



BOTTLED WATER REBATE FORM

Per- and polyfluoroalkyl substances (PFAS) are a family of chemicals used since the 1950s to manufacture stain-resistant, water-resistant, and non-stick products. PFAS are widely used in common consumer products as coatings, on food packaging, outdoor clothing, carpets, leather goods, ski and snowboard waxes, and more. Certain types of firefighting foam—historically used by the U.S. military, local fire departments, and airports to fight oil and gasoline fires—may contain PFAS.

PFAS in drinking water is an important emerging issue nationwide. Because PFAS are water soluble, over time PFAS from some firefighting foam, manufacturing sites, landfills, spills, air deposition from factories and other releases can seep into surface soils. From there, PFAS can leach into groundwater or surface water, and can contaminate drinking water.

Our water system recently received notification of PFAS6 results showing that our system exceeded the 20 parts per trillion (ppt) PFAS6 Maximum Contaminant Level (MCL) drinking water standard during the January – March 2021 compliance period with a quarterly average of 26 ppt. Ayer has installed PFAS treatment to remove PFAS at one of our supplies and are constructing a PFAS treatment system at the other water supply location, which should be completed at the end of this year.

The MassDEP has stated that consumers in sensitive subgroups (pregnant or nursing women, infants and people diagnosed by their health care provider to have a compromised immune system) should consider using bottled water when the level of the six PFAS substances, individually or in combination, is above 20 parts-per-trillion (ppt).

The Ayer DPW and Select Board have decided to offer rebates to our customers in the sensitive subgroup. **A credit will be added to your water bill each billing cycle, if you qualify. Credits will be as follows:**

- **\$21 per infant less than one year old in home**
- **\$57 per pregnant or nursing mother / immune-compromised**

This rebate program is valid until all Ayer wells are treated to remove PFAS. This rebate program is not intended to operate as a guarantee regarding any exposure to PFAS and does not purport to limit exposure to PFAS from any source. The Ayer DPW strongly recommends that customers review information on bottled water that has been tested, published by the Commonwealth at <https://www.mass.gov/info-details/per-and-polyfluoroalkyl-substances-pfas>. If you have additional questions, please contact Mark Wetzel at mwetzel@ayer.ma.us (978) 772-8240.

*Infant is defined by the American Medical Association and Centers for Disease Control as being under the age of 1 years old.

(Application form follows on next page.)

TOWN OF AYER
DEPARTMENT OF PUBLIC WORKS
BOTTLED WATER REBATE PROGRAM APPLICATION

Return completed for to:
Ayer Department of Public Works
25 Brook Street
Ayer, MA 01432
DPW@ayer.ma.us

First Name: _____ Last Name: _____

Account Number: _____

Address: _____

Town: _____

Mailing address (if different): _____

Phone Number: Home-_____ Cell-_____

E-Mail address: _____

- ☐ Pregnant/ Nursing Mother - \$57 per quarter
- ☐ Immune-compromised - \$57 per quarter
- ☐ Infant less than one year old in home - \$21 per quarter

By signing this document, I am certifying under the pains and penalties of perjury that either I, or a member of my household covered by the above-reference account is a member of a sensitive subgroup (pregnant, nursing and/or infant(s) less than one year old in home or immunocompromised) and that the information I am providing is true and accurate. I acknowledge that I will be receiving a credit on my water bill until Ayer DPW determines that the rebate program is no longer applicable. I understand and acknowledge that participation in Bottled Water Rebate Program is voluntary, does not guarantee that I will not be exposed to PFAS from any sources and is not required by law or regulation. If I should no longer need bottled water, I agree to contact Ayer DPW immediately to remove me from the Bottled Water Rebate Program.

Signature _____ Date _____

For Internal Use Only:

Billing Cycle: _____

Number of Bills Covered Under this Application: _____

Notes: