


## ORIGINAL RESEARCH ARTICLE

## Determination of Radon-222 ( $^{222}\text{Rn}$ ) in Well and Borehole Water at Nasarawa LG, Kano State, Nigeria

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### ABSTRACT

Nassarawa LG is one of Kano's most densely populated local government areas and depends solely on groundwater (well and borehole) for drinking and other domestic purposes. Radon, one of the most important radioactive elements, is abundant due to the presence of uranium and radium. It can dissolve in underground water, leading to internal exposure if ingested. Therefore, there is a need for a radiological assessment of Radon-222 in the water and an evaluation of the health hazards associated with the level (high or low) of radon and background radioactivity. A total of one hundred (100) water samples were collected from the study area. The samples were analysed using a liquid scintillation counter from the Center for Energy Research (CERT), Ahmadu Bello University, Zaria. The mean radon activity concentration in the water was found to be  $12.78 \pm 0.04$  Bq/L, which is higher than the maximum permissible limits of 11.1 Bq/L and 10 Bq/L set by the USEPA and WHO, respectively (WHO, 2004; USEPA, 2003). The mean radon activity concentration in well and borehole water was  $11.946 \pm 0.04$  Bq/L and  $13.612 \pm 0.04$  Bq/L, respectively, with a range from  $3.634 \pm 0.04$  Bq/L to  $44.952 \pm 0.04$  Bq/L. The highest recorded radon activity concentration was  $44.952 \pm 0.04$  Bq/L in borehole water from Giginyu, and the lowest was recorded in well water from Kawo. 70% of the total samples had a high radon concentration, exceeding the maximum contaminant levels of 11.1 Bq/L set by USEPA and 10 Bq/L set by WHO, as also reported by UNSCEAR. The concentration level was found to be higher in borehole water compared to well water. In conclusion, many of the samples from the study area exceeded the maximum contaminant levels of 11.1 Bq/L (USEPA) and 10 Bq/L (WHO), indicating a significant public health concern that warrants further investigation and mitigation measures. It recommended that continuous monitoring and assessment of Radon-222 levels in drinking water should be implemented to protect public health.

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### INTRODUCTION

Humans are always exposed to various forms of radiation from natural and artificial sources. The natural sources usually come from either cosmic or terrestrial radionuclides. These radionuclides often exist in the air humans breathe, the food they eat, water they drink, and pose a serious health effect to individuals and even offspring (Martin, 2013; Abdullahi *et al.*, 2017). Primordial radionuclides exist independently or in one of the naturally occurring series of radionuclides. These series have existed since the solar system's formation and have a half-life of over billion years except for Neptunium, which has already decayed due to its short half-life compared to the solar system's age (Ishimori *et al.*, 2013). There are three

series still in existence, namely: Uranium series (U-238), Thorium series (Th-232) and Actinium series (U-235). The series is named according to the radionuclide that serves as the parent nuclide (Ishimori *et al.*, 2013). Radionuclides (unstable nuclides) attain stability through the emission of radiation, which can be alpha, beta, or gamma, producing nuclides (daughters) of lesser mass number. The parent decays via several transformations and produces daughters like Radium, Polonium, Radon, and others that affect humans because of their alpha emission properties, while Radon is an inert gas in three (3) different forms: Radon, Thoron, and Actinon. Radon-222 can diffuse in air or dissolve in water (Garba *et al.*,

