



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 #: City/Town:
 PWS Name: PWS Class: COM NTNC TNC -

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10272	STATION #2 (MAIN ST GP WELL)	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	3/8/2022	B. Deshaies
Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS		Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		
		If Resubmitted Report, list below: (1) Reason for Resubmission: <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction (2) Collection Date of Original Sample		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab Cert. #: Primary Lab Name: Subcontracted? (Y/N)
 Analysis Lab Cert. #: Analysis Lab Name:

If Analysis Lab is not certified by MassDEP or U.S. EPA, list certification authority:

Lab Method	Date Extracted	Date Analyzed	Dilution Factor	Lab Sample IDs#
EPA537.1	3/18/2022	3/22/2022	1	Primary Lab: 239933-1 Subcontracted Lab: 203223

CAS #	Regulated PFAS Contaminants	Result ng/L	Result Qualifier	MCL ng/L	MDL ng/L	MRL ng/L
1763-23-1	PERFLUOROCTANESULFONIC ACID-PFOS	6.42			0.601	2.00
335-67-1	PERFLUOROCTANOIC ACID-PFOA	8.58			0.601	2.00
355-46-4	PERFLUOROHXANESULFONIC ACID-PFHXS	1.8	J		0.601	2.00
375-95-1	PERFLUORONONANOIC ACID-PFNA	0.804	J		0.601	2.00
375-85-9	PERFLUOROHEPTANOIC ACID-PFHPA	3.72			0.601	2.00
335-76-2	PERFLUORODECANOIC ACID - PFDA	ND			0.601	2.00
	PFAS6 (sum of PFOS, PFOA, PFHxS, PFNA, PFHpA, and PFDA; only include results at or above the MRL; do not include estimated results as described by a Result Qualifier in the next column)	18.72		20	0.601	2.00
UNREGULATED PFAS CONTAMINANTS						
375-73-5	PERFLUOROBUTANESULFONIC ACID-PFBS	2.66			0.601	2.00
307-55-1	PERFLUORODODECANOIC ACID - PFDOA	ND			0.601	2.00
307-24-4	PERFLUOROHXANOIC ACID - PFHXA	4.51			0.601	2.00
376-06-7	PERFLUOROTETRADECANOIC ACID - PFTA	ND			0.601	2.00
72629-94-8	PERFLUOROTRIDECANOIC ACID - PFTRDA	ND			0.601	2.00
2058-94-8	PERFLUOROUNDECANOIC ACID - PFUNA	ND			0.601	2.00
2991-50-6	N-ETHYL PERFLUOROCTANESULFONAMIDOACETIC ACID - NETFOSAA	ND			0.601	2.00
2355-31-9	N-METHYL PERFLUOROCTANESULFONAMIDOACETIC ACID - NMEFOSAA	ND			0.601	2.00
763051-92-9	11-CHLOROHEICOSAFLUORO-3-OXAUNDECANE-1-SULFONIC ACID-11CL-PF3OUDS	ND			0.601	2.00
756426-58-1	9-CHLOROHEXADECAFLUORO-3-OXANONE-1-SULFONIC ACID-9CL-PF3ONS	ND			0.601	2.00
919005-14-4	4,8-DIOXA-3H-PERFLUORONONANOIC ACID - ADONA	ND			0.601	2.00
13252-13-6	HEXAFLUOROPROPYLENE OXIDE DIMER ACID - HFPO-DA	ND			0.601	2.00

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#: 239933-1

Table with 8 columns: CAS #, UNREGULATED PFAS CONTAMINANTS, Result µg/L, Result Qualifier, MCL µg/L, MDL µg/L, MRL ug/L, and two empty columns.

Table with 3 columns: Surrogate Name, % Recovery (70-130%), and Alternate Surrogate (must document reason for change). Rows include 13C2-PFHXA (84%), 13C2-PFDA (103%), D5-NETFOSAA (100%), and 13C3-HFPO-DA (81%).

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 and QC criteria.

Table with 2 columns: Result Qualifier and Qualifier Description. Includes a section for Lab Analysis Comments.

Other Analysis Comments: [Empty text box]

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: 3-29-22

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) table with columns for Accepted/Disapproved, Review Comments, and WQTS Data Entered.