Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873)
Public Water System Settlement Claims Form

CLAIM SUBMISSION DEADLINE: 60 DAYS AFTER THE EFFECTIVE DATE

INSTRUCTIONS

All capitalized terms not otherwise defined herein shall have the meanings set forth in the Settlement Agreement, available for review at www.PFASWaterSettlement.com

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: If a Water Source was tested only prior to January 1, 2019, and its test results do not show a Measurable Concentration (any level) of PFAS, that Water Source must be retested to meet Baseline Testing requirements. If a Water Source was tested on January 1, 2019, or later, and its test results do not show a Measurable Concentration of PFAS, no further testing of that Water Source is required. Test results may be submitted from untreated (raw) or treated (finished) water samples. However, all samples must be drawn from a Water Source that has been used to provide Drinking Water.

A PWS that does not timely return a completed Claims Form 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* *Payments will be sent to this address*	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*		
Date Filed*		

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 3,300 people or fewer according to SDWIS as of May 15, 2024?*		
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?* *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"*	
If the PWS has an Owner Type Code of "P-Private", what is the operation type of the PWS?* *Please enter one of the following: "Private For-Profit Utility", "Nonprofit Utility", or "Ancillary Utility"*	
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?* *Please enter one of the following: "Yes" or "No"*	
What is the PWS Facility Activity Code as listed in SDWIS?* *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"*	
What is the PWS classification as listed in SDWIS?* *Please enter one of the following: "Community Water System" or "Non-Transient Non-Community Water System" or "Transient Non-Community Water System"* *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 3,300 people or fewer, skip to Section 6.*	

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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 and showed a Measurable Concentration of PFAS prior to May 15, 2024?	
How many of these groundwater wells have been analyzed using a state or federal agency-approved analytical method and DID NOT show a Measurable Concentration of PFAS since January 1, 2019?	

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 and showed a Measurable Concentration of PFAS prior to May 15, 2024?	
How many of these surface water systems have been analyzed using a state or federal agency-approved analytical method and DID NOT show a Measurable Concentration of PFAS since January 1, 2019?	

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."* *<u>Note</u> : 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?*		
Is this Water Source a <u>purchased</u> water connection?*		
Is this Water Source part of an interrelated Drinking Water system (IDWS)?* *If Yes, please complete the IDWS Addendum for this source.* *<u>Note</u> : Detailed IDWS guidance is provided in the "The Parties' Joint Interpretive Guidance on Interrelated Drinking-Water Systems" located at <u>www.PFASWaterSettlement.com</u> .*		
Has the water from this Water Source ever been used as Drinking Water?*		
Was this Water Source tested or otherwise analyzed for PFAS and found to contain any Measurable Concentration of PFAS on or before the May 15, 2024?*		

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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?
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: 2014	**785,246,400**	**1,494**	**2.15**	**No**
2014*				
2015*				
2016*				
2017*				
2018*				
2019*				
2020*				
2021*				
2022*				
2023*				

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*
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** Qualifying Test Results. *If this Water Source was not found to contain any PFAS at any level since **January 1, 2019,** 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 533)?*			

PFOS CONTAMINATION TESTING

Please enter the below information to indicate **PFOS** Qualifying Test Results. *If this Water Source was not found to contain any PFAS at any level since **January 1, 2019 ,** 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 533)?*			

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OTHER PFAS CONTAMINATION TESTING

Please enter the below information to indicate **other PFAS analyte** Qualifying Testing Results. *If this Water Source was not found to contain any PFAS at any level since* ***January 1, 2019*** *, 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 analyte 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 533)?*	

SECTION 6. CERTIFICATION AND SIGNATURE

By signing this Claims Form, Authorized Representative represents and warrants the following on behalf of the Class Member:

· The Authorized Representative has authority to submit a claim and to release all Released Claims on behalf of the Class Member and all other Persons who are Releasing Persons by virtue of their relationship or association with the Class Member.

· The Class Member has tested each of its Water Sources for PFAS.

· The Class Member authorizes the Claims Administrator and/or Special Master to provide all Claims Form information, including PFAS test result details, to the relevant Parties as required by the terms of the Settlement Agreement.

· The Class Member has consulted with any other entity that has incurred costs in connection with efforts to remove PFAS from, or prevent PFAS from entering, Class Member's Public Water System, and that Class Member's claim is on behalf of any such other entity.

I declare under penalty of perjury subject to 28 U.S.C. § 1746 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 (including chain of custody document)
2. Documentation to support both annual average and maximum flow rate of the water entering the surface water system.
3. 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
4. A completed IRS Form W-9 for the PWS