

**Per- and Polyfluoroalkyl Substances (PFAS) Report**

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

PWS ID #: **2316000** City / Town: **WEBSTER**

PWS Name: **WEBSTER WATER DEPARTMENT** PWS Class: ☐ COM ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By	
MULT2	MEMORIAL BEACH WTP (FINISHED BLEND)	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	08/25/21	J.P.
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input checked="" 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-MA086** Primary Lab Name: **Alpha Analytical Labs** Subcontracted? (Y/N) **Y**

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

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#	
537.1	08/27/21	08/27/21	1	Primary Lab:	L2145587-01
				Subcontracted Lab:	L2145587-01

CAS#	REGULATED PFAS CONTAMINANTS	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	3.48			0.594	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	4.69			0.594	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	1.03	J		0.594	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	0.96	J		0.594	2.00
375-85-9	Perfluorohexanoic Acid (PFHpA)	2.2			0.594	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.594	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)		10.4	--	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	1.78	J		0.594	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.594	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	3.45			0.594	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.594	2.00
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.594	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.594	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.594	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.594	2.00
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.594	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.594	2.00
919005-14-4	4,8-dioxo-3H-perfluorononanoic acid (ADONA)	ND			0.594	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.594	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.



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PWS ID#: 2316000

Lab Sample ID#:

Primary Lab:	L2145587-01
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Subcontracted Lab:	L2145587-01
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[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	108	
¹³ C ₂ -PFDA	95	
d ₅ -NETFOSAA	111	
¹³ C ₃ -HFPO-DA	97	

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
J	The target analyte concentration is below the quantitation limit (RL), but above the Method Detection Limit.
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: 09/13/2021

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) <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**

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

PWS ID #: **2316000** City / Town: **WEBSTER**
PWS Name: **WEBSTER WATER DEPARTMENT** PWS Class: **COM** ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
MULT2	MEMORIAL BEACH WTP (FINISHED BLEND) FB	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	08/25/21	J.P.
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 checked="" 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-MA086** Primary Lab Name: **Alpha Analytical Labs** Subcontracted? (Y/N) **Y**

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

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#	
537.1	08/27/21	08/27/21	1	Primary Lab:	L2145587-02
				Subcontracted Lab:	L2145587-02

CAS#	REGULATED PFAS CONTAMINANTS	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.604	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.604	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.604	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.604	2.00
375-85-9	Perfluorohexanoic Acid (PFHpA)	ND			0.604	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.604	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)		ND	--	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND			0.604	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.604	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.604	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.604	2.00
72629-94-8	Perfluorotridecanoic acid (PFTDA)	ND			0.604	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.604	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NtFOSAA)	ND			0.604	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.604	2.00
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.604	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.604	2.00
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.604	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.604	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.



PWS ID#: 2316000

Primary Lab: L2145587-02

Subcontracted Lab: L2145587-02

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	110	
¹³ C ₂ -PFDA	94	
d ₅ -NETFOSAA	97	
¹³ C ₃ -HFPO-DA	108	

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)

* 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: *Joseph M. Wack*

Date: 09/13/2021

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.

Rev. 9/9/2020



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

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

PWS ID #: **2316000** City / Town: **WEBSTER**
PWS Name: **WEBSTER WATER DEPARTMENT** PWS Class: **COM** ☐ **NTNC** ☐ **TNC** ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information		Date Collected	Collected By
RW 08G	STA.#1 WELL #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	08/25/21	J.P.
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 checked="" 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-MA086** Primary Lab Name: **Alpha Analytical Labs** Subcontracted? (Y/N) **Y**

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

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#	
537.1	08/27/21	08/27/21	1	Primary Lab:	L2145587-03
				Subcontracted Lab:	L2145587-03

CAS#	REGULATED PFAS CONTAMINANTS	Result ¹ ng/L	Result ² Qualifier	MCL ⁺ ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	6.11			0.6	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	7			0.6	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	1.8	J		0.6	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	0.934	J		0.6	2.00
375-85-9	Perfluorohexanoic Acid (PFHpA)	3.88			0.6	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.6	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)		17	--	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	4.45			0.6	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.6	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	2.91			0.6	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.6	2.00
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.6	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.6	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.6	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.6	2.00
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.6	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.6	2.00
919005-14-4	4,8-dioxo-3H-perfluorononanoic acid (ADONA)	ND			0.6	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.6	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.



