



# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** **Per- and Polyfluoroalkyl Substances (PFAS) Report**

Page 1 of 2

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

PWS ID #: **3315000** City / Town: **WAYLAND**  
PWS Name: **WAYLAND WATER DEPARTMENT** PWS Class: **COM** ☒ **NTNC** ☐ **TNC** ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information		Date Collected	Collected By
	<b>OXBOW</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	<b>4/27/21</b>	<b>R. Bernard</b>
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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. #: **M-MA1118** Primary Lab Name: **Nashoba Analytical, LLC** Subcontracted? (Y/N) **Y**

Analysis Lab Cert. #: **M-MA030** Analysis Lab Name: **Alpha Mansfield**

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#	
EPA 537.1	4/30/21	5/1/21	1	Primary Lab:	226860-1
				Subcontracted Lab:	L2121579-01

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	4.29			0.466	1.90
335-67-1	Perfluorooctanoic Acid (PFOA)	8.76			0.592	1.90
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	1.36	J		0.455	1.90
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.451	1.90
375-85-9	Perfluorohexanoic Acid (PFHpA)	3.53			0.246	1.90
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.611	1.90
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)		16.58	-	20	-	-
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	1.67	J		0.269	1.90
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.614	1.90
307-24-4	Perfluorohexanoic acid (PFHxA)	4.02			0.250	1.90
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.410	1.90
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.482	1.90
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.406	1.90
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NtEFOSAA)	ND			0.531	1.90
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.569	1.90
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.199	1.90
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.261	1.90
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.068	1.90
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.429	1.90

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

# Per- and Polyfluoroalkyl Substances (PFAS) Report

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PWS ID#:

**3315000**

Lab Sample ID#:

**Primary Lab:**

226860-1

Subcontracted Lab:

**L2121579-01**

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	102	
<sup>13</sup> C <sub>2</sub> -PFDA	103	
d <sub>5</sub> -NEtFOSAA	92	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	84	

Note:  $^{13}\text{C}_3\text{-HFPO-DA}$  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: 5-19-21

*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](mailto:program.director-dwp@mass.gov).*

MassDEP REVIEW STATUS (Initial & Date)  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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## Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 2

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

PWS ID #: 3315000

City / Town: WAYLAND

PWS Name: WAYLAND WATER DEPARTMENT

PWS Class: COM ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
	OXBOW- FIELD BLANK	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	4/27/21	R. Bernard
		<input type="checkbox"/> (R)aw <input type="checkbox"/> (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	
<input type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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. #: M-MA1118

Primary Lab Name: Nashoba Analytical, LLC

Subcontracted? (Y/N) Y

Analysis Lab Cert. #: M-MA030

Analysis Lab Name: Alpha Mansfield

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#	
EPA 537.1	4/30/21	5/1/21	1	Primary Lab:	226860-1-FB
				Subcontracted Lab:	L2121579-02

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.615	1.84
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.615	1.84
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.615	1.84
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.615	1.84
375-85-9	Perfluoroheptanoic Acid (PFHpA)	ND			0.615	1.84
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.615	1.84
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)		ND		20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND			0.615	1.84
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.615	1.84
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.615	1.84
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.615	1.84
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.615	1.84
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.615	1.84
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.615	1.84
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.615	1.84
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.615	1.84
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.615	1.84
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.615	1.84
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.615	1.84

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



<b>Primary Lab:</b>	<b>226860-1-FB</b>
<b>Subcontracted Lab:</b>	<b>L2121579-02</b>

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	103	
<sup>13</sup> C <sub>2</sub> -PFDA	101	
d <sub>5</sub> -NEtFOSAA	94	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	90	

Note:  $^{13}\text{C}_3$ -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: 5-19-21

*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](mailto:program.director-dwp@mass.gov).*

MassDEP REVIEW STATUS (Initial & Date)  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 2

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

PWS ID #: **3315000**

City / Town: **WAYLAND**

PWS Name: **WAYLAND WATER DEPARTMENT**

PWS Class: ☒ COM ☒ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
	<b>TANK</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	<b>4/27/21</b>	<b>R. Bernard</b>
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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. #: **M-MA1118**

Primary Lab Name: **Nashoba Analytical, LLC**

Subcontracted? (Y/N) **Y**

Analysis Lab Cert. #: **M-MA030**

Analysis Lab Name: **Alpha Mansfield**

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#	
EPA 537.1	4/30/21	5/3/21	1	Primary Lab:	226860-2
				Subcontracted Lab:	L2121579-03

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL <sup>*</sup> ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	6.22			0.607	1.82
335-67-1	Perfluorooctanoic Acid (PFOA)	9.70			0.607	1.82
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	2.51			0.607	1.82
375-95-1	Perfluorononanoic Acid (PFNA)	1.38	J		0.607	1.82
375-85-9	Perfluorheptanoic Acid (PFHpA)	4.32			0.607	1.82
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.607	1.82
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)		22.75	--	20		
	UNREGULATED PFAS CONTAMINANTS					
375-73-5	Perfluorobutane sulfonic acid (PFBS)	3.67			0.607	1.82
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.607	1.82
307-24-4	Perfluorohexanoic acid (PFHxA)	10.0			0.607	1.82
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.607	1.82
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.607	1.82
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.607	1.82
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.607	1.82
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.607	1.82
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.607	1.82
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.607	1.82
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.607	1.82
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.607	1.82

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

## Per- and Polyfluoroalkyl Substances (PFAS) Report

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PWS ID#:

**3315000**

**Lab Sample ID#:**

**Primary Lab:**

226860-2

Subcontracted Lab:

**L2121579-03**

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	111	
<sup>13</sup> C <sub>2</sub> -PFDA	107	
d <sub>5</sub> -NEtFOSAA	114	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	96	

Note:  $^{13}\text{C}_3\text{-HFPO-DA}$  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: 5-19-21

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<b>MassDEP REVIEW STATUS (Initial &amp; Date)</b>  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	<b>Review Comments</b>	<input type="checkbox"/> WQTS Data Entered
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# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 2

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

PWS ID #: **3315000** City / Town: **WAYLAND**  
PWS Name: **WAYLAND WATER DEPARTMENT** PWS Class: ☐ COM ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
	<b>TANK- FIELD BALNK</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<b>4/27/21</b>	<b>R. Bernard</b>
<input type="checkbox"/> Routine or Special Sample <input type="checkbox"/> RS <input type="checkbox"/> SS	<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:		
<b>SAMPLE COMMENTS</b> - 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. #: **M-MA1118** Primary Lab Name: **Nashoba Analytical, LLC** Subcontracted? (Y/N) **Y**

Analysis Lab Cert. #: **M-MA030** Analysis Lab Name: **Alpha Mansfield**

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#	
EPA 537.1	4/30/21	5/1/21	1	Primary Lab:	226860-2-FB
				Subcontracted Lab:	L2121579-04

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.669	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.669	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.669	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.669	2.00
375-85-9	Perfluorooheptanoic Acid (PFHpA)	ND			0.669	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.669	2.00
<b>PFAS6</b> (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)		<b>ND</b>	<b>-</b>	<b>20</b>		
	UNREGULATED PFAS CONTAMINANTS					
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND			0.669	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.669	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.669	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.669	2.00
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.669	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.669	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.669	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.669	2.00
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.669	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.699	2.00
919005-14-4	4,8-dioxo-3H-perfluorononanoic acid (ADONA)	ND			0.669	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.669	2.00

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

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PWS ID#:

**3315000**

**Lab Sample ID#:**

**Primary Lab:**

**226860-2-FB**

Subcontracted Lab:

**L2121579-04**

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	106	
<sup>13</sup> C <sub>2</sub> -PFDA	107	
d <sub>5</sub> -NEtFOSAA	101	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	100	

Note:  $^{13}\text{C}_3$ -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: 5-19-21

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MassDEP REVIEW STATUS (Initial & Date)  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** **Per- and Polyfluoroalkyl Substances (PFAS) Report**

