

Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873)

Public Water System Settlement Claims Form

INSTRUCTIONS

Please follow the instructions below to submit a claim for the AFFF Products Liability Litigation Settlement Program. A completed copy of this Claims Form must be submitted no later than the Claims Form Deadline. Late Claims Forms will not be considered.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIMS FORM. THIS CLAIMS FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT www.PFASWaterSettlement.com.

For the Claims Form to be valid, Claimants must provide ALL information requested concerning the Public Water System (PWS) and its groundwater wells and/or surface water systems ("Water Source").

Baseline Testing: Any Water Source tested for PFAS prior to U.S. EPA's announcement of the testing requirements of UCMR-5 (December 2021), that did not result in a detection of PFAS, must re-test to meet Baseline Testing requirements. If a Water Source tested for PFAS after U.S. EPA's announcement of the testing requirements of UCMR-5 using a methodology consistent with the requirements of UCMR-5 or applicable State requirements (if stricter) (the "Testing Methodology") and it did not result in a Measurable Concentration of PFAS, no further testing is required on that Water Source. Test results must be submitted from untreated (raw) water samples, except that a result showing a detection of PFAS in a treated (finished) water sample may be used. However, all samples must be drawn from a Water Source that has been used to provide Drinking Water. BY SUBMITTING THIS CLAIMS FORM, YOU CERTIFY THAT THE PWS ON WHOSE BEHALF YOU ARE SUBMITTING THE CLAIMS FORM HAS TESTED ALL OF ITS TEST SITES FOR PFAS AFTER U.S. EPA'S ANNOUNCEMENT OF THE TESTING REQUIREMENT OF UCMR-5 USING THE TESTING METHODOLOGY.

A PWS that does not timely return a completed Claims Form and all of the required documents forfeits any right to participate in this settlement. For any questions about this Claims Form, you may contact a Claim Representative at 1-855-714-4341 or info@pfaswatersettlement.com. Claims Forms submitted by mail should be sent to the Claims Administrator at the following address:

AFFF Public Water System Claims
PO Box 4466
Baton Rouge, LA 70821

SECTION 1. PUBLIC WATER SYSTEM (PWS) INFORMATION

SECTION 1.1 PWS GENERAL INFORMATION

Public Water System (PWS) Name			
PWS Identification Number (PWSID)		Employer Identification Number	_ _ _ - _ _ _ _ _
PWS Facility Address	Street		
	City	State	Zip

SECTION 1.2 PWS CONTACT INFORMATION

**Please note that communication for this Settlement may extend into the year 2030. Please provide contact information with this in mind and contact the Claims Administrator if any updates are required.*

Name of PWS Primary Contact		Job Title of PWS Primary Contact	
Telephone Number for Primary Contact	(_ _ _) _ _ _ - _ _ _ _	Fax Number	(_ _ _) _ _ _ - _ _ _ _
Email Address for Primary Contact		PWS "General" Email (if available)	
Name of PWS Secondary Contact		Job Title of PWS Secondary Contact	
Telephone Number for Secondary Contact	(_ _ _) _ _ _ - _ _ _ _	Email Address for Secondary Contact	
PWS Mailing Address <i>*Payments will be sent to this address</i>	Street/PO Box		
	City	State	Zip

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SECTION 1.3 LAWSUIT INFORMATION (CHECK YES OR NO)	YES	NO
Has PWS filed a lawsuit to recover damages associated with PFAS contamination of its groundwater wells or surface water systems?		
If yes, is the lawsuit currently pending/filed in the AFFF MDL?		
If the lawsuit is NOT currently in the AFFF MDL, in which court is it pending?		
Case Number		

SECTION 1.4 ATTORNEY INFORMATION (IF APPLICABLE)	YES	NO
Is the PWS Represented by an Attorney? (Check Yes or No)		
Attorney Name		Law Firm Name
Telephone Number (_ _ _) _ _ _ - _ _ _ _		Email Address
Law Firm Employer Identification Number		

SECTION 2. QUALIFYING PWS INFORMATION		
QUALIFYING QUESTIONS (CHECK YES OR NO)	YES	NO
Is the PWS required to test under UCMR-5?		
Is the PWS required to test for PFAS by state law?		
Does the PWS serve at least 15 service connections used by year-round residents?		
Does the PWS serve at least 25 year-round residents?		
Does the PWS serve fewer than 3,300 people according to SDWIS as of June 30, 2023?		
Is the PWS in the United States of America or one of its territories?		
Is the PWS owned by a state (or territory of the United States) or the federal government?		

PWS CODES WITHIN THE SAFE DRINKING WATER INFORMATION SYSTEM (SDWIS)	
What is the PWS Owner Type Code as listed in SDWIS? <i>*Please enter one of the following: "L-Local Government" or "M-Public/Private" or "P-Private" or "N-Native American" or "S-State Government" or "F-Federal Government"</i>	
If the PWS has an Owner Type Code of either "S-State Government" or "F-Federal Government," does the PWS have the authority to sue or be sued in its own name? <i>*Please enter one of the following: "Yes" or "No"</i>	
What is the PWS Facility Activity Code as listed in SDWIS? <i>*Please enter one of the following: "Active", "Inactive", "Change from public to non-public", "Merged with another system" or "Potential future system to be regulated"</i>	
What is the PWS classification as listed in SDWIS? <i>*Please enter one of the following: "Community Water System" or "Non-Transient Non-Community Water System" or "Transient Non-Community Water System"</i> <i>Note: If (1) your type code is "Transient Non-Community Water System" OR (2) your type code is "Non-Transient Non-Community Water System" AND the PWS serves fewer than 3,300 people, skip to Section 6.</i>	

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SECTION 3. WATER SOURCE SUMMARY INFORMATION

GROUNDWATER WELL SUMMARY

QUANTITY

How many Groundwater Wells are owned or operated by the PWS?