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2011). The radiation released when it interacts with the biological system leads to abnormal cell transformation, leading to cancer inhaled or ingested into the biological system (Gyuk, 2017; Abdallah *et al.*, 2007). When used for domestic purposes, water containing radionuclides acts as an external or internal exposure if ingested or inhaled and can be of serious health concern (Onoja *et al.*, 2004). Radionuclides such as Radium-226 and polonium-218 pose a serious health problem due to their alpha-emission property, while Radon-222 ( $^{222}\text{Rn}$ ), which is an inert gas, is more prone to inhalation and ingestion due to its ability to emanate into the air or dissolve in water used for other domestic purposes by human beings (Garba *et al.*, 2011). Many researchers have tried using various techniques to measure radon concentration in ground waters of various places around the world. Most of the techniques used (Solid State Nuclear Track detector SSNTD-CR9, continuous Radon monitor) (Ahmad *et al.*, 2017) are unavailable or inaccessible in this part of the world. During the past years, many efforts were made to measure parameters related to groundwater (Physio-chemical properties and groundwater potential, Groundwater Quality Assessment and its Suitability for Drinking Purposes, and Suitability of groundwater quality for drinking using water quality index in Kano metropolis) in the study area (Adamu, 2018; Hassan & Iliyasu, 2021; Simon and Arhyel, 2024), neglecting the radon concentration level in the waters which is of utmost importance because it might lead to health effect in individuals and offspring within the study area. Against these backdrops, this work assessed  $^{222}\text{Rn}$  concentration in well and borehole water samples due to the high dependence of the populace on groundwater for drinking, cooking, and other domestic purposes.

## METHODOLOGY

### Study Area

The study area, Nassarawa LGA, is located within the latitude  $11^{\circ}58'20''$  -  $12^{\circ}1'40''\text{N}$  and longitude  $8^{\circ}31'40''$  -  $8^{\circ}36'40''\text{E}$  with a population of 596,669 and area of 34  $\text{km}^2$ . Bounded by Fagge and Ungoggo LGAs to the North, Tarauni and Kumbotso LGAs to the South, Gezawa to the East, and Kano Municipal to the West. The basement complex of the metamorphic and granite rocks underlies Nassarawa LGA. The granitic rocks have been classified as older granites and younger granites. The older granites include pink granite and undifferentiated granites. They are 15 dated back to Precambrian time and form the largest group (about 95%) of the granitic areas. The older granites have been subjected to many tectonic movements and pressures through geologic history, such that the older rocks often have several sets of fracture lines, and in some locations, the mafic minerals show evidence of these stresses (KNARDA, 1989). The pink granite is characterized by pink, orange, or red feldspars, very coarse grains, and low white and mafic minerals content. The rocky outcrops of Bompai and Magwan of the study area are pink and predominantly massive,

forming smaller hills, and are all rooted to the basement (KNARDA, 1989).

### Sample Collection

Ten (10) water samples (5 well and 5 boreholes) each were collected from each ward, making a total of 100 samples. The water samples from wells were collected after the stagnant water had been purged out and allowed to refill to ensure fresh samples were obtained, while samples from boreholes were collected after the borehole had been operated for a few minutes to ensure the samples were fresh (KNARDA, 1989; Garba *et al.*, 2011; Gyuk *et al.*, 2017).

The samples were collected in clean plastic sampling bottles which were cleaned and rinsed with distilled water to avoid the samples from being contaminated. The samples were transported immediately for analysis (Gyuk *et al.*, 2017).

### Sample Preparation

The sample preparation procedures reported by Garba *et al.* (2011) and Gyuk *et al.* (2017) were followed to prepare the samples. 10 ml of each sample was added into a 20 ml glass scintillation vial to which 10 ml of insta-gel scintillation cocktail was added. The vial was shaken vigorously for the  $^{222}\text{Rn}$  to be extracted from the water phase to the organic scintillant solution due to its greater solubility in organic liquids. The vials were left for more than 3 hours to allow for in growth of the short-lived decay products of  $^{222}\text{Rn}$  and the attainment of secular equilibrium. The background samples were prepared by dissolving 10 ml of the scintillation solution in 10 ml of distilled water.

### Calibration Procedure for LSA for $^{222}\text{Rn}$ in Water

For calibration, a secondary calibration material was created. 1ml of the  $^{226}\text{Ra}$  was dissolved in distilled water to create a secondary calibration material. The solution was kept in storage for one month to allow for equilibrium. After mixing 10 mL of the solution with 10 mL of install-gel scintillation cocktail, 60 minutes of counting with a window setting of 25-900 were performed in region C of the LSA. Equation 3.2 was used to determine the calibration factor (ASTM, 1999; Garba *et al.*, 2018).