Page 1 of 2

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

PWS ID #: **3315000** City / Town: **WAYLAND**  
PWS Name: **WAYLAND WATER DEPARTMENT** PWS Class: **COM** ☒ **NTNC** ☐ **TNC** ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By	
	<b>TOWN HALL</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	<b>4/27/21</b>	<b>R. Bernard</b>
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
		(1) Reason for Resubmission	(2) Collection Date of Original Sample		
<input type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
<b>SAMPLE COMMENTS</b> - 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. #: **M-MA1118** Primary Lab Name: **Nashoba Analytical, LLC** Subcontracted? (Y/N) **Y**

Analysis Lab Cert. #: **M-MA030** Analysis Lab Name: **Alpha Mansfield**

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

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Lab Method	Date Extracted	Date Analyzed	Dilution Factor	Lab Sample IDs#	
EPA 537.1	4/30/21	5/1/21	1	Primary Lab:	226860-3
				Subcontracted Lab:	L2121579-05

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	1.52	J		0.588	1.76
335-67-1	Perfluorooctanoic Acid (PFOA)	3.31			0.588	1.76
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	0.951	J		0.588	1.76
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.588	1.76
375-85-9	Perfluorooheptanoic Acid (PFHpA)	2.08			0.588	1.76
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.588	1.76
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)		= 5.39	--	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	1.58	J		0.588	1.76
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.588	1.76
307-24-4	Perfluorohexanoic acid (PFHxA)	3.38			0.588	1.76
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.588	1.76
72629-94-8	Perfluorotridecanoic acid (PFTTrDA)	ND			0.588	1.76
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.588	1.76
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NtEFOSAA)	ND			0.588	1.76
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.588	1.76
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.588	1.76
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.588	1.76
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.588	1.76
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.588	1.76

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

## Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 2 of 2

PWS ID#:

**3315000**

**Lab Sample ID#:**

**Primary Lab:**

226860-3

Subcontracted Lab:

L2121579-05

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	102	
<sup>13</sup> C <sub>2</sub> -PFDA	104	
d <sub>5</sub> -NETFOSAA	101	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	85	

Note:  $^{13}\text{C}_3\text{-HFPO-DA}$  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: 5-19-21

*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](mailto:program.director-dwp@mass.gov).*

MassDEP REVIEW STATUS (Initial & Date)  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 2

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

PWS ID #: **3315000** City / Town: **WAYLAND**  
PWS Name: **WAYLAND WATER DEPARTMENT** PWS Class: ☒ COM ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By	
	<b>TOWN HALL- FIELD BLANK</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/27/21	R. Bernard
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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. #: **M-MA1118** Primary Lab Name: **Nashoba Analytical, LLC** Subcontracted? (Y/N) **Y**

Analysis Lab Cert. #: **M-MA030** Analysis Lab Name: **Alpha Mansfield**

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

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Lab Method	Date Extracted	Date Analyzed	Dilution Factor	Lab Sample IDs#	
EPA 537.1	4/30/21	5/1/21	1	Primary Lab:	226860-3-FB
				Subcontracted Lab:	L2121579-06

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.646	1.93
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.646	1.93
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.646	1.93
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.646	1.93
375-85-9	Perfluoroheptanoic Acid (PFHpA)	ND			0.646	1.93
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.646	1.93
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)		ND	-	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND			0.646	1.93
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.646	1.93
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.646	1.93
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.646	1.93
72629-94-8	Perfluorotridecanoic acid (PFTTrDA)	ND			0.646	1.93
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.646	1.93
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.646	1.93
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.646	1.93
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.646	1.93
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.646	1.93
919005-14-4	4,8-dioxo-3H-perfluorononanoic acid (ADONA)	ND			0.646	1.93
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.646	1.93

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

## Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 2 of 2

PWS ID#:

**3315000**

**Lab Sample ID#:**

**Primary Lab:**

226860-3-FB

Subcontracted Lab:

L2121579-06

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	99	
<sup>13</sup> C <sub>2</sub> -PFDA	94	
d <sub>5</sub> -NETFOSAA	100	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	88	

Note:  $^{13}\text{C}_3\text{-HFPO-DA}$  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](mailto:program.director-dwp@mass.gov).*

<b>MassDEP REVIEW STATUS (Initial &amp; Date)</b>  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** **Per- and Polyfluoroalkyl Substances (PFAS) Report**

