|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I. PWS INFORMATION: Please refer to your MassDEP Water Quality Sampling Schedule (WQSS) to help complete this form | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PWS ID #:** | | |  | | |  | | | | **City / Town:** | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PWS Name:** | | |  | | | | | | | | | | | | |  | **PWS Class:** | | **COM**  **NTNC**  **TNC** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MassDEP**  **Location**  **(LOC) ID#** | **MassDEP Location Name** | | | | | | | | | | | | | **Sample Information** | | | | **Date Collected** | | | **Collected By** | | | |
|  |  | | | | | | | | | | | | | (**M**)ultiple  (**S**)ingle | | | (**R**)aw  (**F**)inished |  | | |  | | | |
| **Routine or Special Sample** | **Original, Resubmitted or**  **Confirmation Report** | | | | | | | | | | | **If Resubmitted Report, list below:** | | | | | | | | | | | | |
| **(1) Reason for Resubmission** | | | | | | **(2) Collection Date of Original Sample** | | | | | | |
| RS  SS | Original  Resubmitted  Confirmation | | | | | | | | | | | Resample  Reanalysis  Report Correction | | | | | |  | | | | | | |
| **SAMPLE COMMENTS -** Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection or if this is a field reagent blank | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **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#** | | | | | | | | | | |
|  | |  | | |  | | | |  | | | **Primary Lab:** | | |  | | | | | | | |
| **Subcontracted Lab:** | | |  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CAS#** | **REGULATED PFAS CONTAMINANTS** | | **Result1**  **ng/L** | **Result2 Qualifier** | **MCL\***  **ng/L** | **MDL**  **ng/L** | **MRL**  **ng/L** |
| 1763-23-1 | **Perfluorooctane Sulfonic Acid (PFOS)** | |  |  | - |  |  |
| 335-67-1 | **Perfluorooctanoic Acid (PFOA)** | |  |  |  |  |
| 355-46-4 | **Perfluorohexane Sulfonic Acid (PFHxS)** | |  |  |  |  |
| 375-95-1 | **Perfluorononanoic Acid (PFNA)** | |  |  |  |  |
| 375-85-9 | **Perfluorohepatanoic Acid (PFHpA)** | |  |  |  |  |
| 335-76-2 | **Perfluorodecanoic acid (PFDA)** | |  |  |  |  |
| **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) | | **=** |  | -- | **20** | *-* | *-* |
|  | **UNREGULATED PFAS CONTAMINANTS** | |  | | | | |
| 375-73-5 | **Perfluorobutane sulfonic acid (PFBS)** | |  |  | - |  |  |
| 307-55-1 | **Perfluorododecanoic acid (PFDoA)** | |  |  |  |  |
| 307-24-4 | **Perfluorohexanoic acid (PFHxA)** | |  |  |  |  |
| 376-06-7 | **Perfluorotetradecanoic acid (PFTA)** | |  |  |  |  |
| 72629-94-8 | **Perfluorotridecanoic acid (PFTrDA)** | |  |  |  |  |
| 2058-94-8 | **Perfluoroundecanoic acid (PFUnA)** | |  |  |  |  |
| 2991-50-6 | **N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)** | |  |  |  |  |
| 2355-31-9 | **N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)** | |  |  |  |  |
| 763051-92-9 | **11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)** | |  |  |  |  |
| 756426-58-1 | **9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)** | |  |  |  |  |
| 919005-14-4 | **4,8-dioxa-3H-perfluorononanoic acid (ADONA)** | |  |  |  |  |
| 13252-13-6 | **Hexafluoropropylene oxide dimer acid (HFPO-DA)** | |  |  |  |  |

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PWS ID#:** |  |  | **Lab Sample ID#:** | **Primary Lab:** |  |
| **Subcontracted Lab:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CAS#** | **UNREGULATED PFAS CONTAMINANTS** | **Result1**  **ng/L** | **Result2 Qualifier** | **MCL \***  **ng/L** | **MDL**  **ng/L** | **MRL**  **ng/L** |
|  |  |  |  | **-** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Surrogate Name | **% Recovery (70 – 130%)** | **Alternate Surrogate**  **(must document reason for change)** |
| **13C2-PFHxA** |  |  |
| **13C2-PFDA** |  |  |
| **d5-NEtFOSAA** |  |  |
| **13C3-HFPO-DA** |  |  |

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 (LFB), Matrix Spike/Duplicate (LFSM/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:** |  |

\* MCL or proposed MCL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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:** | |  | |
|  | |  | |
| **Date:** | |  | |
|  | | | | | |
| *If not submitting these results electronically, mail TWO copies of this report to your MassDEP 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 period, whichever is sooner. Note that during the Massachusetts COVID-19 state of emergency, in addition to submitting by mail reports may be emailed to program.director-dwp@mass.gov.* | | | | | |
| MassDEP REVIEW STATUS (Initial & Date)  Accepted \_\_\_\_\_\_\_\_\_\_\_  Disapproved \_\_\_\_\_\_\_\_\_\_\_ | Review Comments | |  | | WQTS Data Entered |