



Cr(VI) Measurements: Feasibility, Fate, and Stability

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Recent Issues Concerning Cr(VI) Measurement

- State of California proposal for Cr(VI) regulatory limit from 0.05 $\mu\text{g/L}$ to 0.02 $\mu\text{g/L}$ in drinking water
 - Requires MDLs in 0.002 – 0.004 $\mu\text{g/L}$
- Recent study finds Cr(VI) in numerous municipal water sources
- No recent studies on Cr(VI) stability
 - Particularly in “naturally occurring matrices”

Analytical Method†

- HPLC – reversed phase, ion-pairing
 - Column: Brownlee C8
 - Column Oven 35 °C
 - Mobile Phase:
 - 2mM tetrabutylammonium hydroxide (TBAOH) + 0.5mM K₂EDTA, pH = 7.4 – 7.6
 - EDTA converts Cr(III) to anionic EDTA-Cr(III)
 - 5% MeOH added on-line
 - Autosampler 10 °C
 - Samples: Diluted minimally 1:1 in mobile-phase, 50 µL injection
- DRC-ICP-MS
 - Reaction gas: N₂ or NH₃
 - Sample Introduction:
 - Baffled quartz cyclonic spray chamber
 - Meinhard TQ-30-A3 nebulizer



The use of company, trade, and/or product names is for identification purposes only and does not imply endorsement by the United States Government.

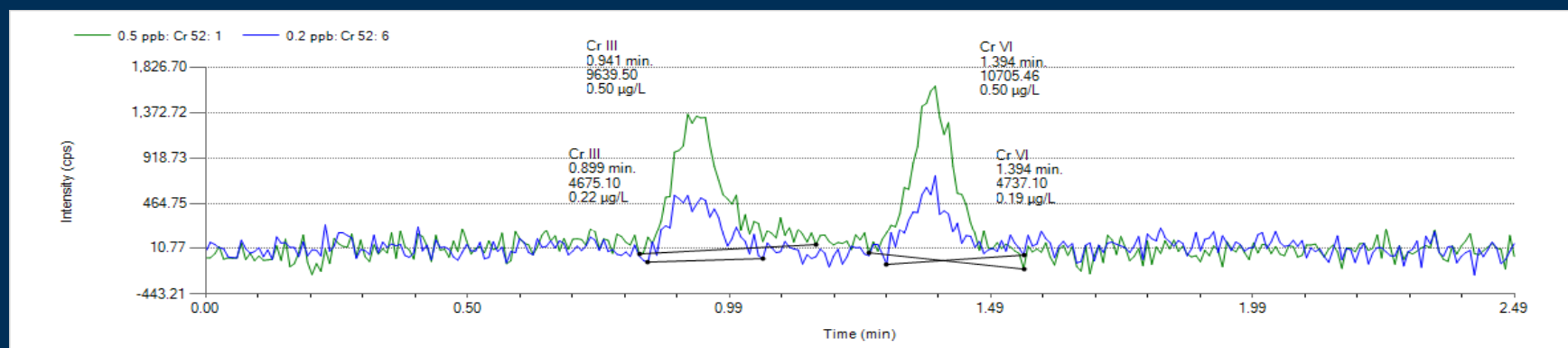


† Complete description in J. Anal. At. Spectrom., 2007, 22, 1051-1060

* Stated column working range to pH=7; however, have run up to pH=8 without significant column life issues

Analytical Figures of Merit:

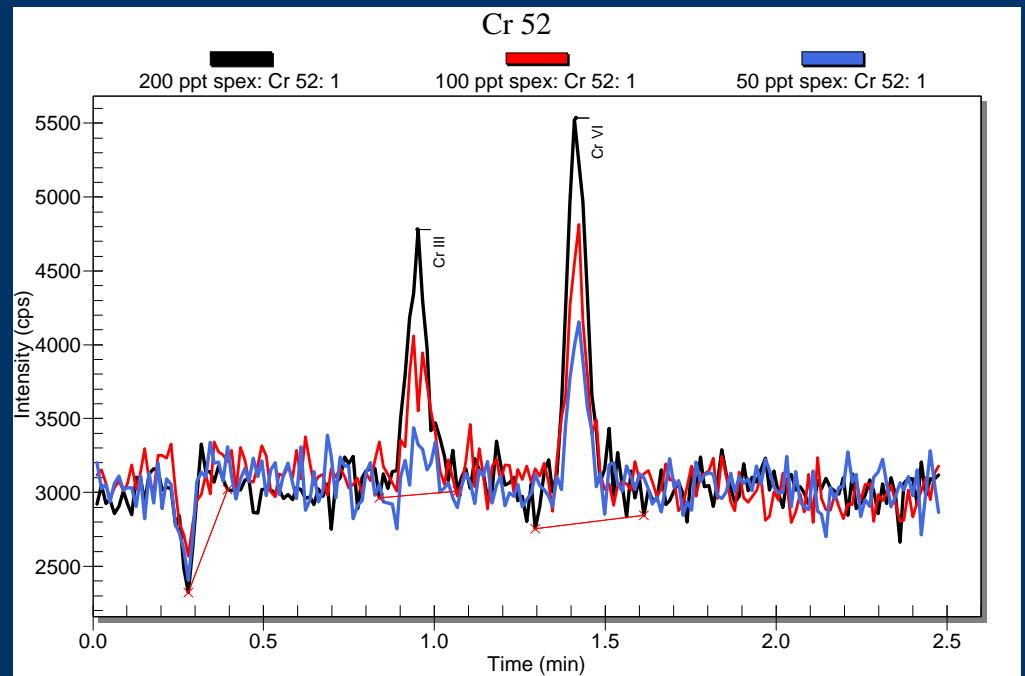
Parameter	NH ₃ Reaction Gas Flow 0.75, RPq=0.65		N ₂ Reaction Gas Flow 1.0, RPq=0.50	
	Cr(III)	Cr(VI)	Cr(III)	Cr(VI)
Instrument Detection Limit (IDL), µg/L	0.09	0.06	0.1	0.1
Practical Quantitation Limit (PQL), µg/L	0.2	0.2	0.2	0.2



Chromatogram showing low calibration standard at 0.5 µg/L and standard at PQL of 0.2 µg/L
Using 50 µL injection volume

Method Modifications to Improve IDLs

- Use NH_3 Reaction Gas
- Investigate use of larger injection volume
- Careful optimization of instrument parameters