Page 1 of 2

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

PWS ID #: **3315000** City / Town: **WAYLAND**  
PWS Name: **WAYLAND WATER DEPARTMENT** PWS Class: ☒ COM ☒ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
	<b>STATION 2</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	<b>4/27/21</b>	<b>R. Bernard</b>
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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. #: **M-MA1118** Primary Lab Name: **Nashoba Analytical, LLC** Subcontracted? (Y/N) **Y**  
Analysis Lab Cert. #: **M-MA030** Analysis Lab Name: **Alpha Mansfield**  
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#	
EPA 537.1	4/30/21	5/3/21	1	Primary Lab:	226860-4
				Subcontracted Lab:	L2121579-07

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	7.57			0.611	1.83
335-67-1	Perfluorooctanoic Acid (PFOA)	11.4			0.611	1.83
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	2.63			0.611	1.83
375-95-1	Perfluorononanoic Acid (PFNA)	1.83			0.611	1.83
375-85-9	Perfluorohexanoic Acid (PFHpA)	4.35			0.611	1.83
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.611	1.83
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)		27.78	--	20	-	-
	UNREGULATED PFAS CONTAMINANTS					
375-73-5	Perfluorobutane sulfonic acid (PFBS)	4.10			0.611	1.83
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.611	1.83
307-24-4	Perfluorohexanoic acid (PFHxA)	10.9			0.611	1.83
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.611	1.83
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.611	1.83
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.611	1.83
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.611	1.83
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.611	1.83
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.611	1.83
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.611	1.83
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.611	1.83
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.611	1.83

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

# Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 2 of 2

PWS ID#:

**3315000**

**Lab Sample ID#:**

**Primary Lab:**

226860-4

Subcontracted Lab:

L2121579-07

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	103	
<sup>13</sup> C <sub>2</sub> -PFDA	103	
d <sub>5</sub> -NEtFOSAA	112	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	84	

Note:  $^{13}\text{C}_3$ -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](mailto:program.director-dwp@mass.gov).*

<b>MassDEP REVIEW STATUS (Initial &amp; Date)</b>  <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	<b>Review Comments</b>	<input type="checkbox"/> WQTS Data Entered
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# Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS** Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 2

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

PWS ID #: **3315000** City / Town: **WAYLAND**  
PWS Name: **WAYLAND WATER DEPARTMENT** PWS Class: ☒ COM ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
	<b>STATION 2- FIELD BLANK</b>	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	4/27/21	R. Bernard
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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. #: **M-MA1118** Primary Lab Name: **Nashoba Analytical, LLC** Subcontracted? (Y/N) **Y**

Analysis Lab Cert. #: **M-MA030** Analysis Lab Name: **Alpha Mansfield**

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#	
EPA 537.1	4/30/21	5/1/21	1	Primary Lab:	226860-4-FB
				Subcontracted Lab:	L2121579-08

CAS#	REGULATED PFAS CONTAMINANTS	Result <sup>1</sup> ng/L	Result <sup>2</sup> Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.665	1.99
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.665	1.99
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.665	1.99
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.665	1.99
375-85-9	Perfluorohexanoic Acid (PFHpA)	ND			0.665	1.99
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.665	1.99
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)		ND	-	20	-	-
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND			0.665	1.99
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.665	1.99
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.665	1.99
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.665	1.99
72629-94-8	Perfluorotridecanoic acid (PFTDA)	ND			0.665	1.99
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.665	1.99
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NETFOSAA)	ND			0.665	1.99
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.665	1.99
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.665	1.99
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.665	1.99
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.665	1.99
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.665	1.99

<sup>1</sup> A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

<sup>2</sup> All qualifiers must be described under Lab Analysis Comments on page 2.

## Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 2 of 2

PWS ID#:

**3315000**

**Lab Sample ID#:**

**Primary Lab:**

226860-4-FB

Subcontracted Lab:

L2121579-08

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
<sup>13</sup> C <sub>2</sub> -PFHxA	100	
<sup>13</sup> C <sub>2</sub> -PFDA	100	
d <sub>5</sub> -NEtFOSAA	111	
<sup>13</sup> C <sub>3</sub> -HFPO-DA	91	

Note:  $^{13}\text{C}_3\text{-HFPO-DA}$  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](mailto:program.director-dwp@mass.gov).*

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