$$\text{Calibration Factor (CF)} = \frac{SC - BC}{C - V} \quad (1)$$

Where

SC = Standard  $^{226}\text{Ra}$  Count (count/min)  
 BC = Background Count rate (count/min)  
 C = Standard  $^{226}\text{Ra}$  concentration (Bq/L)  
 V = Volume of Standard  $^{226}\text{Ra}$  used (L)

Sample Analysis

The Samples were analyzed using a Liquid scintillation counter (Parkard Tri-carb LSA 1000TR) at the Center for Energy Research and Training (CERT), Ahmadu Bello University Zaria, for 60mins each. The radon concentration was then calculated using equation 3.1 (ASTM, 1999; Garba et al., 2011):

$$R_n(BqL^{-1}) = \frac{100(CS - CB)e^{\lambda t}}{60 \times DF \times CF} \quad (2)$$

Where

$R_n$  = Radon concentration,

CS = sample count per second

CB = Background count per second,

100 = conversion factor from per 10 mL to per L

$\lambda$  = decay factor ( $1.26 \times 10^{-4} \text{min}^{-1}$ )

t = time elapsed between sample collection and counting (4320 min(3days))

CF = Calibration Factor (0.964, which represents the Fraction of Radon in a vial of 22 mL capacity)

DF = Decay Factor Number of emissions per disintegration of Radon ( Given as 5)

60 = conversion factor from minute to seconds

The annual effective doses due to  $^{222}\text{Rn}$  ingestion and inhalation were calculated using equations 3.2 and 3.3 (Ravikumar et al., 2012; Khattak et al., 2011; Tabar and Yakut, 2014; Binesh et al., 2010; Shahbazi and Saeb, 2008):

$$E_{\text{ing}} = CF_{\text{ing}} \times R_n \times T_w \quad (3)$$

$$E_{\text{inh}} = R_n \times R_w \times F \times t_R \times CF_{\text{inh}} \quad (4)$$

Where

$E_{\text{ing}}$  = Annual Effective dose due to Radon Ingestion

$CF_{\text{ing}}$  = Ingestion dose Conversion factor (conversion factor of Rn-222 ( $\text{SvBq}^{-1}$ ), for adults, children, and infants were taken as  $10^{-8}\text{SvBq}^{-1}$ ,  $2 \times 10^{-8}\text{SvBq}^{-1}$  and  $7 \times 10^{-8}\text{SvBq}^{-1}$  respectively) (Todorovic et al., 2012, Duggal et al., 2013, Asadi and Rahimi, 2013, Bem et al., 2014).

$R_n$  = Radon concentration

$T_w$  = Annual water consumption (for adults, children, and infants; these values are 2, 1.5, and 0.5 liters per day, Equal to 730, 547.5, and 182.5litres per yr) as suggested by ICRP

$E_{\text{inh}}$  = Annual Effective dose due to Radon Inhalation

$R_w$  = Ratio of Radon released in air when water is used to Radon in water ( $10^{-4}$ )

F = Equilibrium factor between Radon and its daughters (0.4)

$t_R$  = Average Residence time of individual in the interior (7000h/year)

$CF_{\text{inh}}$  = Dose conversion factor due to inhalation ( $9\text{nSv}(\text{Bqhm}^{-3})^{-1}$ )

Well Water

The mean  $^{222}\text{Rn}$  concentration of each sampling location is presented in Table 1. The mean concentration of all well water samples within the study area was  $11.9 \text{Bq/L}$ . The highest  $^{222}\text{Rn}$  mean concentration from the well water sample locations was recorded from Dakata with a concentration of  $22.5\text{Bq/L}$  which is seen to be higher than the maximum permissible limit of  $11.1\text{Bq/L}$  and  $10\text{Bq/L}$  given by USEPA and WHO (WHO, 2004; USEPA, 2003) and the lowest was recorded from Kawo with a concentration of  $4.4\text{Bq/L}$  which is lower than the recommended limit. The mean concentration ranges from  $4.4 \text{Bq/L}$  to  $23.0\text{Bq/L}$ . The mean annual effective dose (AED) due to inhalation was found to be  $30.1\mu\text{Sv/yr}$ , while those of ingestion of  $^{222}\text{Rn}$  in well water (for Adults, Children, and Infants) were found to be  $87.7 \mu\text{Sv/yr}$ ,  $130.8 \mu\text{Sv/yr}$ , and  $152.6 \mu\text{Sv/yr}$  respectively. The highest AED for the inhalation of  $^{222}\text{Rn}$  was  $56.8 \mu\text{Sv/yr}$ . For the consumption of well water, the mean AED were found to be  $87.205 \mu\text{Sv/yr}$ ,  $130.807 \mu\text{Sv/yr}$ , and  $152.609 \mu\text{Sv/yr}$  for adult, children, and infants respectively. These values are less than the WHO permissible limit of  $100\mu\text{Sv/yr}$  and  $200\mu\text{Sv/yr}$  for adults and children, respectively (WHO, 2004). This high  $^{222}\text{Rn}$  concentration can be associated with the  $^{222}\text{Rn}$  sources in the aquifer within the study area (KNARDA, 1989; Garba et al., 2011; Gyuk et al., 2017). Other factors related to this can also include human activities (e.g., quarrying) and the rocky nature of the collected samples, which seem to be predominantly granite.

Borehole water

The mean  $^{222}\text{Rn}$  concentrations are presented in Table 2. The mean concentration of all borehole water samples was  $13.6 \text{Bq/L}$ . The location with the highest mean,  $^{222}\text{Rn}$ , was found to be Tudun Wada, with a value of  $24.2\text{Bq/L}$ , and the lowest is Hotoro North, with  $7.2\text{Bq/L}$ . The highest  $^{222}\text{Rn}$  mean concentration from the borehole water sample locations was recorded from Tudun Wada with concentration of  $23.3\text{Bq/L}$  which is seen to be higher than the maximum permissible limit of  $11.1\text{Bq/L}$  and  $10\text{Bq/L}$  given by USEPA and WHO (WHO, 2004; USEPA, 2003) and the lowest was recorded from Hotoro North with concentration of  $7.2\text{Bq/L}$  which is lower than the recommended limit. The mean concentration ranges from  $7.0 \text{Bq/L}$  to  $24.0\text{Bq/L}$ . The highest AED for the inhalation of Radon was found to be  $58.4 \mu\text{Sv/yr}$ , for ingestion  $177.0 \mu\text{Sv/yr}$ ,  $256.6 \mu\text{Sv/yr}$  and  $309.8 \mu\text{Sv/yr}$ . The mean annual effective dose(AED) due to inhalation and ingestion (for Adults, Children, and Infants) of  $^{222}\text{Rn}$  concentration in well water was found to be  $34.0\mu\text{Sv/year}$ ,  $99.4 \mu\text{Sv/year}$ ,  $149.0 \mu\text{Sv/year}$ , and  $173.9 \mu\text{Sv/year}$ . For the consumption of borehole water, the mean AED for adults, children, and infants was

found to be  $99.364 \mu\text{Sv}/\text{yr}$ ,  $149.00 \mu\text{Sv}/\text{yr}$ , and  $174.00 \mu\text{Sv}/\text{yr}$  respectively. These values are less than the WHO permissible limit of  $100 \mu\text{Sv}/\text{yr}$  and  $200 \mu\text{Sv}/\text{yr}$  for adults and children, respectively (WHO, 2004). Although all the water samples were from the same study area, the borehole water samples showed a greater increase in  $^{222}\text{Rn}$  concentration. This could result from the

boreholes' depth within the sample locations, which made them closer to the entrapped parent nuclide of  $^{222}\text{Rn}$ .

From the result, we can see that most  $^{222}\text{Rn}$  concentrations are higher than the world mean concentration of  $11.1 \text{Bq}/\text{L}$  and  $10 \text{Bq}/\text{L}$  given by USEPA and WHO (WHO, 2004; USEPA, 2003).

**Table 1:** Mean  $^{222}\text{Rn}$  Concentration and annual effective dose in well water

Location	Mean Conc. (Bq/L)	Annual Effective Dose ( $\mu\text{Sv}/\text{year}$ )			
		Inhalation (All Ages)	Ingestion (Adult)	Ingestion (Children)	Ingestion (Infant)
Kawo	4.4	11.08	32.0	48.0	56.0
Giginyu	10.6	26.6	77.0	115.6	134.8
Hotoro north	4.8	12.0	34.8	52.2	60.9
Hotoro south	13.7	34.6	100.2	150.5	175.3
Badawa	10.0	25.2	90.5	109.6	127.8
Dakata	22.5	56.8	151.0	246.8	287.8
Kawaji	20.4	51.4	149.0	223.4	260.6
Tokarawa	13.9	35.1	101.6	152.2	177.6
Gama	8.4	21.1	61.1	91.6	106.9
Tudun wada	10.8	27.3	79.0	118.5	138.3
<b>Mean</b>	<b>11.95</b>	<b>30.12</b>	<b>87.62</b>	<b>130.84</b>	<b>152.60</b>

**Table 2:** Mean  $^{222}\text{Rn}$  Concentration and annual effective dose in borehole water

Location	Mean Conc. (Bq/L)	Annual Effective Dose ( $\mu\text{Sv}/\text{year}$ )				
		Inhalation (All Ages)	Ingestion (Adult)	Ingestion (Children)	Ingestion (Children)	Ingestion (Infant)
Kawo	10.7	26.9	77.9	116.8	116.8	136.3
Giginyu	20.4	51.5	149.1	223.5	223.5	260.9
Hotoro north	7.2	18.1	52.5	78.7	78.7	91.8
Hotoro south	8.1	20.5	59.3	89.0	89.0	103.7
Badawa	10.8	27.2	78.9	118.4	118.4	138.0
Dakata	16.0	40.4	117.0	175.6	175.6	204.8
Kawaji	14.7	37.0	107.0	160.6	160.6	187.4
Tokarawa	13.7	34.4	99.7	149.5	149.6	174.3
Gama	10.3	26.0	75.2	112.7	112.7	131.9
Tudun wada	24.2	58.4	177.0	265.6	265.6	309.8
<b>Mean</b>	<b>13.61</b>	<b>34.04</b>	<b>99.36</b>	<b>149.04</b>	<b>149.05</b>	<b>173.89</b>

Radon-222 is a significant concern in the context of radiological health hazards, especially when present in water sources (Martin, 2013; Abdullahi et al., 2017; Garba et al., 2011). Various studies have investigated the concentration of Radon-222 in different regions and water sources, revealing notable variations and potential health risks.

Oluwaseun et al. (2022) conducted a study to measure the concentration of Radon-222 and estimate the excess lifetime cancer risk in water well samples along the Iwaraja-Ifewara faults in Southwestern Nigeria. The Radon-222 concentration ranged from 5.0 to 400.1 Bq/L,

with a mean value of 45.78 Bq/L. This study found that the Radon-222 concentration exceeded most samples' USEPA recommended limit of 11.1 Bq/L. The mean annual effective dose was  $59.4 \mu\text{Sv}/\text{y}$ , below the USEPA recommended  $100 \mu\text{Sv}/\text{y}$ . The excess lifetime cancer risk (ECLR) due to inhalation from the water samples ranged from 75.6 to 6053.5, with a mean of 692.9. The highest Radon-222 activity concentration was found in the Akesan well and borehole, with  $32 \pm 1.8 \text{Bq}/\text{L}$  and  $31.1 \pm 1.8 \text{Bq}/\text{L}$ , respectively. The mean value for all samples was  $18.8 \pm 7.4 \text{Bq}/\text{L}$ . The maximum average was at the Akesan site ( $30.4 \pm 2.04 \text{Bq}/\text{L}$ ), nearly three times the recommended level of 11.1 Bq/L, while the minimum



value was at the Ipaye site ( $10.8 \pm 5.18$  Bq/L), which is close to the recommended level.

Bello et al. (2019) determined the Radon-222 concentration in Bagwai and Shanono mining sites. The overall mean Radon-222 activity concentration in drinking water was 36.101 Bq/L, more than three times the maximum permissible limits set by USEPA and WHO. The average annual effective dose (AED) due to the inhalation of surface and groundwater was 73.134  $\mu$ Sv/y and 108.818  $\mu$ Sv/y, respectively. The average AED for water ingestion by adults, children, and infants were 263.53, 395.304, and 461.188  $\mu$ Sv/y, respectively, exceeding the WHO permissible limits of 100  $\mu$ Sv/y for adults and 200  $\mu$ Sv/y for children.