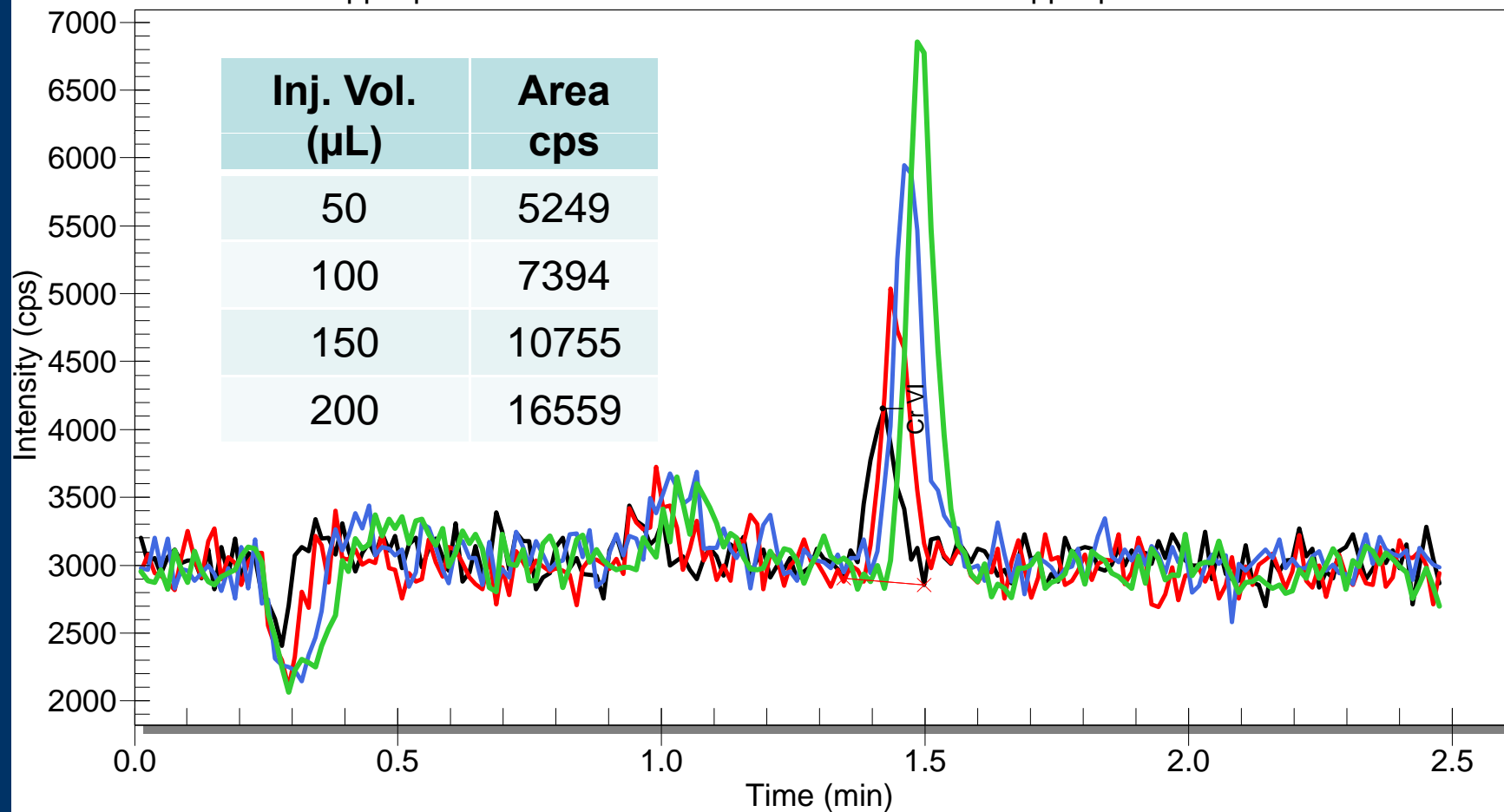


50 ppt at different injection volumes

Cr 52

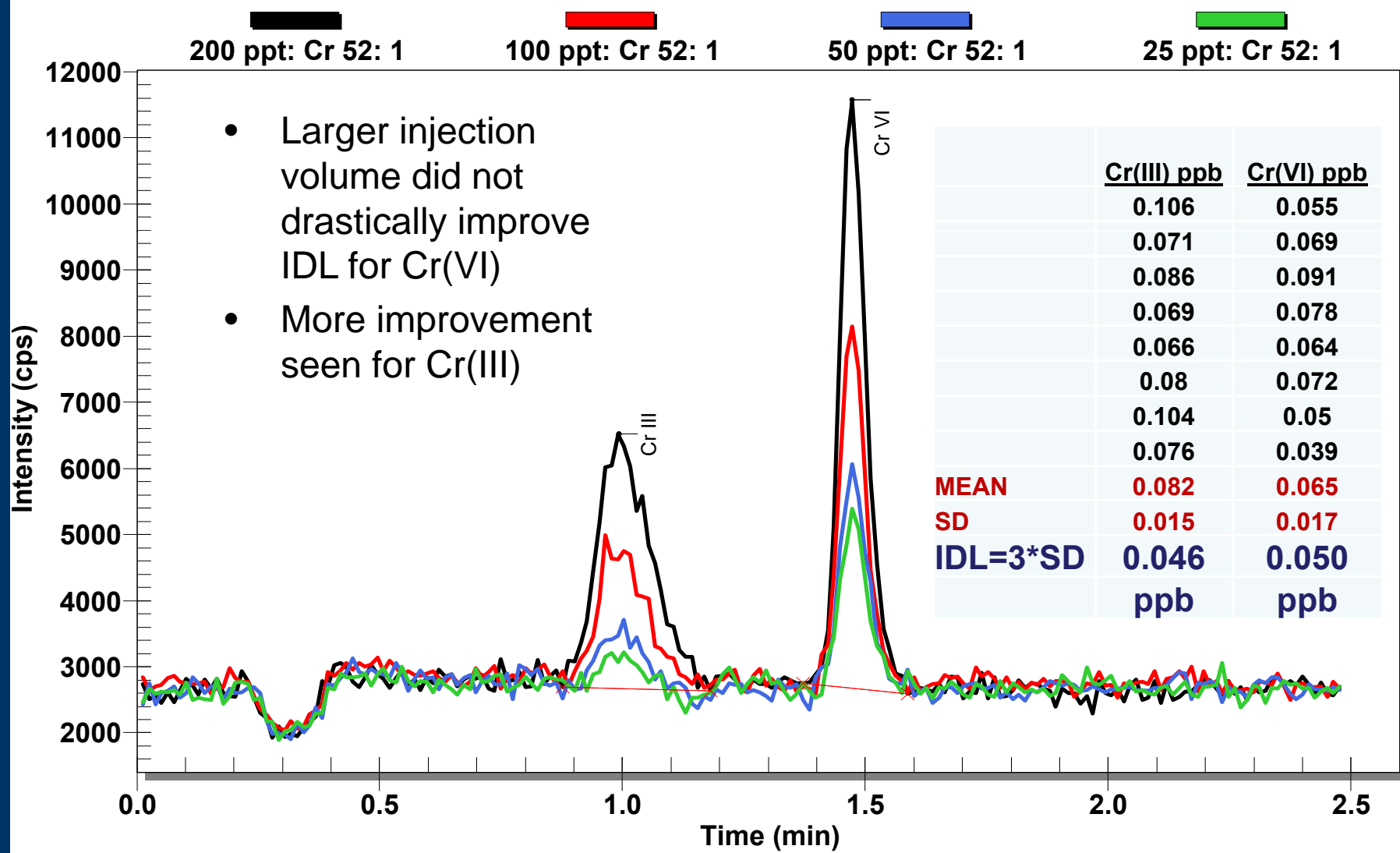
50 ppt spex: Cr 52: 1
50 ppt spex 150: Cr 52: 1

