# **ADDENDUM X**

# **SECTION 4. WATER SOURCE INFORMATION**

Please complete and submit information from Section 4 for <u>EACH</u> Water Source. See "Addendum X" to provide information for each additional Water Source.

<u>Note</u> : Groundwater wells should report flow rates from the groundwater well. Surface water systems should report the flow rate of the water that enters the treatment plant.

Name or description of the Water Source. <u>Note</u> : This is the name or unique identifier listed on the testing laboratory chain of custody document.		
Is this a groundwater well or surface water system?  *Please enter "Groundwater well" or "Surface water system."  Note: Please enter "Surface water system" if a treatment plant is blending groundwater and surface water before treatment. Both systems are considered a surface water system.		
WATER SOURCE QUESTIONS (CHECK YES OR NO)	YES	NO
Does the PWS own this Water Source?		
Does the PWS operate this Water Source?		
Has the water from this Water Source ever been used as Drinking Water?		
Was this Water Source tested or otherwise analyzed for PFAS using a state or federal agency		
approved analytical method consistent with the requirements of UCMR-5 (or stricter) and found to		
contain any Measurable Concentration of PFAS on or before the June 30, 2023?		
Was this Water Source tested or otherwise analyzed for PFAS after U.S. EPA's		
announcement of the testing requirements of UCMR 5 using a state or federal agency approved		
analytical method consistent with the requirements of UCMR 5 (or stricter) and found <b>NOT</b> to		
contain any PFAS at any level?		

## FLOW RATE CAPACITY

Please answer the below questions indicating the maximum flow rate capacity for the Water Source. Please enter the measurement in total gallons per year (GPY), gallons per minute (GPM), or million gallons per day (MGD).

FLOW RATE QUESTIONS	GPY	GPM	MGD
If this Water Source is a groundwater well, please enter the maximum flow rate capacity of the groundwater pump.			
If this Water Source is a surface water system, please enter the maximum flow rate capacity of the water that enters the treatment plant.			
How was the maximum flow rate capacity determined?			

For the following years, please enter the ACTUAL ANNUAL flow rate for the Impacted Water Source. If the flow rate was reduced or the source was taken offline due to PFAS contamination, please indicate by checking the box corresponding to that year.

<u>Note</u>: Please enter the measurement in total gallons per year (GPY) <u>OR</u> gallons per minute (GPM) <u>OR</u> million gallons per day (MGD). If the source was not active in a particular year, please enter "0" (zero) for the Actual Annual Flow Rate. Flow rates should be based on a 12 month period regardless of how many months the source was in operation during the year.

YEAR	GPY	GPM	MGD	Was the Annual Flow Rate reduced due to PFAS Contamination?
Flow Rate Calculations	= GPM * 1,440 Minutes Per Day * 365 Days Per Year	= GPY ÷ 1,440 ÷ 365	= (GPM * 1,440) ÷ 1,000,000	(Yes or No)
Example: 2013	785,246,400	1,494	2.15	No
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				

### ADDITIONAL FLOW RATE INFORMATION (IF NECESSARY)

Each PWS is required to provide data for at least 3 years for which the actual annual flow rate (AAFR) was not reduced due to PFAS contamination, if available. If the PWS did not provide data for at least 3 years in which the AAFR was not reduced due to PFAS contamination (in the table above), please use the space below to provide additional information as needed. For example, if the AAFR for 9 of the previous 10 years has been reduced due to PFAS contamination, the PWS should provide 2 years of data below for the most recent unimpacted years.

YEAR	GPY	GPM	MGD
Flow Rate Calculations	= GPM * 1,440 Minutes Per Day * 365 Days Per Year	= GPY ÷ 1,440 ÷ 365	= (GPM * 1,440) ÷ 1,000,000
<u>Example</u> : 2012	785,246,400	1,494	2.15

## **ADDENDUM X**

## **SECTION 5. PFAS TESTING RESULTS**

#### PFOA CONTAMINATION TESTING

Please enter the below information to indicate **PFOA** contamination testing results. If this Water Source was not found to contain any PFAS at any level in testing under the Testing Methodology (as defined above) after U.S. EPA's announcement of the testing requirements of UCMR-5, leave this section blank and skip to Section 6: Certification and Signature.

See Addendum X to pro	vide information for each additional Water Source.				
Highest historical PFOA c	oncentration in lab-issued documentation:				
Date of Sampling:					
Company of the person w	rho took the sample:				
Date of analysis:					
Highest historical PFOA c	hest historical PFOA concentration converted to parts per trillion (PPT):			PPT	
Name of laboratory that p	Name of laboratory that performed the analysis:		-		
Facility address of	Street/PO Box				
laboratory that performed the analysis:	City	State		Zip	
9	ncy approved analytical method was used to measure the limpacted Water Source (e.g., EPA Method 537.1, EPA Method 537M)?				
	PFOS CONTAMINATION TESTING				
in testing under the Testin and skip to Section 6: Cert	formation to indicate <u>PFOS</u> contamination testing results. If this Water Sound Methodology (as defined above) after U.S. EPA's announcement of the test if if it is an and Signature.  vide information for each additional Water Source.				
	oncentration in lab-issued documentation:				
Date of Sampling:					
Company of the person w	rho took the sample:				
Date of analysis:					
Highest historical PFOS concentration converted to parts per trillion (PPT):			PPT		
Name of laboratory that p	performed the analysis:				
Facility address of laboratory that	Street/PO Box			_	
performed the analysis:	City	State		Zip	
	ncy approved analytical method was used to measure the				

#### OTHER PFAS CONTAMINATION TESTING

Please enter the below information to indicate <u>other PFAS Chemical</u> contamination testing results. If this Water Source was not found to contain any PFAS at any level in testing under the Testing Methodology (as defined above) after U.S. EPA's announcement of the testing requirements of UCMR-5, leave this section blank and skip to Section 6: Certification and Signature.

see Addendam A to pro	viue information for each additional water source.		
Highest historical concen	tration of <b>one</b> other PFAS Chemical in lab-issued documentation:		
Date of Sampling:			
Company of the person w	rho took the sample:		
Date of analysis:			
Highest historical concentrillion (PPT):	tration of one other PFAS analyte concentration converted to parts per		PPT
Name of laboratory that p	performed the analysis:		
Facility address of laboratory that	Street/PO Box		
performed the analysis:	City	State	Zip
J	ncy approved analytical method was used to measure the le Impacted Water Source (e.g., EPA Method 537.1, EPA Method 537M)?		

#### **DOCUMENTATION REQUIREMENTS**

Please submit ALL documentation reflecting the information provided above including the following:

- 1. Lab-issued documentation demonstrating historical maximum detections of PFOA, PFOS, and other PFAS analyte
- 2. Lab issued testing chain of custody document
- 3. Documentation to support both Annual Average and Maximum Flow Rate or Treatment Plant Capacity of the Water Source.
- 4. Filed and dated copy of the lawsuit filed by the PWS to recover damages associated with PFAS contamination of its groundwater wells or surface water systems.
- 5. A duly completed and executed IRS Form W-9 (or other information return required pursuant to Treasury Regulations Section 1.6050X-1(a)(1)) for the PWS with respect to each Settling Defendant.
- 6. A duly completed written statement that satisfies the requirements of Treasury Regulations Section 1.6050X-1 (c) with respect to each Settling Defendant.
- 7. A written authorization substantially in the form of Exhibit K attached to the Settlement Agreement for the Claims Administrator to file the forms set forth in item (5) with the IRS and to provide the written statements set forth in item (6) to each Settling Defendant.