How many of these Groundwater Wells have been analyzed using a state or federal agency-approved analytical method consistent with the requirements of UCMR-5 (or stricter) and showed a measurable concentration of PFAS prior to June 30, 2023?

How many of these Groundwater Wells have been analyzed using a state or federal agency-approved analytical method consistent with the requirements of UCMR-5 (or stricter) and **DO NOT** show a measurable concentration of PFAS since U.S. EPA's announcement of the testing requirements of UCMR-5?

SURFACE WATER SYSTEM SUMMARY

QUANTITY

How many Surface Water Systems are owned or operated by the PWS?

How many of these Surface Water Systems have been analyzed using a state or federal agency approved analytical method consistent with the requirements of UCMR-5 (or stricter) and showed a measurable concentration of PFAS prior to June 30, 2023?

How many of these Surface Water Systems have been analyzed using a state or federal agency approved analytical method consistent with the requirements of UCMR-5 (or stricter) and **DO NOT** show a measurable concentration of PFAS since U.S. EPA's announcement of the testing requirements of UCMR-5?

SECTION 4. WATER SOURCE INFORMATION

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

Note: 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.

Note: 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 **NOT** to contain any PFAS at any level?

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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.

Note: Please enter the measurement in total gallons per year (GPY) OR gallons per minute (GPM) OR 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?
<i>Flow Rate Calculations</i>	<i>= GPM * 1,440 Minutes Per Day * 365 Days Per Year</i>	<i>= GPY ÷ 1,440 ÷ 365</i>	<i>= (GPM * 1,440) ÷ 1,000,000</i>	<i>(Yes or No)</i>
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
<i>Flow Rate Calculations</i>	<i>= GPM * 1,440 Minutes Per Day * 365 Days Per Year</i>	<i>= GPY ÷ 1,440 ÷ 365</i>	<i>= (GPM * 1,440) ÷ 1,000,000</i>
Example: 2012	785,246,400	1,494	2.15

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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 provide information for each additional Water Source.

Highest historical PFOA concentration in lab-issued documentation:							
Date of Sampling:							
Company of the person who took the sample:							
Date of analysis:							
Highest historical PFOA concentration converted to parts per trillion (PPT):				_____ PPT			
Name of laboratory that performed the analysis:							
Facility address of laboratory that performed the analysis:		Street/PO Box					
		City		State		Zip	
What state or federal agency approved analytical method was used to measure the PFAS concentrations of the Impacted Water Source (e.g., EPA Method 537.1, EPA Method 537M)?							

PFOS CONTAMINATION TESTING

Please enter the below information to indicate **PFOS** 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 provide information for each additional Water Source.

Highest historical PFOS concentration in lab-issued documentation:							
Date of Sampling:							
Company of the person who took the sample:							
Date of analysis:							
Highest historical PFOS concentration converted to parts per trillion (PPT):				_____ PPT			
Name of laboratory that performed the analysis:							
Facility address of laboratory that performed the analysis:		Street/PO Box					
		City		State		Zip	
What state or federal agency approved analytical method was used to measure the PFAS concentrations of the Impacted Water Source (e.g., EPA Method 537.1, EPA Method 537M)?							

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OTHER PFAS CONTAMINATION TESTING

Please enter the below information to indicate **other PFAS Chemical** 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 provide information for each additional Water Source.

Highest historical concentration of one other PFAS Chemical in lab-issued documentation:				
Date of Sampling:				
Company of the person who took the sample:				
Date of analysis:				
Highest historical concentration of one other PFAS analyte concentration converted to parts per trillion (PPT):				_____ PPT
Name of laboratory that performed the analysis:				
Facility address of laboratory that performed the analysis:	Street/PO Box			
	City	State	Zip	
What state or federal agency approved analytical method was used to measure the PFAS concentrations of the Impacted Water Source (e.g., EPA Method 537.1, EPA Method 537M)?				

SECTION 6. CERTIFICATION AND SIGNATURE

By signing this Claims Form, Settlement Class Member represents and warrants the following for the benefit of the Settling Defendants:

- The Settlement Class Member has authority to release all Released Claims on behalf of itself and all other Persons who are Releasing Persons by virtue of their relationship or association with it.
- The Settlement Class Member authorizes the Claims Administrator and/or Special Master to take all necessary action to satisfy the Settlement Class Member's obligation with respect to Section 11.6 of the Settlement Agreement including, but not limited to, reporting any Allocated Amount in Box 3 of an IRS Form 1098-F and filing such forms with the IRS.

I hereby declare under penalty of perjury under the laws of the State of _____ that all of the information provided within this Claims Form and its attachments are true and correct to the best of my knowledge, information, and belief.

Authorized Representative's Signature:	
Authorized Representative's Printed Name:	

Executed this _____ day of _____ at _____ (County), _____ (State).

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.