



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 -

Table with columns: DEP LOCATION (LOC) ID#, DEP Location Name, Sample Information, Date Collected, Collected By. Includes sample details for STA. #4 (GLEN DRIVE WELLS 5G-8G) on 10/7/2021.

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab Cert. #: M-MA1118 Primary Lab Name: Nashoba Analytical, LLC
Analysis Lab Cert. #: M-MA030 Analysis Lab Name: Alpha Mansfield Subcontracted? (Y/N) Y

Table with columns: Lab Method, Date Extracted, Date Analyzed, Dilution Factor, Lab Sample IDs#. Includes EPA537.1 method results.

Main PFAS results table with columns: CAS #, Regulated PFAS Contaminants, Result ng/L, Result Qualifier, MCL ng/L, MDL ng/L, MRL ng/L. Lists various PFAS compounds and their concentrations.

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



Per- and Polyfluoroalkyl Substances (PFAS) Report

PWS ID# 3164000

Lab Sample ID#: 234236-4

CAS #	UNREGULATED PFAS CONTAMINANTS	Result µg/L	Result Qualifier	MCL µg/L	MDL µg/L	MRL ug/L		

Surrogate Name	% Recovery (70-130%)	Alternate Surrogate (must document reason for change)
13C2-PFHXA	114	
13C2-PFDA	101	
D5-NETFOSAA	104	
13C3-HFPO-DA	97	

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

Laboratory analytical report with QC attached (check one item below)

All associated QC criteria reported within control limits including Lab Reagent/Method Blank (LRB), Field Reagent blank (FRB), Surrogate Standards (SUR), Laboratory Fortified Blank, Matrix Spike/Duplicate (LFM/LFSMD or FD) and RPD.

All associated sample and/or QC batch criteria not met. See Lab Analysis Comments below and narrative in attached report.

Lab Analysis Comments: (include sample/method parameters outside of or affecting QC controls/limits and result qualifiers.)

Result Qualifier	Qualifier Description

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: David L. Huwatha

Date: 10-29-21

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)	Review	WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Comments	