE-99	33 ± 4		3.5 ± 0.1	89 ± 1	4
PBDE-47	31 ± 4		3.3 ± 0.4	89 ± 3	24
PBDE-100	6.5 ± 0.8		0.86 ± 0.09	86 ± 2	0.2
PBDE-153	2.7 ± 0.4		0.15 ± 0.03	94 ± 2	120

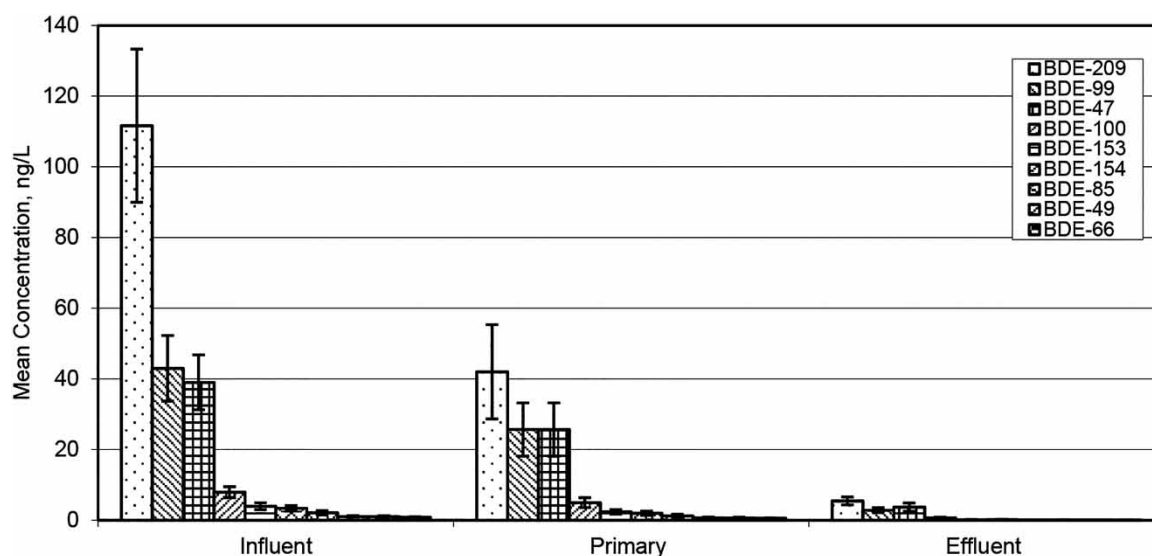


Figure 5 | Occurrence of PBDE congeners at 1 ng/L or more in the influent, and primary and final effluents of WWTP-1.

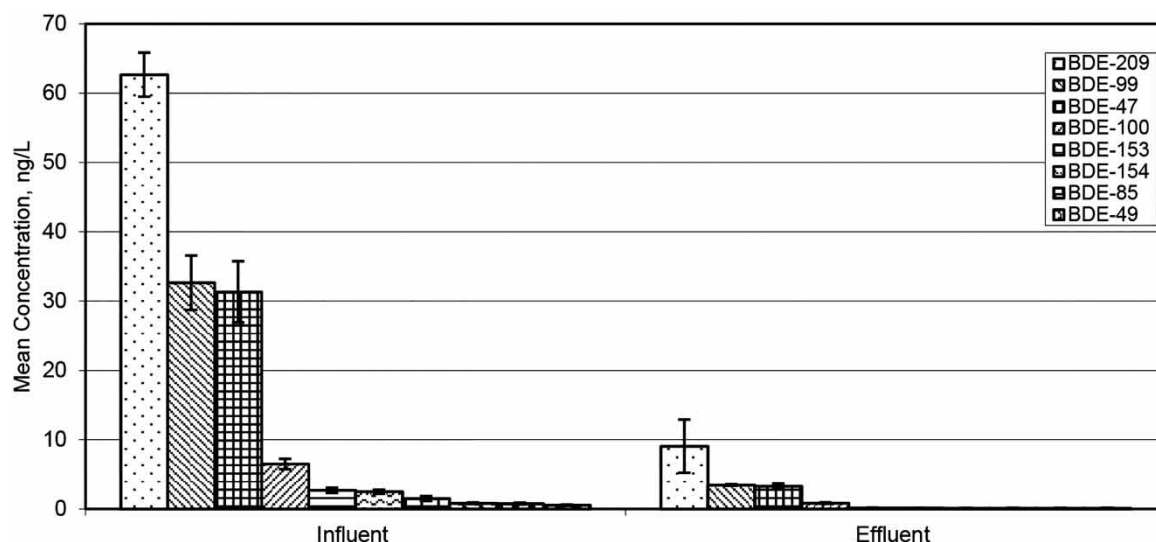


Figure 6 | Occurrence of PBDE congeners at 1 ng/L or more in the influent and final effluent of WWTP-2.