50 ppt spex 100: Cr 52: 1
50 ppt spex 200: Cr 52: 1



IDL Determination – 200µL injections

Cr 52

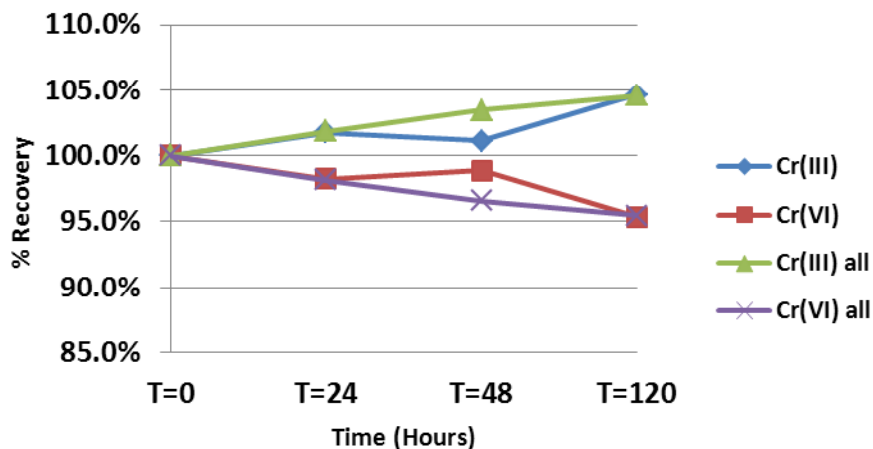


- Larger injection volume did not drastically improve IDL for Cr(VI)
- More improvement seen for Cr(III)

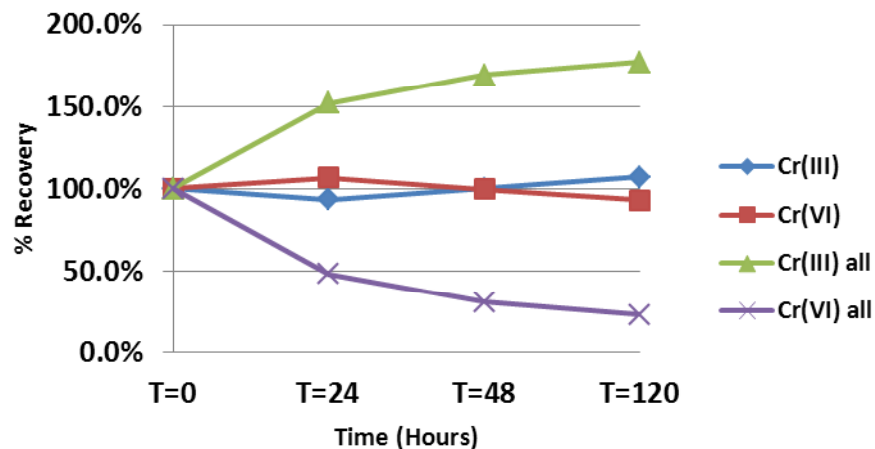
Stability of Cr(III) and Cr(VI)

- Cr(VI) standards stable in mobile phase at 10 °C
- Storage at -21 °C detrimental if other species are present
 - As(III), As(V), Se(IV), Se(VI)
 - Reduction of Cr(VI) to Cr(III)

Chromium Stability in Mobile Phase at 10 °C



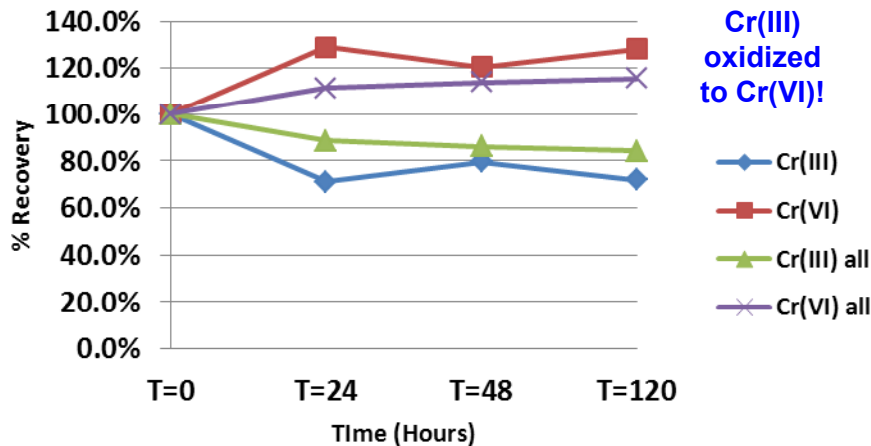
Chromium Stability in Mobile Phase at -21 °C



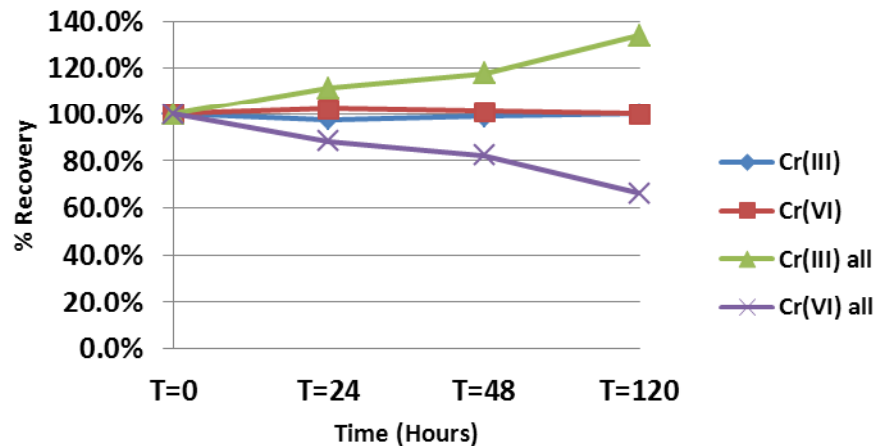
Stability of Cr(III) and Cr(VI)

- Standards spiked into USGS reference water M-172 showed varying stability
 - Elapsed time in hours from t=0 to t=120
 - M-172 preserved with NaOCl – causes oxidation of Cr(VI)!
- Addition of 10 mM K₂EDTA preservative (E-172) showed limited improvement if As and Se species present
 - Eliminates oxidation of Cr(III) to Cr(VI)
 - More info in Analytical & Bioanalytical Chemistry, in press
 - <http://dx.doi.org/10.1007/s00216-011-5275-x>

