GOVERNMENT OF INDIA
MINISTRY OF JAL SHAKTI
DEPARTMENT OF DRINKING WATER AND SANITATION

RAJYA SABHA
STARRED QUESTION NO. 187
TO BE ANSWERED ON 21/03/2022

SOLUTION OF ARSENIC CONTAMINATION IN DRINKING WATER

*187. SHRI NEERAJ SHEKHAR:

Will the Minister of JAL SHAKTI be pleased to state:

(a) whether Government has identified any permanent solution for arsenic contamination in drinking water;

(b) if so, the details thereof;

(c) if not, whether Government proposes to set up a captive Research & Development wing under the Ministry of Jal Shakti to cope with arsenic contamination in ground and drinking water in view of the large number of population being affected by arsenic contamination in drinking water;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

ANSWER

THE MINISTER OF STATE FOR JAL SHAKTI
(SHRI PRAHLAD SINGH PATEL)

(a) to (e) A Statement of reply is laid on the Table of the House.

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Statement referred to in the reply to Rajya Sabha Starred Question No. 187 due for reply on 21.03.2022

(a) to (e) Arsenic contamination in ground water is understood to be of geogenic origin, resulting from release of Arsenic from soil/aquifer material under conditions conducive to its dissolution from solid phase to liquid phase.

To make provision of potable tap water supply in adequate quantity, of prescribed quality and on regular & long-term basis to every rural household by 2024, since August, 2019, Government of India in partnership with States, is implementing Jal Jeevan Mission (JJM) – Har Ghar Jal including quality-affected habitations. Under JJM, while allocating the funds to States/ UTs, 10% weightage is given to the population residing in habitations affected by chemical contaminants.

Since, planning, implementation and commissioning of piped water supply scheme based on a safe water source takes time, purely as an interim measure, States/ UTs have been advised to install community water purification plants (CWPPs) especially in Arsenic and Fluoride affected habitations to provide potable water to every household at the rate of 8–10 litre per capita per day (lpcd) to meet their drinking and cooking requirements. As reported by States, out of 1,657 rural habitations with Arsenic contamination beyond permissible limit in drinking water sources, CWPPs have been installed in 489 habitations.

Under Jal Jeevan Mission, States/ UTs have been advised to plan schemes of bulk water transfer from long distance in villages with water quality issues and non-availability of suitable surface water source in nearby areas.

Under Jal Jeevan Mission, as per existing guidelines, IS:10500 is to be adopted for ensuring safe drinking water supply and States/ UTs have been advised to carry out testing of drinking water sources once in year for chemical and physical parameters, and twice in a year for bacteriological parameters. To enable States/ UTs to test water samples for water quality, and for sample collection, reporting, monitoring and surveillance of drinking water sources, an online JJM – Water Quality Management Information System (WQMIS) portal has been developed. The State–wise details of water quality test reported through WQMIS is available in public domain on JJM Dashboard and can also be accessed at:

https://neer.icmr.org.in/website/main.php

To encourage water quality testing to ensure potable drinking water supply, States/ UTs have been advised to open water quality testing laboratories to general public at a nominal rate for testing of their water samples.

National Centre for Drinking Water, Sanitation and Quality (NCDWSQ) has been set up at Kolkata, West Bengal with the aim, inter *alia,* to work in the area of identification, mitigation and management of drinking water quality related problems in India, with a focus, among other contaminants, on Arsenic and Fluoride to cater to both rural and urban water supply.

The main objectives of the Centre include providing policy advice, technical guidance, training and capacity building; generating knowledge through cutting-edge research; evaluate impact of emerging treatment technologies using state-of-the-art R&D laboratory infrastructure; promoting academic growth through customized academic programs.

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