

Risk assessment of uranium in drinking water in Hisar district of Haryana, India

Vikas Duggal, Samriti Sharma and Amandeep Singh

ABSTRACT

The present study highlights uranium concentrations, associated health risks and physico-chemical properties of groundwater samples collected from the Hisar district of Haryana State, India. We found that uranium concentrations in 21 out of 68 (30.9%) samples exceeded the WHO provisional guideline value of $30 \mu\text{g L}^{-1}$. The annual effective doses were estimated for different life stage groups. The highest dose was calculated for infants. From a radiological perspective, the mean cancer mortality risk and cancer morbidity risk were found to be 4.7×10^{-5} and 7.3×10^{-5} , respectively, which are lower than the permissible limit of 1.67×10^{-4} as prescribed by the Atomic Energy Regulatory Board, India. The lifetime average daily dose (LADD) of uranium ranged from 0.03 to $7.83 \mu\text{g kg}^{-1} \text{day}^{-1}$. Approximately 23.5% of the samples showed significant chemical toxicity risk. A positive correlation between uranium and total dissolved solids (TDS) was observed.

Key words | annual effective dose, chemical toxicity, groundwater, radiological risk, uranium

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HIGHLIGHTS

- We report uranium concentrations in 68 groundwater samples collected from the Hisar district of Haryana, India.
- Uranium concentrations in 31% of the samples exceeded the WHO provisional guideline value of $30 \mu\text{g L}^{-1}$.
- The infants have received relatively high mean annual effective doses compared to the other age groups.
- Approximately 23.5% of the samples showed $\text{HQ} > 1$, indicating chemical toxicity risk.

INTRODUCTION

Uranium is a naturally occurring radioactive element that is commonly present in groundwater. Studies show that the contribution of ingested uranium through food products accounts for 15%, whereas drinking water contributes to 85% of the ingested uranium. Hence, the health risk due to consumption of uranium-containing groundwater poses a greater risk compared to other causes (Cothorn & Lappenbusch 1983; Rani *et al.* 2013; Adithya *et al.* 2019). Uranium concentration in groundwater depends on several factors, including lithological, geomorphologic and other

geological conditions of the area. Uranium concentration can also result from human activities such as mining, combustion of coal and other fuels, the use of phosphate fertilizers, and nuclear power production (Kumar *et al.* 2016; Duggal *et al.* 2017).

Although uranium present in the environment, although it has no known positive metabolic functions and is regarded as a non-essential component, when accumulated in humans, it results in chemical and radioactive effects in the form of various health hazards (Sharma *et al.* 2019;

Duggal *et al.* 2020). Most of the inhaled and ingested uranium is not absorbed and leaves the body in the feces. Absorbed uranium leaves the body in the urine. Some inhaled uranium can stay in the lungs for a long time. The uranium that is absorbed is deposited throughout the body; the highest levels are found in the bones, liver, and kidneys. Sixty-six percent of the uranium in the body is found in bones. It can remain in the bones for a long time; the half-life of uranium in bones is 70–200 days. Most of the uranium that is not in the bones leaves the body in 1–2 weeks (ATSDR 2013).

Physicochemical parameters (pH, total dissolved solids (TDS) and electrical conductivity (EC)) of groundwater are important in the sense that these parameters can provide important first hand in-situ information about the suitability of water for drinking purposes. TDS comprise inorganic salts (principally calcium, magnesium, sodium and

potassium cations and carbonate, bicarbonate, chloride, sulphate and nitrate anions) and small amounts of organic matter that are dissolved in water. TDS in groundwater originate from natural sources, sewage, urban and agricultural run-off and industrial wastewater. pH is an another important monitoring parameter to assess the health of aquatic ecosystem, irrigation sources and discharges, livestock, drinking water sources, industrial discharges and intakes (Kumar *et al.* 2011; Bajwa *et al.* 2017).

There is a wide range of opinions on uranium standards, guidelines and health goals both nationally and internationally (Table 1). A review of the literature reveals that data on the concentration of uranium in groundwater is broadly available for many states of India, but no such study has been carried out earlier in the Hisar district of Haryana. This study aims to understand the uranium distribution in groundwater and compare the observed concentrations