Chromium Stability in M-172 at 10 °C



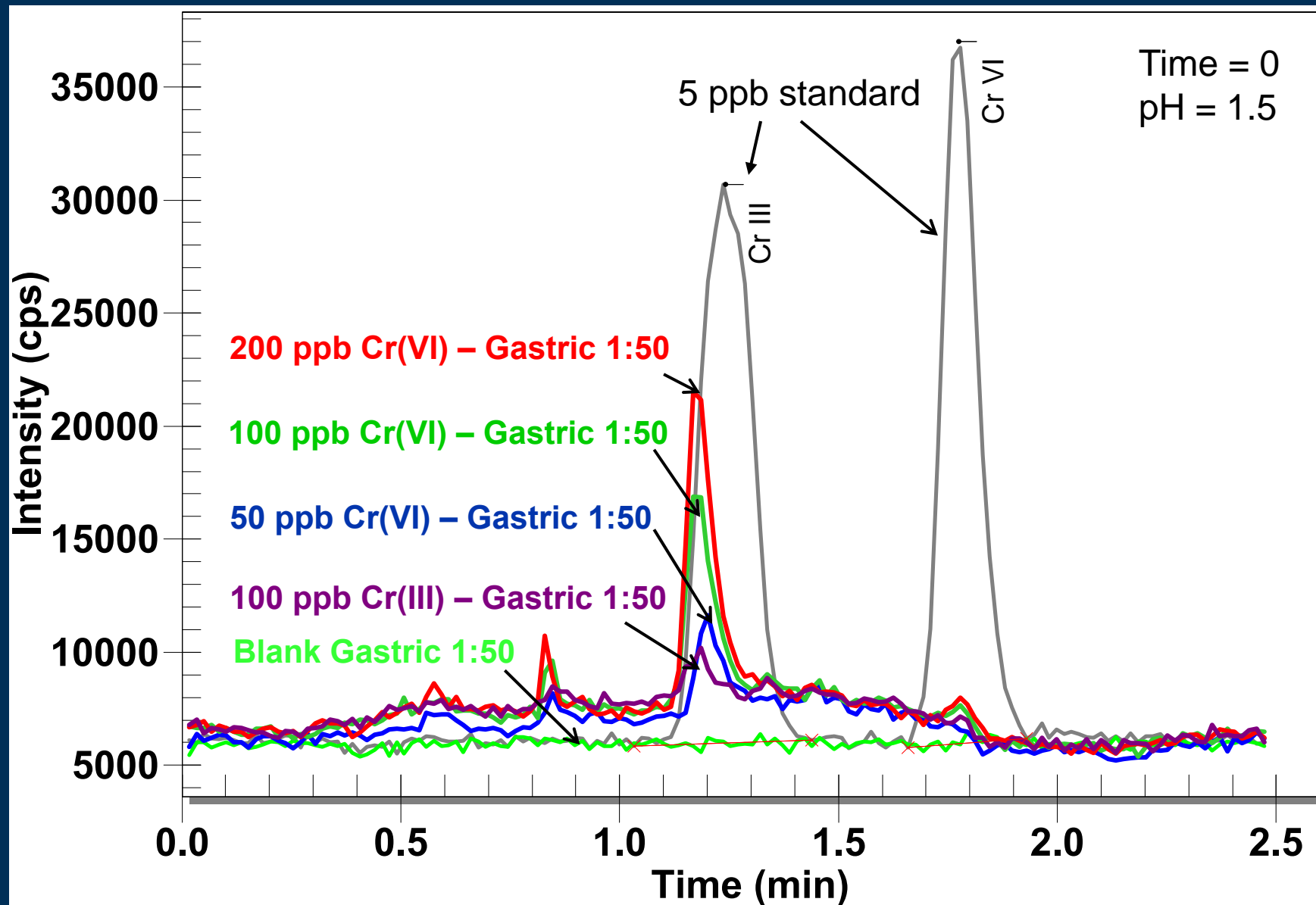
Chromium Stability in E-172 at 10 °C



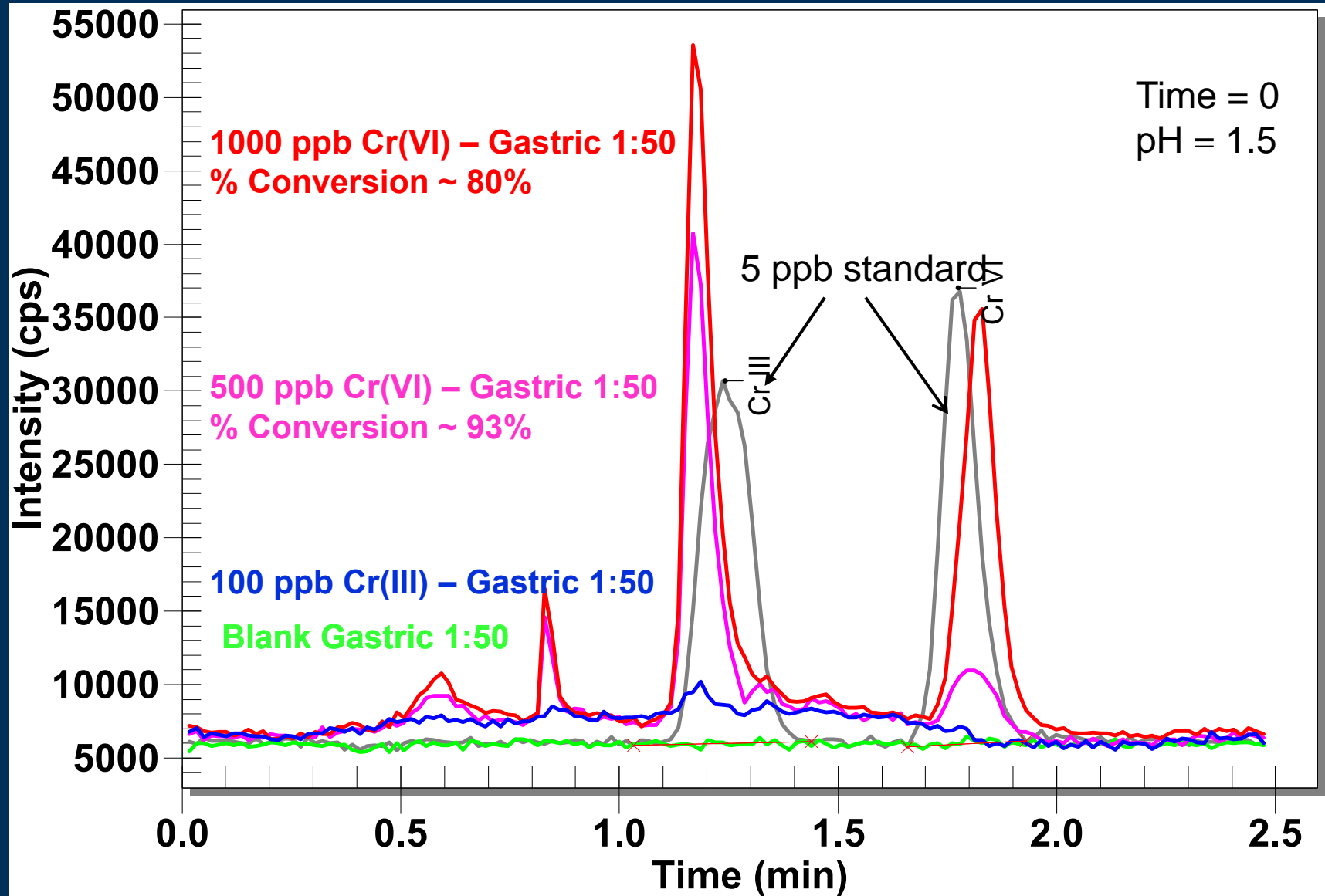
In Vitro Bioaccessibility Methods - Cr(VI) Stability in the Human Body

- Ingestion Pathway
 - Simulated gastric leach fluid (based on Drexler and Brattin, 2007)
 - pH 1-2 glycine/HCl solution to simulate stomach environment
 - 1 part solid sample to 100 parts leachate fluid, placed in orbital shaker incubator at 37 °C for 1 hour, filtered and analyzed for pH and metals
 - Simulated intestinal fluid (modified from Basta, 2007)
 - Gastric leach fluid titrated to a pH of 5.5 ± 0.1 with Na_2CO_3 prior to addition of porcine pancreatin and bile
- Inhalation Pathway
 - Simulated lung fluid (SLF) (based on Mattson, 1994)
 - Simple proxy for a near neutral pH solution encountered along an inhalation pathway
 - 1 part solid sample to 100 parts SLF for 24 hours at 37 °C