PWS ID#: 2316000

Lab Sample ID#:

Primary Lab:	L2145587-03
Subcontracted Lab:	L2145587-03

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	110	
¹³ C ₂ -PFDA	96	
d ₅ -NEtFOSAA	97	
¹³ C ₃ -HFPO-DA	100	

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
J	The target analyte concentration is below the quantitation limit (RL), but above the Method Detection Limit.
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:

Signature: Joseph Winterro

Date: 09/13/2021

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) <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**

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

PWS ID #: **2316000** City / Town: **WEBSTER**
PWS Name: **WEBSTER WATER DEPARTMENT** PWS Class: **COM** ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information		Date Collected	Collected By
RW 08G	STA.#1 WELL #5 FB	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	08/25/21	J.P.
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 checked="" 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-MA086** Primary Lab Name: **Alpha Analytical Labs** Subcontracted? (Y/N) **Y**

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

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#	
537.1	08/27/21	08/27/21	1	Primary Lab:	L2145587-04
				Subcontracted Lab:	L2145587-04

CAS#	REGULATED PFAS CONTAMINANTS	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.584	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.584	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.584	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.584	2.00
375-85-9	Perfluorohexanoic Acid (PFHxA)	ND			0.584	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.584	2.00
PFAS6 (sum of PFOS, PFOA, PFHxS, PFNA, PFHxA 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					
375-73-6	Perfluorobutane sulfonic acid (PFBS)	ND			0.584	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.584	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.584	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.584	2.00
72629-94-8	Perfluorotridecanoic acid (PFTrDA)	ND			0.584	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.584	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.584	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.584	2.00
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	ND			0.584	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9Cl-PF3ONS)	ND			0.584	2.00
919005-14-4	4,8-dioxo-3H-perfluorononanoic acid (ADONA)	ND			0.584	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.584	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.



PWS ID#: 2316000

Lab Sample ID#:

Primary Lab:	L2145587-04
Subcontracted Lab:	L2145587-04

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	109	
¹³ C ₂ -PFDA	95	
d ₅ -NetFOSAA	100	
¹³ C ₃ -HFPO-DA	103	

Note: $^{13}\text{C}_3$ -HFPO-DA is not required for EPA Method 537 v1.1

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☒ 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)

* 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: Joseph Watkins

Date: 09/13/2021

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.

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PWS ID #: **2316000** City / Town: **WEBSTER**
PWS Name: **WEBSTER WATER DEPARTMENT** PWS Class: **COM** ☐ **NTNC** ☐ **TNC** ☐

MassDEP Location (LOG) ID#	MassDEP Location Name	Sample Information		Date Collected	Collected By
PT 03G	STA.#3 FINISH	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	08/25/21	J.P.
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 checked="" 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-MA086** Primary Lab Name: **Alpha Analytical Labs** Subcontracted? (Y/N) **Y**

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

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#	
537.1	08/27/21	08/27/21	1	Primary Lab:	L2145587-05
				Subcontracted Lab:	L2145587-05

CAS#	REGULATED PFAS CONTAMINANTS	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	7.2			0.608	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	9.97			0.608	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	2.51			0.608	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	0.837	J		0.608	2.00
375-85-9	Perfluoroheptanoic Acid (PFHpA)	4.55			0.608	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.608	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)		= 24.2	--	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	2.4			0.608	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.608	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	5.49			0.608	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.608	2.00
72629-94-8	Perfluorotridecanoic acid (PFTTrDA)	ND			0.608	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.608	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NEtFOSAA)	ND			0.608	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.608	2.00
763051-92-9	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.608	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.608	2.00
919005-14-4	4,8-dioxo-3H-perfluorononanoic acid (ADONA)	ND			0.608	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.608	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.



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

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

PWS ID #: **2316000** City / Town: **WEBSTER**
PWS Name: **WEBSTER WATER DEPARTMENT** PWS Class: **COM** ☐ NTNC ☐ TNC ☐

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information	Date Collected	Collected By
PT 03G	STA.#3 FINISH FB	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	08/25/21	J.P.
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 checked="" 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-MA086** Primary Lab Name: **Alpha Analytical Labs** Subcontracted? (Y/N) **Y**

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

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#	
537.1	08/27/21	08/27/21	1	Primary Lab:	L2145587-06
				Subcontracted Lab:	L2145587-06

CAS#	REGULATED PFAS CONTAMINANTS	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND			0.606	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.606	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.606	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.606	2.00
375-85-9	Perfluorohexanoic Acid (PFHpA)	ND			0.606	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.606	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)		ND	--	20		
UNREGULATED PFAS CONTAMINANTS						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND			0.606	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.606	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.606	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.606	2.00
72629-94-8	Perfluorotridecanoic acid (PFTDA)	ND			0.606	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.606	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NtFOSAA)	ND			0.606	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMeFOSAA)	ND			0.606	2.00
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.606	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.606	2.00
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.606	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.606	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.