Table 1 | Standards and guidelines for uranium in drinking water

Country/Bodies	Value ($\mu\text{g L}^{-1}$)	Reference
Atomic Energy Regulatory Board, India	RBL 60	AERB (2004)
Australia	GV 17	NHMRC (2011)
Bulgaria	ML 60	European Food Safety Authority (2009)
Canada	MAC 20	Health Canada (2019)
European Union	ML Not specified	European Union Council Directive (2013)
Finland	RV 100	European Food Safety Authority (2009)
Germany	Limit 10	Bundesministerium für Gesundheit (2011)
Indonesia	ML 15	Peraturan Menteri Kesehatan Republik Indonesia (2010)
Japan	TV 2	Japan Ministerial Ordinance Concerning Drinking-water Quality Standards (2010)
Malaysia	MAV 2	Ministry of Health Malaysia (2004)
New Zealand	MAV 20	Ministry of Health New Zealand (2008)
Oman	ML 15	Omani Standard (2012)
Peru	MPL 15	Ministerio de Salud Lima-Perú (2011)
Singapore	MPQ 15	Environmental Public Health Regulations Singapore (2008)
Slovenia	ML 6.8	European Food Safety Authority (2009)
South Africa	GV 15	South African National Standard (2011)
The Russian Federation	MAC 100	The Russian Federation (2003)
Uganda	ML 15	Uganda Standard (2008)
United States Environmental Protection Agency	MCL 30	USEPA (2011)
World Health Organization	PGV 30	WHO (2011)

RBL, Radiological based limit; GV, Guideline value; ML, Maximum limit; MAC, Most acceptable concentration; RV, Recommended value; TV, Target value; MAV, Maximum acceptable value; MPL, Maximum permissible limit; MPQ, Maximum prescribed quantity; MCL, Maximum contaminant level; PGV, Provisional guideline value.

with drinking water quality guidelines/standards, to compute age-dependent annual effective doses (AEDs) and to determine radiological and chemical toxicity risks to humans due to ingestion of uranium in drinking water. The physicochemical parameters were also quantified to measure the groundwater quality and to find the correlation, if any, with the determined uranium concentrations.

GEOLOGY OF STUDY AREA

Haryana State is situated in North India. Hisar is the west central most district of Haryana State with a total geographical area of 3,860 km² and lies between the north latitudes 28°56'00" to 29°38'30" and east longitudes

75°21'12" to 76°18'12". Figure 1 shows the geographic location of the Hisar district on the map of Haryana as well as the location of the sampling sites. The area forms a part of the Indo-Gangetic plain. The geological formations met within the district comprise unconsolidated alluvial deposits of quaternary age. The area falls in the Yamuna sub-basin of the Ganga Basin. The area is irrigated by shallow tube wells, the network of Bhakra canal systems and western Yamuna canal system. Groundwater occurs in the alluvium under a water table and is semi-confined to confined conditions. The district is divided into two geographic regions, that is, upland plain and sand dune clusters. The soils of the area are of three types: arid brown solonized, sierozem and desert soils. The study region is bounded by the Fatehabad district in the north, Hanumangarh district of

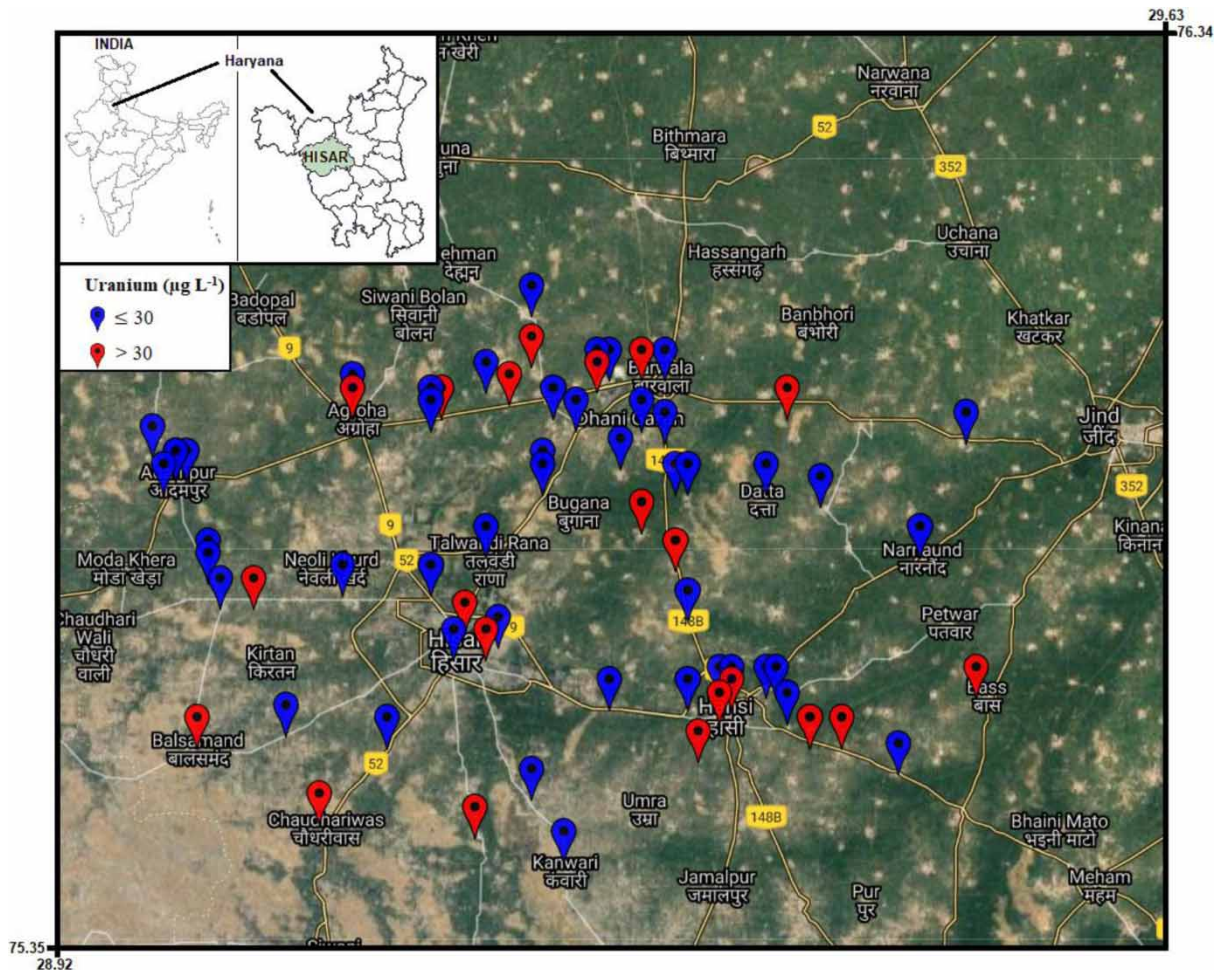


Figure 1 | Map showing the sample locations in the Hisar district of Haryana.

Rajasthan in the west, Jind district in the east, and Bhiwani and Rohtak districts of Haryana in the south and southeast, respectively (CGWB Hisar 2017; Sharma *et al.* 2017).

MATERIALS AND METHODS

Sample collection and physicochemical parameters

A total of 68 water samples were collected from the Hisar district of Haryana (Figure 1). The sources of water comprise bore wells, electric motors, tube wells and hand pumps. Sampling sites were chosen where water is continuously used for human consumption as well as animals and in crop production. The sampling sites were also chosen in such a manner that the study area is uniformly represented. The position of each sampling site was determined by using portable global positioning system (GPS). The water freshness was maintained by pumping out enough water for about 10 min before sampling. Before collection, the water samples were filtered using 0.45 µm Whatman filter paper to remove suspended matter/sediments and then stored in pre-cleaned acid-washed polyethylene bottles until analysis. Physico-chemical parameters such as pH, TDS, and EC in groundwater samples were determined *in situ* using a portable microcontroller water analysis kit NPC 362D. The instrument was calibrated using standard solutions that bracketed the expected values.

Instrumentation

The LED fluorimeter model LF-2a developed by Quantalase Enterprises Private Limited, Indore, India, was used for the analysis of uranium in drinking water. The instrument has lower and upper detection limits of 0.5 µg L⁻¹ and 1,000 µg L⁻¹, respectively, with an accuracy of ±10%. The instrument consists primarily of three components: light-emitting diodes (LEDs) as a source of excitation, a sample section, and a photomultiplier tube (PMT) as a detector (Figure S1 in the Supplementary Material). The LED source emits ultraviolet radiation with wavelength 400 nm carrying 20 µJ energy and pulse duration of 20 µs at a repetition rate of 1,000 pulses per second excites the uranyl ions present in the water sample placed in the sample

section. On de-excitation, green fluorescence emitted by uranyl ions is measured by sensitive PMT.

Sodium pyrophosphate (Na₄P₂O₇·10H₂O) solution (5%) was prepared in double-distilled water and its pH was adjusted to 7 by dropwise addition of orthophosphoric acid. This solution acts as a fluorescence-enhancing reagent. To give an estimate the concentration of uranium in a given sample, the instrument takes an average of 1,280 pulses. After every five samples, blank measurements are repeated to arrest memory effects and contamination. Details about the calibration of the instrument, analytical method, and quality control are given elsewhere (Kumar *et al.* 2016; Prasad *et al.* 2019). The concentration of uranium was estimated using the following equations (Sharma *et al.* 2019):

$$\text{Calibration factor (CF)} = \frac{\text{Uranium concentration in standard solution}}{\text{Fluorescence of standard} - \text{fluorescence of water}} \quad (1)$$

$$\begin{aligned} \text{Uranium concentration in unknown sample} = \\ \text{CF} \times (\text{Fluorescence from sample} - \text{fluorescence from water}) \end{aligned} \quad (2)$$

Age-dependent dose assessment

The uranium activity concentration was determined using a unit conversion factor of 1 µg L⁻¹ = 0.02528 Bq L⁻¹ (Sahoo *et al.* 2010; Rani *et al.* 2013). The annual effective dose for different age groups from ingestion of uranium in water was determined as (Bronzovic & Marovic 2005):

$$\text{Ingestion dose (Sv y}^{-1}\text{)} = U_a \times \text{DWI} \times \text{DCF} \times 365 \quad (3)$$

where U_a is the uranium activity concentration (Bq L⁻¹), DWI is the age-dependent daily water intake (L day⁻¹) prescribed by the Institute of Medicine of the National Academies (2005) and DCF is the dose conversion factor for specific age groups (Sv Bq⁻¹) given by the International Atomic Energy Agency (IAEA 2011).

Potential health risk assessment

The permissible limit for uranium in drinking water, as prescribed by various countries and environmental protection

organizations, is very different. Therefore, it is better to compare the quality of groundwater on the basis of radiological and chemical toxicity caused by ingestion of uranium containing groundwater in the human body than to assess its suitability on the basis of its absolute concentration (Shin et al. 2016; Duggal et al. 2017; Sharma et al. 2019).

Radiological toxicity risk assessment

Radiological toxicity risk is expressed in terms of excess cancer risk (ECR), which was evaluated by multiplying the uranium activity concentration (U_a) ($Bq L^{-1}$) and risk factor (RF) ($L Bq^{-1}$) (USEPA 2000).

$$ECR = U_a \times RF \quad (4)$$

The risk factor (RF) was determined as follows:

$$RF (L Bq^{-1}) = RC \times IRW \times ED \quad (5)$$

where RC = uranium risk coefficient (Bq^{-1}), IRW = water ingestion rate ($2 L day^{-1}$) (WHO 2011) and ED = exposure duration (70 years), i.e. $70 \times 365 = 25,550$ days (WHO 2011; Rani et al. 2013). According to the USEPA (1999), the mortality and morbidity cancer risk coefficients of $1.13 \times 10^{-9} Bq^{-1}$ and $1.73 \times 10^{-9} Bq^{-1}$, respectively, have been used for the estimation of cancer mortality risk and cancer morbidity risk of uranium over lifetime consumption of groundwater.

Chemical toxicity risk assessment

The chemical toxicity risk from exposure to uranium is quantified in terms of the lifetime average daily dose (LADD) and hazard quotient (HQ). LADD is defined as the quantity of uranium ingested per kilogram of body weight per day and was evaluated using the following equation (USEPA 2000; WHO 2011; Shin et al. 2016; Duggal et al. 2017).

$$LADD (\mu g kg^{-1} day^{-1}) = \frac{U \times IRW \times EF \times ED}{AT \times BW} \quad (6)$$

where U = uranium concentration in water ($\mu g L^{-1}$), IRW = water ingestion rate ($2 L day^{-1}$) (WHO 2011), EF = exposure frequency ($365 days year^{-1}$) (Ali et al. 2019), ED = exposure

duration (70 years) (Rani et al. 2013), AT = average time (25,550 days) and BW = body weight (70 kg for the Indian standard person) (USEPA 2011; Duggal et al. 2017; Duggal & Rani 2018).

The HQ was calculated using the following equation:

$$HQ = \frac{LADD}{RfD} \quad (7)$$

where RfD = reference dose. Its value is $1.0 \mu g kg^{-1} day^{-1}$ (WHO 2011). If HQ is found to be less than unity, then no adverse health effects are expected due to the exposure of uranium.

RESULTS AND DISCUSSION

Uranium distribution in groundwater

Table 2 presents the summary statistics of uranium concentrations ($\mu g L^{-1}$) in groundwater. The uranium concentrations varied from 1.2 to $274 \mu g L^{-1}$ with a mean value of $32.5 \mu g L^{-1}$ and a median of $16.5 \mu g L^{-1}$, and approximately 30.9% of the samples exceeded the WHO (2011) provisional guideline level (PGV) of $30 \mu g L^{-1}$ (Table S1 in the Supplementary Material). The standard deviation value is higher than the mean and median values, indicating that uranium concentrations are spread out over a wider range (Table 2). When comparing the mean and median values of uranium concentrations, it is observed that the data are not symmetrically distributed. It is a right-skewed distribution, as the mean value is approximately twice the median value. The kurtosis and skewness values are of a positive type. The data are highly skewed, which may be attributed to the variation in the geological formation of the study region. The measured uranium concentrations in groundwater follow a lognormal distribution. According to the literature survey, usually, the environmental samples and radioactive sampled data follow a lognormal distribution (Limpert et al. 2001).

The alluvium aquifers of the study region are composed of sand, clay and kankar and these aquifers are semi-confined, similar to the other alluvium aquifers in Northwest India, such as Punjab and Rajasthan (Bonsor et al. 2017).

Table 2 | Summary statistics of uranium concentrations ($\mu\text{g L}^{-1}$) in groundwater

Statistics	Uranium ($\mu\text{g L}^{-1}$)	pH	TDS (mg L^{-1})	EC ($\mu\text{S cm}^{-1}$)
N	68	68	68	68
Arithmetic mean	32.5	8.0	2,309	4,477
Median	16.5	8.0	1,605	2,975
Standard deviation	44.9	0.3	2,212	4,327
Maximum	274	9.2	13,150	26,200
Minimum	1.2	7.4	181	359
Mode	10	8.0	2,770	5,560
Standard error	5.4	0.04	268	525
Sample variance	2,013	0.09	4,893,549	18,721,339
Geometric mean	17.3	8.0	1,475	2,872
GSD	3.12	1.36	2.78	2.74
Skewness	3.2	0.59	2.2	2.31
Kurtosis	13	2.3	7.7	8.6
Sample numbers and proportion above the GV/PGV/AL/PL/MPL	21 (30.9%) samples exceeded the WHO PGV ($30 \mu\text{g L}^{-1}$)	Only one sample exceeded BIS and WHO AL (6.5–8.5)	57 (83.8%) samples exceeded BIS AL (500 mg L^{-1}) and 30 (44%) samples exceeded BIS PL ($2,000 \text{ mg L}^{-1}$)	57 (83.8%) samples exceeded Water Act MPL ($1,000 \mu\text{S cm}^{-1}$)

TDS, Total dissolved solids; EC, Electrical conductivity; BIS, Bureau of Indian Standards; WHO, World Health Organization; GV, Guideline value; PGV, Provisional guideline value; AL, Acceptable limit; MPL, Maximum permissible limit; PL, Permissible limit.

Many studies (Rani *et al.* 2013; Duggal *et al.* 2017; Mittal *et al.* 2017; Pant *et al.* 2017; Saini *et al.* 2018) have reported uranium concentrations above $30 \mu\text{g L}^{-1}$ in the states of Punjab and Rajasthan, which are associated primarily with alluvial aquifers. The findings of these studies are consistent with our results, which find high uranium concentrations in groundwater from alluvial aquifers. Mann *et al.* (2018) reported high activity concentrations of ^{226}Ra , ^{232}Th and ^{40}K in soil samples collected from the Sirsa, Fatehabad, Hisar and Bhiwani districts of Haryana.

Comparison of uranium concentrations with other studies

The observed concentrations were also compared with the worldwide literature (Table 3). The uranium concentrations in water samples from Canada, Sweden, Saudi Arabia and Northern Rajasthan; India are comparable with the present study. However, the uranium concentrations are higher in the drinking water of SW Punjab; India, NE Portugal and USA, whereas the uranium concentrations in Australia, Switzerland, Bangladesh, Mongolia, Korea, Kosovo,

Jammu and Kashmir, Himachal Pradesh, Uttarakhand, Haryana, Uttar Pradesh, Bihar, Jharkhand, West Bengal, Chhattisgarh, Odisha, Maharashtra, Karnataka, Tamilnadu, and Kerala states of India are lower than the concentrations found in the present study.

Correlation between uranium and physicochemical parameters

The physicochemical parameters (pH, TDS and EC) of the groundwater samples are reported in Table 2 and Table S1. The groundwater of the study area is alkaline in nature. The acceptable limit for pH as prescribed by the Bureau of Indian Standards (BIS 2012) and WHO (2011) is 6.5–8.5. Only one water sample had a pH value above 8.5. The WHO (2011) has suggested that water pH has no direct impact on consumers. Activity increases the capacity of water to attack geological materials and leach toxic metals into the water, making it potentially harmful for human consumption. The TDS values in groundwater for whole of the studied area ranged from 181 to $13,150 \text{ mg L}^{-1}$ with an average value of $2,309 \text{ mg L}^{-1}$. Approximately 84% of the samples had TDS