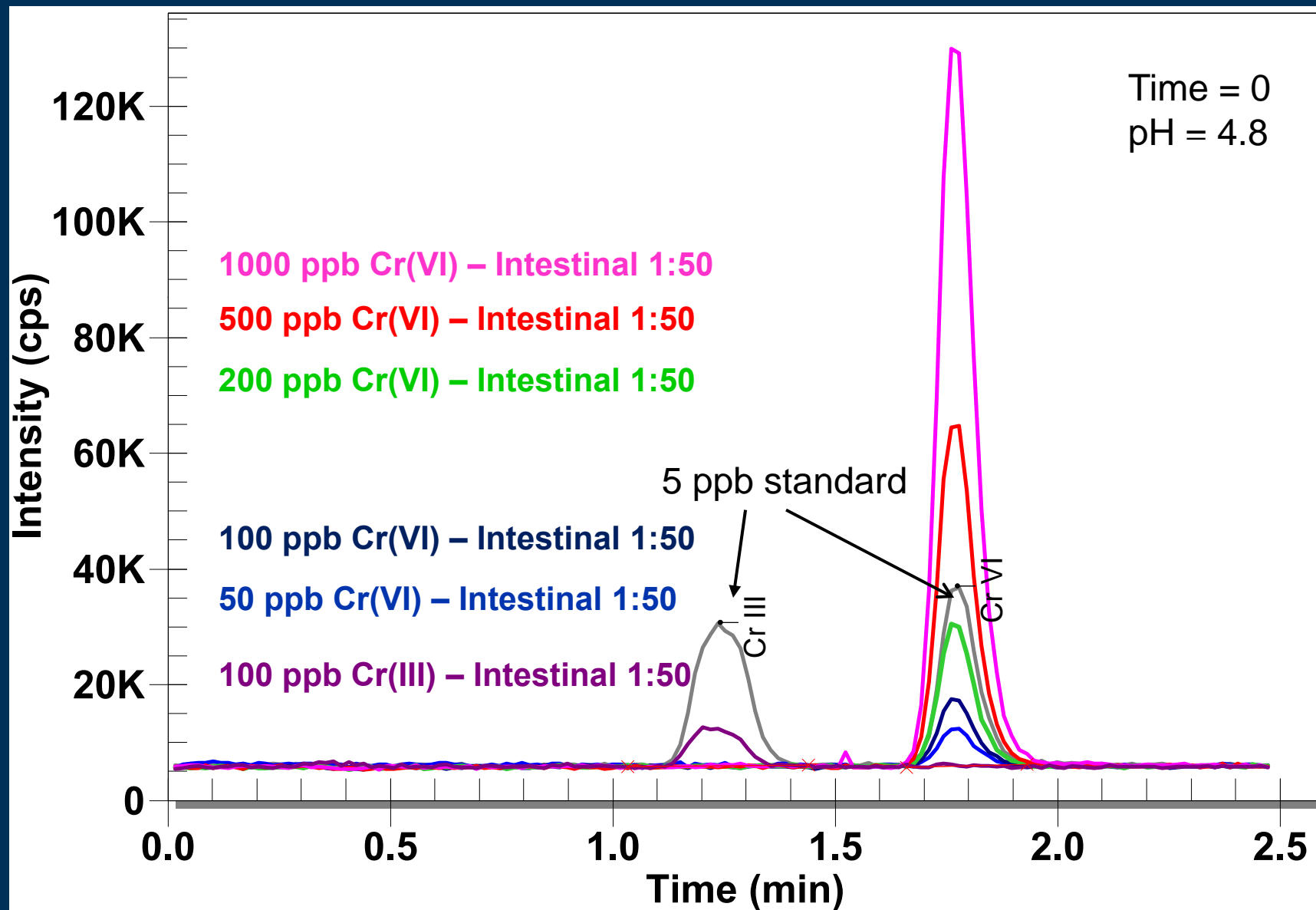
Gastric Fluid: Converts Cr(VI) to Cr(III) ≤ 200 ppb



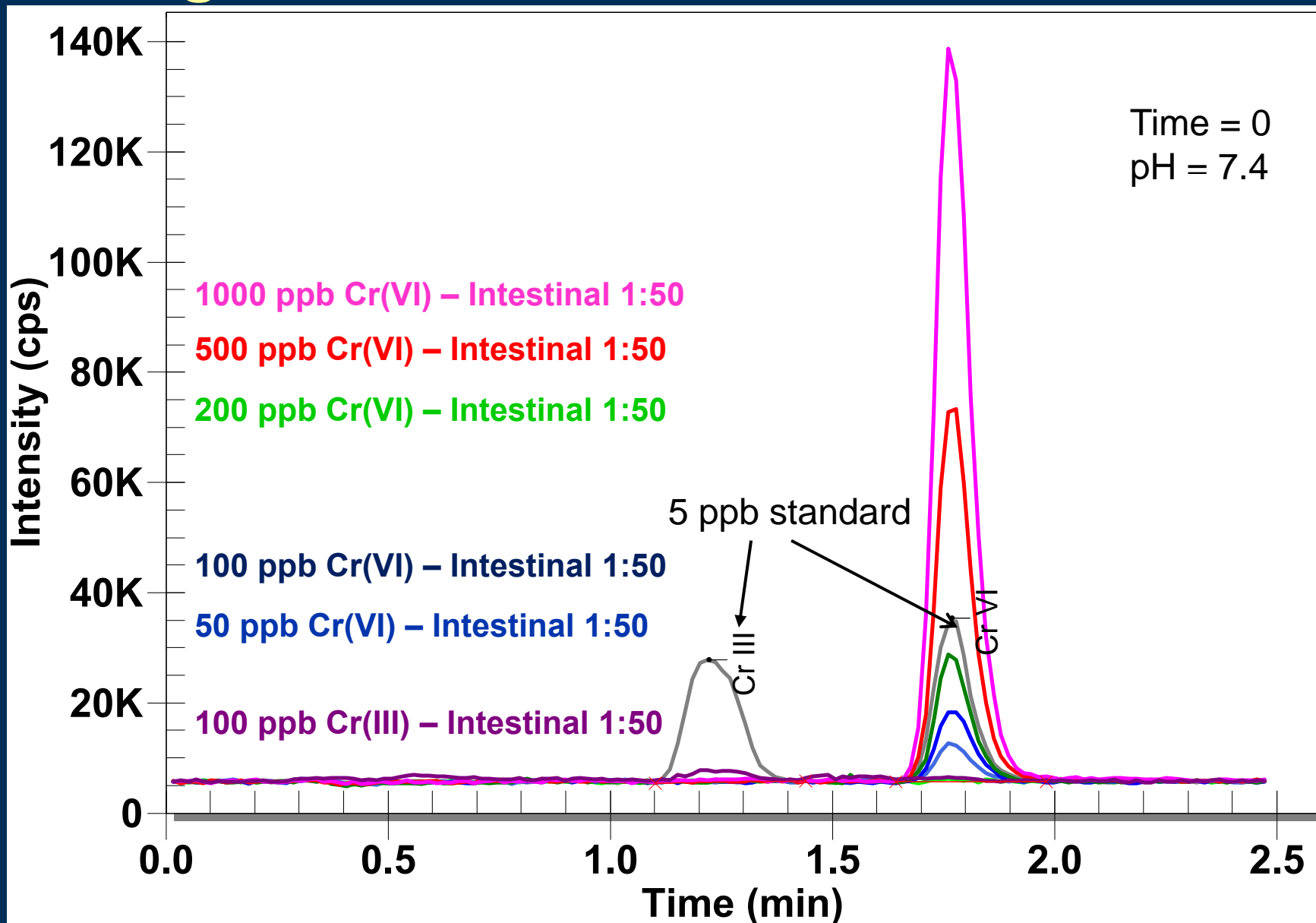
Gastric: Partial conversion to Cr(III) ≥ 500 ppb