PBDE-209 (deca-brominated diphenyl ether) alone contributed ~50% to the total concentration of PBDEs in the influents of both plants, and, together with PBDE-99 and PBDE-47, comprised ~90% of all PBDEs. The primary treatment at WWTP-1 removed almost half of all influent PBDEs, while the secondary treatment effectively reduced the concentration to ~7% of the influent. The relatively high removal efficiency of the primary treatment could arise from the hydrophobic nature of these substances and their high-log K_{OW} , which increased their tendency to adsorb onto and be removed with suspended solids. PBDE-209 showed the highest removal efficiency from the primary effluent at 61%, with others in the vicinity of 40%.

The final concentrations of the target congeners in the plant effluents were in the range of sub- and a few ng/L. PBDE-100 exceeded the FEQGs values in both plants and PBDE-99 at WWTP-1. However, dilution in the Detroit River is expected to bring both concentrations below the guidelines.

Table 6 groups the target congeners according to the WWTPs' removal efficiencies. They removed approximately three quarters of the congeners at high or excellent efficiencies.

Table 6 | Summary of removal efficiencies of PBDEs in WWTP-1 and WWTP-2

No Detection	No/ - ve removal ($\leq 0\%$)	0-50% Low	50 ± 75% Moderate	75+ %-95% High	95+ % Excellent	Inconcl-usive
WWTP-1						
		PBDE-17	PBDE-126	PBDE-28	PBDE-85	
		PBDE-71		PBDE-47	PBDE-153	
		PBDE-77		PBDE-49		
				PBDE-66	PBDE-119	PBDE-183
				PBDE-99	PBDE-138	PBDE-209
				PBDE-100	PBDE-154	
WWTP-2						
		PBDE-77	PBDE-17	PBDE-47		
			PBDE-28	PBDE-49		
			PBDE-71	PBDE-66		
			PBDE-126	PBDE-85	PBDE-119	PBDE-154
				PBDE-99	PBDE-138	PBDE-183
				PBDE-100	PBDE-153	PBDE-209

Table 7 | Concentrations and LoDs of NP, NPEs, and OP at sampling point S1-2

Sampling Event	OP, ng/L		4-nonylphenol, ng/L		4-nonylphenol mono-ethoxylates, ng/L		4-nonylphenol diethoxylates, ng/L		Surrogate recovery
	LoD	Conc.	LoD	Conc.	LoD	Conc.	LoD	Conc.	
1	1.3	ND	5.36	282	4.67	51.9	10.2	60.3	76.4%
2	1.77	ND	7.97	268	7.18	72.2	8.86	110	73.8%
3	1.82	16.1	5.92	225	8.27	28.5	15.2	74.0	77.0%
Mean ± SE	NA		258 ± 17		51 ± 13		81 ± 15		

Alkylphenols and alkylphenol ethoxylates

The group included OP, 4-nonylphenol, 4-nonylphenol mono-ethoxylates, and 4-nonylphenol diethoxylates. The two ethoxylates include different isomers. Also, $^{13}\text{C}_6$ -4-n-nonylphenol was used as an isotope-labelled surrogate.

Three sets of monthly samples, collected at S1-2, were analyzed for these substances, and the results are reported in Table 7. The most prevalent substance was 4-nonylphenol, contributing approximately 2/3 of the total content of NPEs. Because samples were not collected at S1-0, the plant's removal efficiency for NPEs is unknown.

SUMMARY AND CONCLUSIONS

TrOC occurrences were studied over 4 months at two WWTPs and one WTP in Windsor, Ontario, Canada. The concentration reduction efficiencies of the existing treatment processes in reducing TrOC concentrations were estimated.

Three analgesics – acetaminophen, ibuprofen, and naproxen – were predominant among the 47 PhACs/EDCs studied. Bisphenol A was also detected at quite high concentrations in WWTP-2, which treats mixed industrial and residential wastewaters. Large proportions of these four chemical species were removed in treatment. The removal efficiencies for most other PhACs/EDCs were low.

Thus, although the WWTPs are not designed to remove PhACs/EDCs, a number of them are removed together with other contaminants.

The concentrations of PhACs/EDCs at the WTP intake were low and, sometimes, close to their LoDs. This made calculation of plant removal efficiencies inaccurate.

Three pharmaceuticals – enrofloxacin, chlorotetracycline, and 17- α estradiol – persisted through both the water and wastewater treatment processes. That is, their concentrations at the influent of the WWTP-1 were statistically similar to that at the effluent, and the concentrations at the intake of the WTP were statistically similar to those in the finished drinking water.

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