



Per- and Polyfluoroalkyl Substances (PFAS) Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 3164000 City/Town: LYNNFIELD
PWS Name: LYNNFIELD CENTER WATER DISTRICT PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#: 10275 DEP Location Name: STA. #4 (GLEN DRIVE WELLS 5G-8G) Sample Information: (M)ultiple (R)aw (S)ingle (F)inished Date Collected: 1/19/2022 Collected By: B. Deshaies

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab Cert. #: M-MA1118 Primary Lab Name: Nashoba Analytical, LLC Subcontracted? (Y/N): Y
Analysis Lab Cert. #: M-MA072 Analysis Lab Name: New England ChromaChem

Table with 5 columns: Lab Method, Date Extracted, Date Analyzed, Dilution Factor, Lab Sample IDs#. EPA537.1, 1/24/2022, 1/25/2022, 1, Primary Lab: 238399-3, Subcontracted Lab: 201424

Table with 7 columns: CAS #, Regulated PFAS Contaminants, Result ng/L, Result Qualifier, MCL ng/L, MDL ng/L, MRL ng/L. Lists various PFAS like PERFLUOROOCETANESULFONIC ACID-PFOS, PERFLUORODODECANOIC ACID - PFDOA, etc.

1. A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.
2. All qualifiers must be described under Lab Analysis Comments on page 2.
Rev 9/9/2020



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PWS ID# 3164000

Lab Sample ID#: 238399-3

Table with 7 columns: CAS #, UNREGULATED PFAS CONTAMINANTS, Result µg/L, Result Qualifier, MCL µg/L, MDL µg/L, MRL µg/L. The table is currently empty.

Table with 3 columns: Surrogate Name, % Recovery (70-130%), Alternate Surrogate (must document reason for change). Rows include 13C2-PFHXA (92%), 13C2-PFDA (87%), D5-NETFOSAA (106%), and 13C3-HFPO-DA (94%).

Note: 13C3-HFPO-DA is not required for EPA Method 537 v1.1

In addition to the SUR above you must attach the results of the ongoing QC results as specified by the method for the sample's extraction batch. Includes checkboxes for 'Laboratory analytical report with QC attached' and 'All associated QC criteria reported within control limits'.

Table with 2 columns: Result Qualifier, Qualifier Description. The table is currently empty.

Other Analysis Comments:

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: [Signature]

Date: 1-29-22

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting

DEP REVIEW STATUS (Initial & Date) section with checkboxes for Accepted, Disapproved, WQTS Data Entered, and a Review Comments field.