Intestinal: No immediate conversion

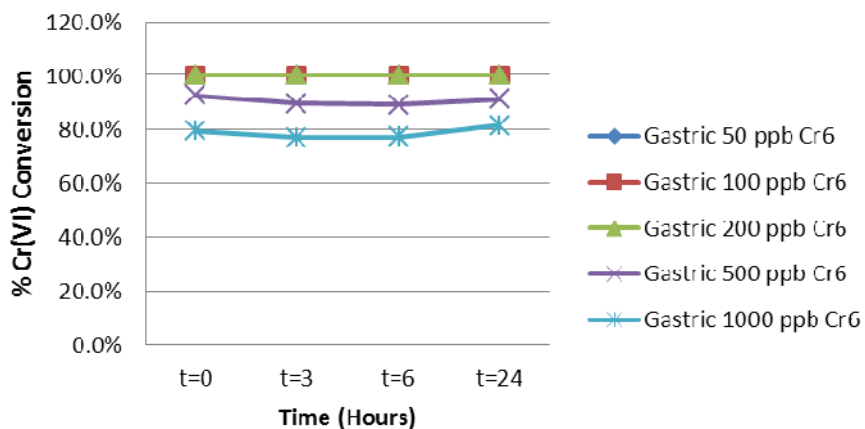


Lung Fluid: No immediate conversion

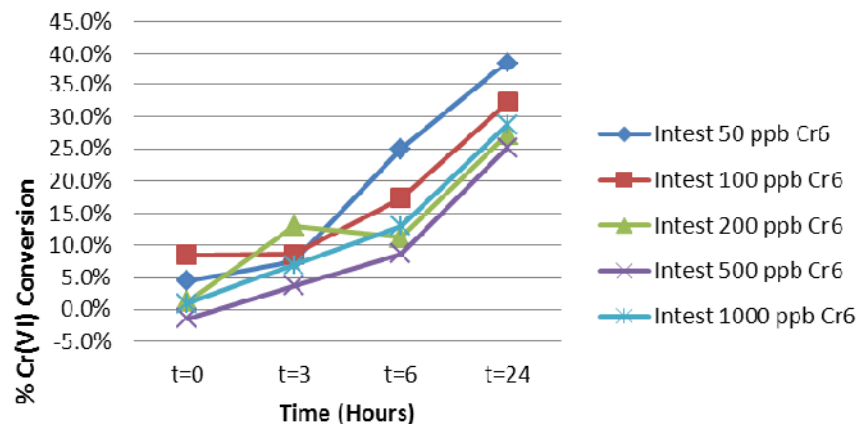


Cr(VI) Conversion vs. Time

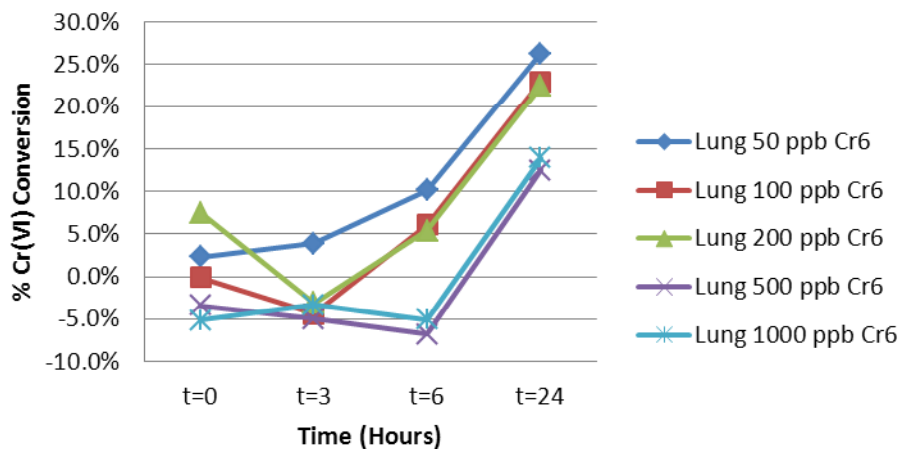
IVBA - Gastric (pH=1.5)



IVBA - Intestinal (pH=4.8)

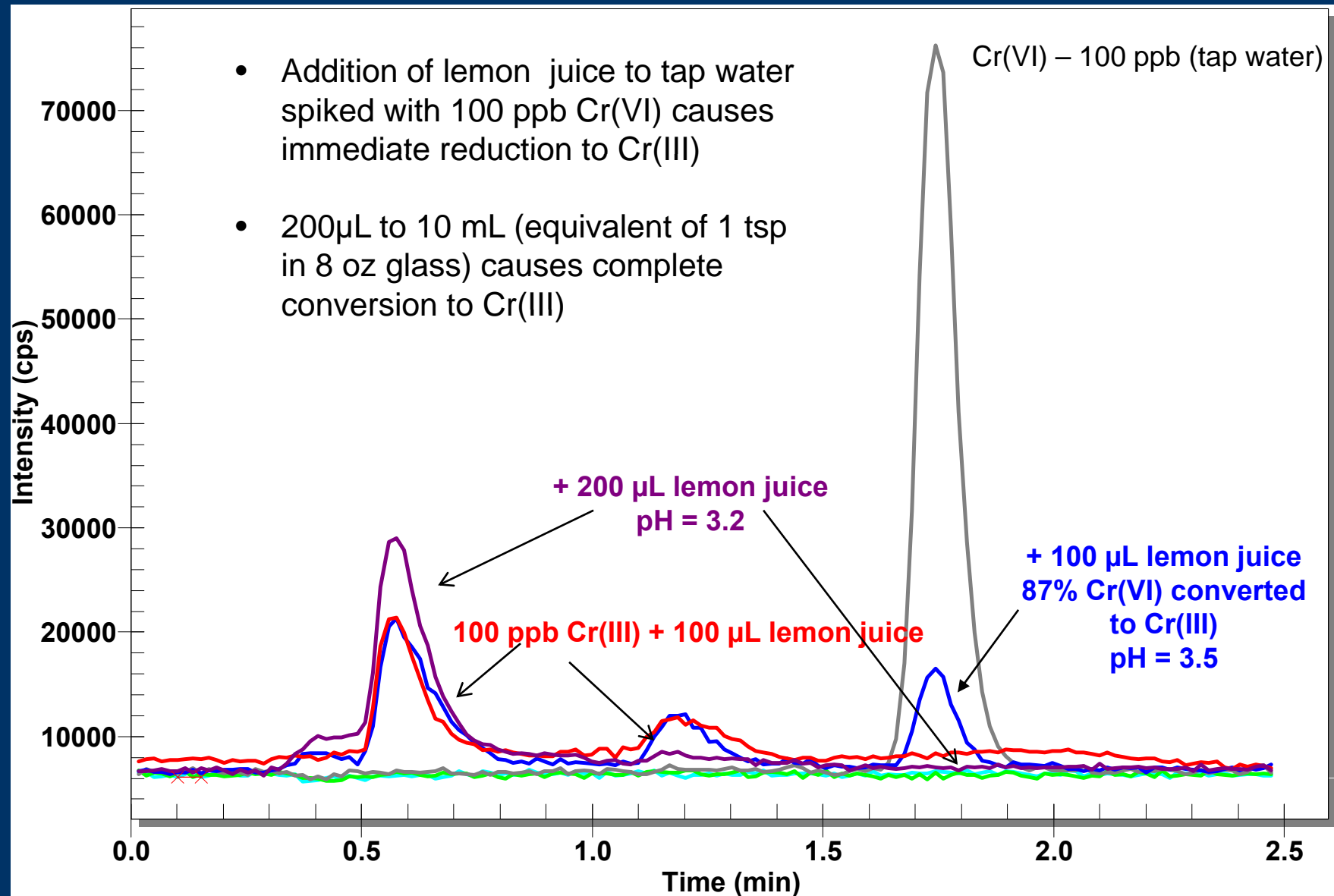


IVBA - Lung (pH=7.4)

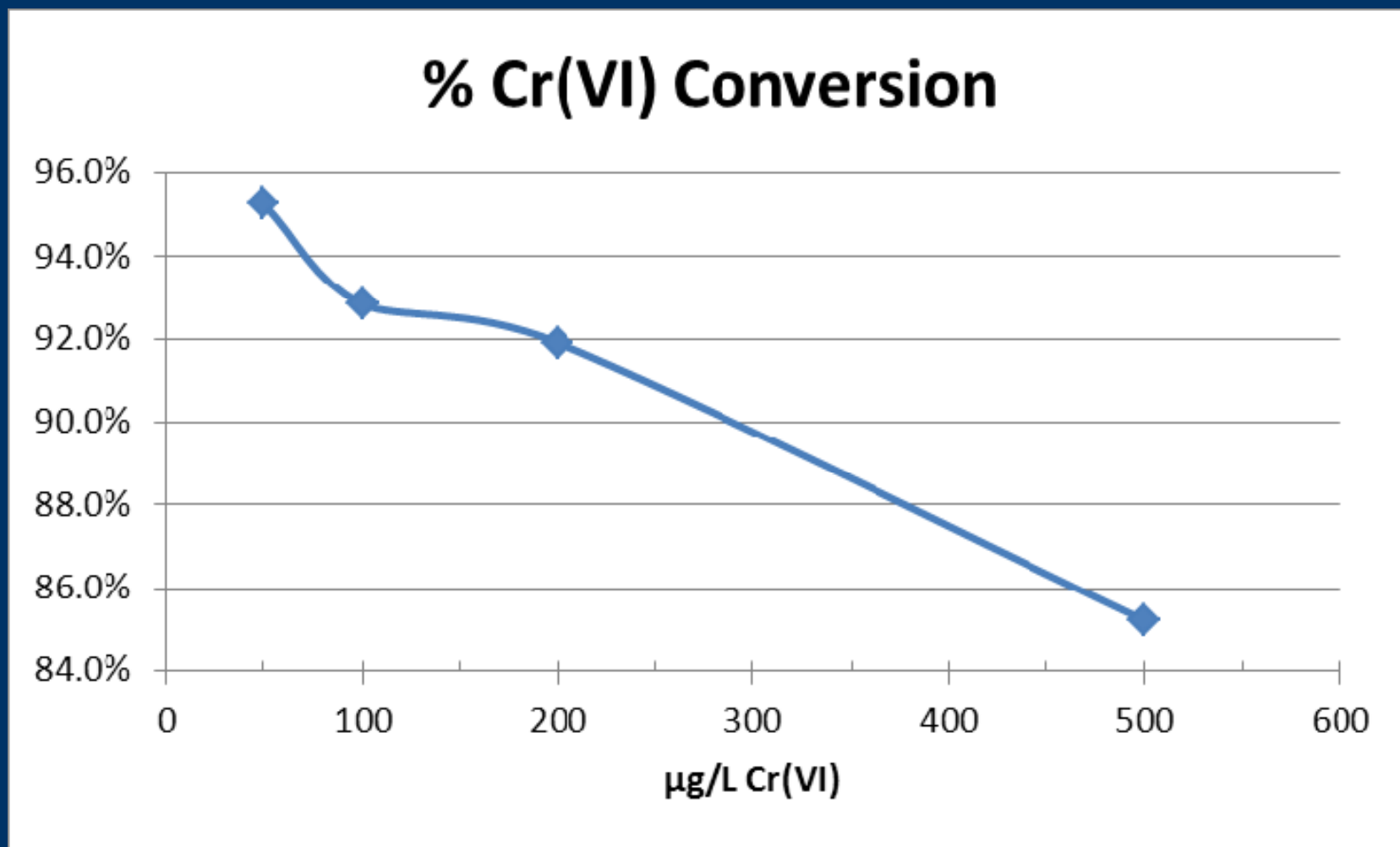


Removal of Cr(VI) in Tap Water

- Addition of lemon juice to tap water spiked with 100 ppb Cr(VI) causes immediate reduction to Cr(III)
- 200 μ L to 10 mL (equivalent of 1 tsp in 8 oz glass) causes complete conversion to Cr(III)

