

Monochloroacetic acid

Chlorinated acetic acids are formed from organic material during water chlorination.

Guideline value	0.02 mg/l (20 µg/l)
Occurrence	Present in surface water–derived drinking-water at concentrations up to 82 µg/l (mean 2.1 µg/l)
TDI	3.5 µg/kg body weight, based on a LOAEL of 3.5 mg/kg body weight per day from a study in which increased absolute and relative spleen weights were observed in male rats exposed to monochloroacetic acid in drinking-water for 2 years, using an uncertainty factor of 1000 (100 for interspecies and intraspecies variation and 10 for use of a minimal LOAEL instead of a NOAEL and database deficiencies, including the lack of a multigeneration reproductive toxicity study)
Limit of detection	2 µg/l by GC with ECD; 5 µg/l by GC-MS
Treatment performance	No information available
Guideline value derivation	
• allocation to water	20% of TDI
• weight	60 kg adult
• consumption	2 litres/day
Assessment date	2003
Principal reference	WHO (2004) <i>Monochloroacetic acid in drinking-water</i>

No evidence of carcinogenicity of monochloroacetate was found in 2-year gavage bioassays with rats and mice. Monochloroacetate has given mixed results in a limited number of mutagenicity assays and has been negative for clastogenicity in genotoxicity studies. IARC has not classified the carcinogenicity of monochloroacetic acid.

Monochlorobenzene

Releases of monochlorobenzene (MCB) to the environment are thought to be mainly due to volatilization losses associated with its use as a solvent in pesticide formulations, as a degreasing agent and from other industrial applications. MCB has been detected in surface water, groundwater and drinking-water; mean concentrations were less than 1 µg/l in some potable water sources (maximum 5 µg/l) in Canada. The major source of human exposure is probably air.

Reason for not establishing a guideline value	Occurs in drinking-water at concentrations well below those of health concern, and health-based value would far exceed lowest reported taste and odour threshold
Assessment date	2003
Principal reference	WHO (2004) <i>Monochlorobenzene in drinking-water</i>

MCB is of low acute toxicity. Oral exposure to high doses of MCB results in effects mainly on the liver, kidneys and haematopoietic system. There is limited evidence of