Per- and Polyfluoroalkyl Substances (PFAS) Report

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PWS ID#: 2316000

Lab Sample ID#:

Primary Lab:	L2145587-06
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L2145587-06

Subcontracted Lab:	L2145587-06
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L2145587-06

[illegible]

Surrogate Name	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	98	
¹³ C ₂ -PFDA	92	
d ₅ -NETFOSAA	103	
¹³ C ₃ -HFPO-DA	96	

Note: $^{13}\text{C}_3\text{-HEPO-DA}$ 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 (LSM/LSMD 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
J	The target analyte concentration is below the quantitation limit (RL), but above the Method Detection Limit.
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:

Joseph Watkins

Date: 09/13/2021

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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MASSDEP DRINKING WATER CHAIN OF CUSTODY				Page of	Date Rec'd in Lab: <u>8/25/12</u>	ALPHA Job # <u>2145587</u>		
Westborough, MA TEL: 508-898-9220 FAX: 508-898-9191		Manfield, MA TEL: 508-822-9100 FAX: 508-822-3288		Project Information Project Name: _____ PWS Name: _____ Project Location: _____ Project PWS ID#: _____ Project Manager: _____ ALPHA Quote #: _____ Turn-Around Time: _____			Billing Information <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> ADEX <input type="checkbox"/> Add'l Deliverables <input type="checkbox"/> Same as Client Info PO # _____	
Client Information Client: <u>WEBSTER WATER DEPT.</u> Address: <u>38 Hill St</u> <u>WEBSTER MA 01570</u> Phone: _____ Fax: _____ Email: _____				Please Indicate PWS Class Below <input type="checkbox"/> COM <input type="checkbox"/> NTNC <input type="checkbox"/> TNC			SUBJECT TO MCL REPORTING	
These samples have been previously analyzed by Alpha <input checked="" type="checkbox"/>				ANALYSIS				
Other Project Specific Requirements/ Comments/Detection Limits				Sample Filtration <input type="checkbox"/> Done <input type="checkbox"/> Lab to do <input type="checkbox"/> Preservation <input type="checkbox"/> Lab to do (Please Check Below)				
SAMPLER: JOE PATTERSON				Sample Matrix				
ALPHA Lab ID (Lab Use Only)		DEP Location Code		DEP Location Name		Collection Date Time		
<u>45687-01</u>		<u>MULTI 2</u>		<u>STA #2 Filter Plant</u>		<u>8-26-21 11:50</u>		
<u>-02</u>		<u>MULTI FB</u>		<u>STA #2 Filter Plant</u>		<u>8-26-21 11:50</u>		
<u>-03</u>		<u>RW08G</u>		<u>STA #1 Well #5</u>		<u>8-26-21 11:30</u>		
<u>-04</u>		<u>RW08G FB</u>		<u>STA #1 Well #5</u>		<u>8-26-21 11:30</u>		
<u>-05</u>		<u>PT03G</u>		<u>STA #3 Finish</u>		<u>8-26-21 8:30</u>		
<u>-06</u>		<u>PT03G FB</u>		<u>STA #3 Finish</u>		<u>8-26-21 8:30</u>		
Container Code P = Plastic A = Amber Glass V = Vial G = Glass B = Bacteria Cup C = Cube O = Other E = Encore D = BOD Bottle		Preservative Code A = None B = HCl C = HNO3 D = H2SO4 E = NaOH F = MeOH G = NaHSO4 H = Na2S2O3 I = Acetic Acid J = NH4Cl K = Zn Acetate O = Other		(1) List connected sources if Multiple		Container Type Preservative		
Relinquished By: <u>[Signature]</u>		Date/Time: <u>8-25-21 12:30</u>		Received By: <u>[Signature]</u>		Date/Time: <u>08/25/21 12:30</u>		
Relinquished By: <u>[Signature]</u>		Date/Time: <u>8/25/21 11:30</u>		Received By: <u>[Signature]</u>		Date/Time: <u>8/25/21 11:30</u>		
Relinquished By: <u>[Signature]</u>		Date/Time: <u>8/25/21 11:30</u>		Received By: <u>[Signature]</u>		Date/Time: <u>8/25/21 11:30</u>		
Form No: 01-24 HC (rev 18-Sept-2013)				Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. BY EXECUTING THIS COC, THE CLIENT HAS READ AND AGREES TO BE BOUND BY ALPHA'S TERMS & CONDITIONS (See reverse side.)				