Table 3 | Uranium concentrations in groundwater sources worldwide

Sr. No.	Region	Uranium concentration ($\mu\text{g L}^{-1}$)		Reference
		Range	Mean	
1	USA	1.8–7,780	620	Orloff <i>et al.</i> (2004)
2	Canada	<1–845	–	Zamora <i>et al.</i> (2009)
3	Australia	0.05–160	2.1	Landstetter & Katzlberger (2009)
4	Switzerland	0.05–92.02	–	Stalder <i>et al.</i> (2012)
5	Bangladesh	<0.2–10	2.5	Frisbie <i>et al.</i> (2009)
6	Mongolia	<0.01–57	4.6	Nriagu <i>et al.</i> (2012)
7	Kosovo	0.012–166	5	Berisha & Goessler (2013)
8	Korea	0–3,610	8.0	Shin <i>et al.</i> (2016)
9	NE Portugal	8.2–3,483	617.8	Costa <i>et al.</i> (2017)
10	Sweden	<0.20–470	–	Seldén <i>et al.</i> (2009)
11	Saudi Arabia	<0.8–90.8	32.4	Shabana & Kinsara (2014)
12	Jammu and Kashmir, India	0.18–20.81	4.72	Kumar <i>et al.</i> (2016)
13	Himachal Pradesh, India	0.12–19.43	2.57	Kaur & Mehra (2019)
14	Garhwal Himalayan, Uttarakhand, India	0.02–63.7	7	Prasad <i>et al.</i> (2019)
15	Southwest Punjab, India	0.13–676	76.27	Saini <i>et al.</i> (2018)
16	Northern Rajasthan, India	2.54–133	38.48	Rani <i>et al.</i> (2013)
17	Haryana, India	1.07–40.25	17.91	Panghal <i>et al.</i> (2017)
18	Eastern Uttar Pradesh, India	11–63.33	–	Meher <i>et al.</i> (2015)
19	South Bihar, India	0.1–238.2	12.3	Kumar <i>et al.</i> (2018)
20	Jaduguda, Jharkhand, India	0.03–11.6	–	Patra <i>et al.</i> (2013)
21	West Bengal, India	<0.01–13.9	1.5	Rahman <i>et al.</i> (2015)
22	Balod, Chhattisgarh, India	0.56–78.93	–	Sar <i>et al.</i> (2018)
23	Ganjam, Odisha, India	<0.2–13.6	4.3	Mohapatra <i>et al.</i> (2015)
24	Mumbai, Maharashtra, India	1.1–10.6	4.8	Sahu <i>et al.</i> (2014)
25	Bangalore, Karnataka, India	0.2–770.1	–	Nagaiah <i>et al.</i> (2013)
26	Nalgonda, Andhra Pradesh, India	0.2–68	18.5	Brindha <i>et al.</i> (2011)
27	Central Tamilnadu, India	0.79–71.93	–	Adithya <i>et al.</i> (2019)
28	South Coast districts, Kerala, India	0.31–4.92	–	Byju <i>et al.</i> (2012)
29	Hisar district, Haryana	1.2–274	32.5	Present study

values above the acceptable limit of 500 mg L^{-1} and 44% samples exceeded the permissible limit of $2,000 \text{ mg L}^{-1}$ recommended by BIS (2012). High concentration of TDS in the groundwater samples may be attributed to the dissolution or mineralization of organic and inorganic contents in aquifers. Residents of the study area are mostly illiterate farmers, who use this high TDS groundwater for irrigation and for domestic consumption without prior treatment. EC values varied from 359 to $26,200 \mu\text{S cm}^{-1}$ with a mean value of $4,477 \mu\text{S cm}^{-1}$.

Approximately 84% of the samples had EC values above the maximum permissible limit of $1,000 \mu\text{S cm}^{-1}$ recommended by the Water Act (1956).

In the present study, no correlation was observed between uranium and pH. A positive correlation was observed between uranium and TDS, indicating that the mobility of uranium in the groundwater was very much influenced and controlled by TDS (Figure 2). Due to high TDS in groundwater, solubility of uranium increases. All the groundwater samples followed