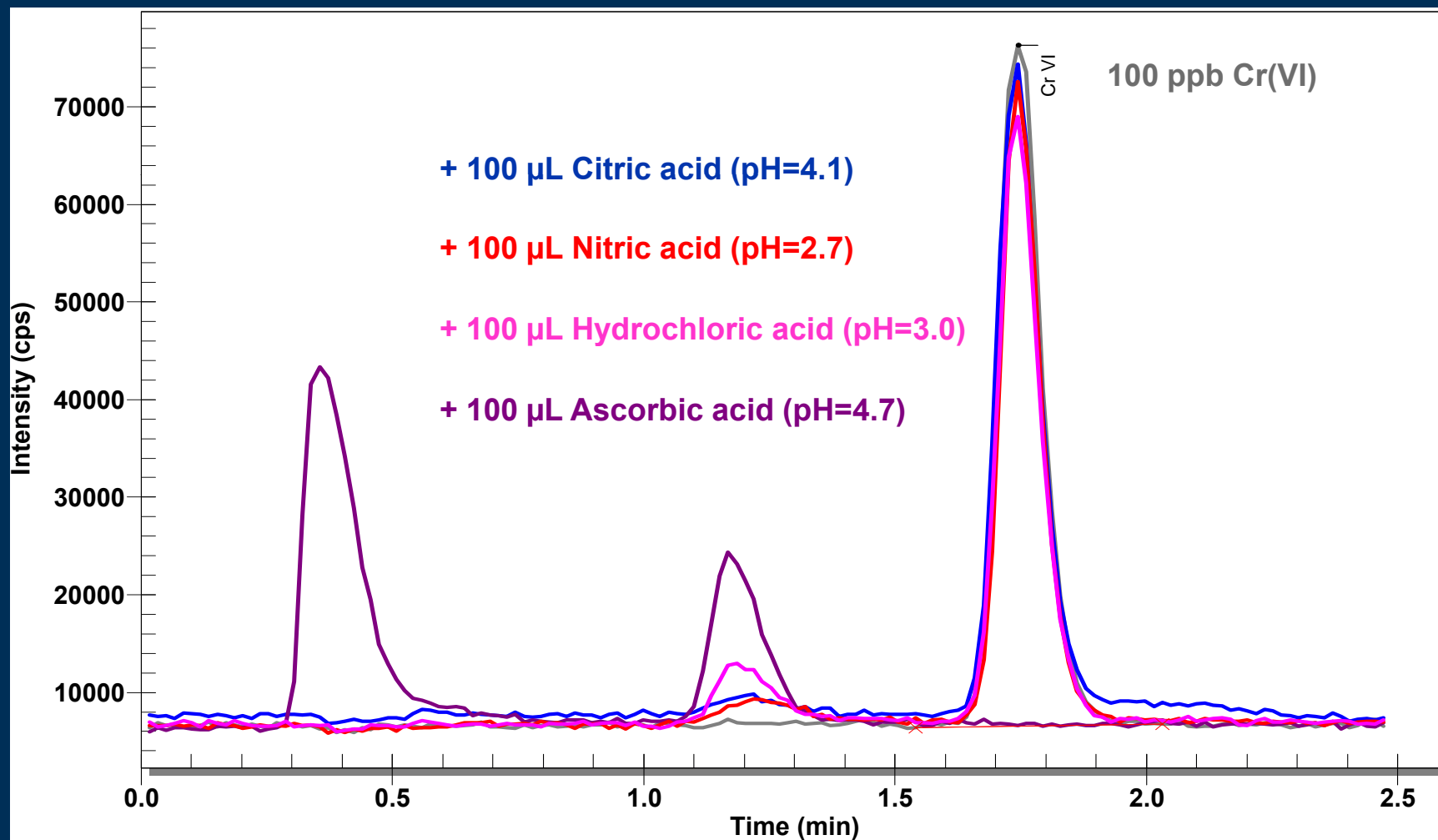


Lemon Juice Converts Cr(VI) to Cr(III)



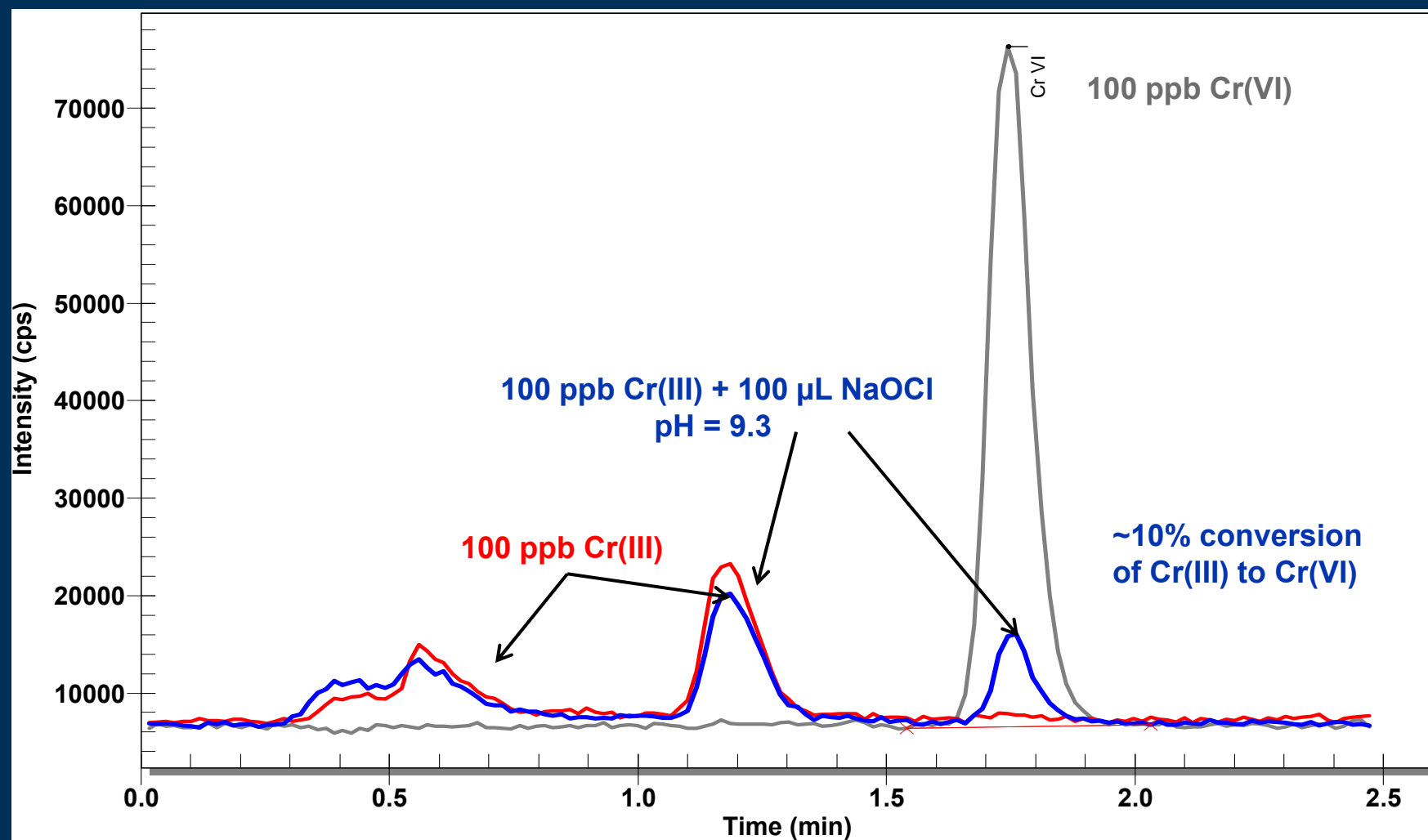
Effect of Acids on Cr(VI) Stability

- 100 ppb Cr(VI) in tap water
- Added 100 μ L of 2% acid solution to 10 mL



NaOCl can cause oxidation of Cr(III)

- Added 100 μL 5% NaOCl to 100 ppb Cr(III) in tap water



Conclusions

- Larger injection volumes did not dramatically improve IDL for Cr(VI) in our method
- Studies on standards shows Cr(VI) stability highly variable and can be affected by other elements in the sample
 - Sample preservation and holding times need to address this
 - Stability studies with just Cr(VI) present may not be valid
- Studies done on effects of stomach acid on Cr(VI) show immediate conversion to Cr(III) up to 200 µg/L
 - Potential impact on Drinking Water limit for Cr(VI)
- Study shows addition of lemon juice or ascorbic acid can convert > 90% of Cr(VI) to Cr(III) “in the glass” for concentrations up to 200 µg/L Cr(VI)
- Addition of NaOCl can oxidize Cr(III) to Cr(VI)
 - Agrees with studies that water chlorination can oxidize Cr(III)