Isinkaye et al. (2017) investigated the annual effective dose due to Radon-222 in deep and shallow wells in Ekiti state, Nigeria, using a Durrige RAD7 electronic Radon detector. For deep wells (boreholes), the Radon-222 concentration ranged from 13.4 to 105.8 Bq/L, with a mean value of 30.9 Bq/L. Hand-dug wells with removable covers had Radon-222 concentrations ranging from 2.1 to 43.7 Bq/L, with a mean value of 19.5 Bq/L. Hand-dug wells with manual pumps had Radon-222 concentrations ranging from 2.5 to 206.1 Bq/L, with a mean of 81.2 Bq/L. The total annual effective dose incurred through groundwater consumption in the study area was within the guideline value of 0.1 mSv recommended by the European Union and WHO.

Halim et al. (2018) measured indoor and tap water Radon-222 at various campuses of Giresun University using CR-9 detectors. Indoor Radon-222 levels ranged from 76 Bq/L to 504 Bq/L, with a mean of 193.7 Bq/L, which exceeds the recommended limit. The mean Radon-222 concentration for tap water was found to be 6.73 Bq/L, below the recommended limit.

Rabi'u et al. (2017) measured the radiation dose from consuming well water in the Abeokuta metropolis by measuring Radon-222 and Radon-220 concentrations using CR-39 and LR-115 detectors. Radon-222 concentrations ranged from 3.1 to 90.8 kBq/L. Statistical analysis showed that 94% of wells had Radon-222 concentrations above the USEPA's maximum contaminant level of 11.1 kBq/L, though none exceeded the 1000 kBq/L threshold for remedial action recommended by the European Union. The annual effective doses from water consumption ranged from 44.5 to 1325.7  $\mu$ Sv/y for children and 22.3 to 66.8  $\mu$ Sv/y for adults, with means of 484.7  $\mu$ Sv/y and 242.3  $\mu$ Sv/y, respectively.

Gyuk et al. (2017) used a liquid scintillation counter to determine the effective dose in male adults due to Radon-222 in well water samples from Idah, Nigeria. The range was 3.0 to 18.24 Bq/L, with a mean of 10.23 Bq/L, and an annual effective dose range of 0.0198 to 0.1198 mSv/y,

with a mean of 0.0721 mSv/y, which is below the WHO limit of 0.1 mSv/y.

Comparing these findings with the results from Nassarawa LG, Kano, where the mean Radon-222 activity concentration in water was 12.78 Bq/L, higher than the permissible limits set by USEPA and WHO, it is evident that Radon-222 levels can vary significantly depending on geological and environmental factors. In Nassarawa LG, the Radon-222 concentration in borehole water (mean: 13.612 Bq/L) was higher than in well water (mean: 11.946 Bq/L), with ranges from 3.634 Bq/L to 44.952 Bq/L.

Overall, many of the samples from Nassarawa LG exceeded the maximum contaminant levels of 11.1 Bq/L (USEPA) and 10 Bq/L (WHO), indicating a significant public health concern that warrants further investigation and mitigation measures. This comparison underscores the importance of continuously monitoring and assessing Radon-222 levels in drinking water to protect public health.

## CONCLUSION

A Liquid Scintillation Counter determined the Radon-222 concentration in groundwater sources (Well and borehole) of Nasarawa LGA in Kano State. The mean radon activity concentration in the water is higher than the maximum permissible limit of 11.1 Bq/L and 10 Bq/L given by USEPA and WHO (WHO, 2004; USEPA, 2003) with the highest Radon-222 concentration recorded in the borehole from Tudun Wada and the least was recorded in well from Kawo. 75% of the total samples have a high concentration of Radon higher than the maximum contaminant level. The AED due to inhalation of Radon is less than the permissible limit, but the mean AED due to ingestion of Radon by adults, children, and infants was greater than the WHO permissible limit. From the results, it was observed that the water samples in some of the study area locations are unsafe for drinking, and therefore, there is a need for remediation within the study area.

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