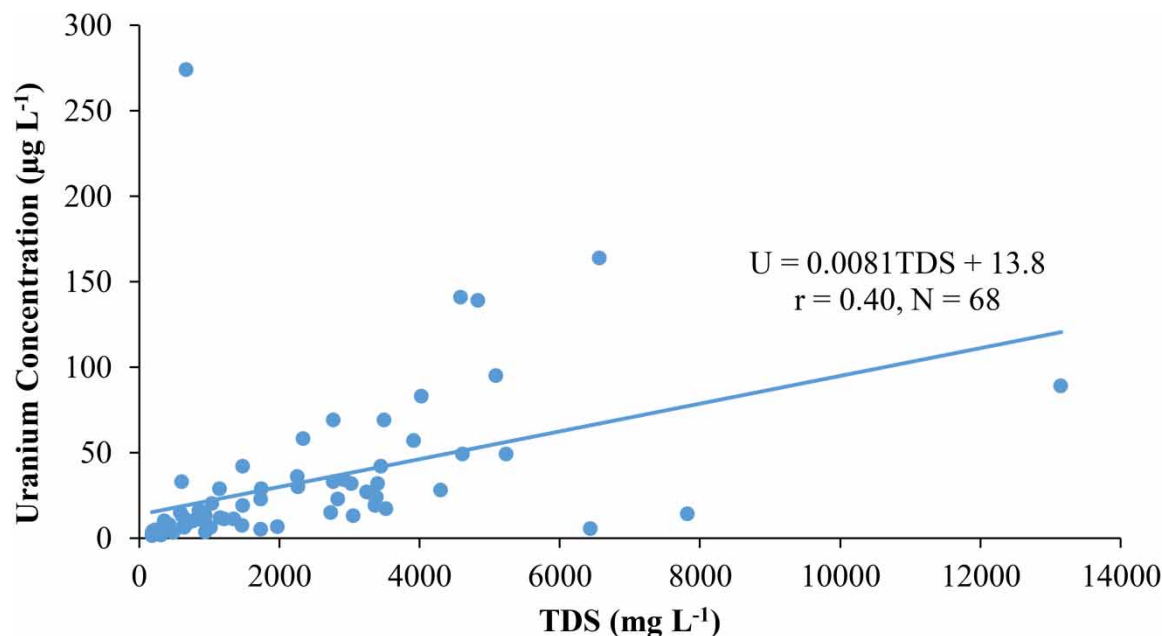


Figure 2 | Dependencies between uranium and TDS for the Hisar district. N denotes the number of correlated pairs and r the correlation coefficient.

the general rule; the higher the TDS (or EC), higher the radioactivity (Ortega *et al.* 1996; Singh *et al.* 2003; Kumar *et al.* 2011; Duggal *et al.* 2017).

Groundwater samples were collected from different depths ranging from 20 to 200 feet. No correlation was observed between uranium concentration and depth of the groundwater.

Age-dependent annual effective dose (AED)

The estimated AED due to intake of uranium through drinking water for various age groups varied from 1.3 to 688 $\mu\text{Sv y}^{-1}$, with an average value of 54 $\mu\text{Sv y}^{-1}$ (Table 4). The large variations in the annual effective dose are due to the wide range of uranium concentrations in the investigated

Table 4 | Age-dependent annual effective doses ($\mu\text{Sv y}^{-1}$) due to daily consumption of uranium through drinking water

Life stage group	Age group	DWI (L day ⁻¹)	Annual effective dose ($\mu\text{Sv y}^{-1}$)				Number of samples exceeded the WHO & EU Council RDL
			Range	Mean	SD	Median	
Infants	0–6 months	0.7	2.6–602	71	99	36	13
	7–12 months	0.8	3.0–688	82	113	41	15
Children	1–3 y	1.3	1.7–395	47	65	24	7
	4–8 y	1.7	1.5–344	41	56	21	7
Males	9–13 y	2.4	1.8–413	49	68	25	9
	14–18 y	3.3	2.4–559	66	92	34	11
	Adults	3.7	1.8–421	50	69	25	9
Females	9–13 y	2.1	1.6–361	43	59	22	7
	14–18 y	2.3	1.7–390	46	64	23	7
	Adults	2.7	1.3–307	36	50	18	5
Pregnancy	14–18 y	3.0	2.2–509	60	83	31	11
	19–50 y	3.0	1.5–342	41	56	21	7
Lactation	14–18 y	3.8	2.8–644	76	105	39	13
	19–50 y	3.8	1.9–433	51	71	26	9

DWI, Daily water intake; SD, Standard deviation.

groundwater samples. The calculated annual effective dose values for different age groups follow a lognormal distribution. The WHO (2011) guidelines (fourth edition) and the European Union Council Directive (2013) prescribed the measurement of reference dose level (RDL) of the AED received from drinking water ingestion at $100 \mu\text{Sv y}^{-1}$. This RDL is $\sim 4.2\%$ of the average AED of 2.4 mSv y^{-1} from natural background radiation (UNSCEAR 2008; WHO 2011). Even though infants consume less water than other age groups, the AED is significantly higher in infants than in other age groups because of the differences in infants' metabolism and smaller organ weights, resulting in higher doses for many radionuclides (Duggal et al. 2017). The AED is slightly higher for the 7–12 months age group of infants as compared to 0–6 months due to higher annual water intake. Due to the lower water ingestion rate, all the age groups of females receive lower AEDs as compared to males. The higher AEDs during the lactation and pregnancy periods may be attributed to the need for more water in those periods.

Radiological toxicity risk

The cancer mortality and morbidity risks as evaluated for the people who consume this water for drinking purposes is presented in Table 5. Mortality indicates the incidence of fatal cancers and morbidity indicates the incidence of total cancers (fatal and non-fatal). The cancer mortality

Table 5 | Cancer mortality risk, cancer morbidity risk, LADD and other statistical parameters for groundwater samples

Statistical parameters	Cancer mortality risk (10^{-5})	Cancer morbidity risk (10^{-5})	LADD ($\mu\text{g kg}^{-1} \text{ day}^{-1}$)
Mean	4.7	7.3	0.93
Median	2.4	3.7	0.47
Minimum	0.18	0.27	0.03
Maximum	40	61	7.83
SD	6.6	10	1.28
Q ₂₅	1.2	1.8	0.23
Q ₇₅	4.9	7.4	0.95
P ₁₀	0.64	0.98	0.13
P ₉₀	10.7	16.4	2.09

SD, Standard deviation; Q₂₅, 1st quartile; Q₇₅, 3rd quartile; P₁₀, 10th percentile; P₉₀, 90th percentile; LADD, lifetime average daily dose.

and morbidity risks ranged from 0.18×10^{-5} to 40×10^{-5} and 0.27×10^{-5} to 61×10^{-5} with average values of 4.7×10^{-5} and 7.3×10^{-5} , respectively. The estimated mean values of cancer mortality and morbidity risks were lower than the permissible limit of 1.67×10^{-4} as prescribed by AERB (2004). Some studies have reported 10^{-3} as the acceptable level for radiological risk (Tran et al. 2000; Kim et al. 2004). The cancer mortality risk from four locations (Dhani Raju H-6, Hansi H-17, Agroha H-53 and Balak H-67) exceeded the recommended permissible limit (Table S2 in the Supplementary Material). On the basis of maximum uranium concentrations, it can be concluded that due to continuous exposure to uranium through consumption of groundwater, there could be the occurrence of 40 cancer cases per one lakh of population. The values of cancer mortality risk are comparable to those reported in Northern Rajasthan, India (3.7×10^{-6} to 2.5×10^{-4}) by Duggal et al. (2017), Uttarakhand State, India (5.04×10^{-8} to 1.79×10^{-4}) by Prasad et al. (2019), Punjab State, India (1.34×10^{-6} to 1.80×10^{-3}) by Saini et al. (2016), Sonapat district, Haryana (2.60×10^{-5} to 4.39×10^{-4}) and Panipat district, Haryana (4.2×10^{-5} to 3.49×10^{-4}) by Daulta et al. (2018).

Chemical toxicity risk

The lifetime average daily dose (LADD) of uranium due to ingestion of groundwater varied from 0.03 to $7.83 \mu\text{g kg}^{-1} \text{ day}^{-1}$ and the HQ accordingly has the same numerical values because RfD is unity (WHO 2011) (Table 5). Approximately 23.5% of the samples showed a hazard quotient greater than unity (Table S2 in the Supplementary Material), indicating a significant risk due to the chemical toxicity of uranium. Therefore, periodic monitoring and management are needed for these areas. The LADD observed in the present study is comparable to those reported in Northern Rajasthan, India (0.07 to $4.89 \mu\text{g kg}^{-1} \text{ day}^{-1}$) by Duggal et al. (2017), Uttarakhand State, India (0.001 to $3.69 \mu\text{g kg}^{-1} \text{ day}^{-1}$) by Prasad et al. (2019), Jammu district, Jammu & Kashmir, India (0.01 to $1.52 \mu\text{g kg}^{-1} \text{ day}^{-1}$) by Kumar et al. (2016), Sonapat district, Haryana (0.616 to $10.383 \mu\text{g kg}^{-1} \text{ day}^{-1}$) and Panipat district, Haryana (0.998 to $8.259 \mu\text{g kg}^{-1} \text{ day}^{-1}$) by Daulta et al. (2018).

CONCLUSIONS

- The results show that 30.9% of the samples exceeded the WHO PGV.
- Due to high TDS in groundwater of the study region, solubility of uranium increases.
- The mean AEDs for all age groups were well below the recommended RDL of $100 \mu\text{Sv y}^{-1}$. The infants have received relatively high mean AEDs compared to other age groups.
- The mean values of cancer mortality risk and cancer morbidity risk were well below the AERB's permissible limit.
- Approximately 23.5% of the samples showed $\text{HQ} > 1$, indicating chemical toxicity due to the presence of uranium in groundwater, therefore, unsuitable for drinking.
- Remedial action is required at sampling sites with a high concentration of uranium.

CONFLICTS OF INTEREST

The authors declare that they do not have any conflict of interest.

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DATA AVAILABILITY STATEMENT

All relevant data are included in the paper or its Supplementary Information.

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