

November 23, 2016

Re: Private Well Sampling Ridge Run PFAS HSCA Site Bucks County

Dear Property Owner or Current Resident:

The Pennsylvania Department of Environmental Protection (DEP) is conducting a groundwater investigation in your area. The investigation is being conducted pursuant to the Pennsylvania Hazardous Sites Cleanup Act, Act of October 18, 1988, P.L. 756, No. 108, <u>as amended</u>, 35 P.S. Sections 6020.101 <u>et seq</u>. (HSCA), for the purpose of determining the extent of perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS) in the aquifer underlying the area, which we are referring to as the Ridge Run PFAS HSCA Site (Site). PFOA and PFOS are part of a larger class of chemicals known as per- and poly-fluorinated alkyl substances (PFASs). Please see the enclosed information sheet for more details about these chemicals and the investigation we are conducting.

At this time, DEP is in the process of gathering information from private well owners within the investigation area. The Site encompasses a one-mile radius within the area of Sellersville surrounding Ridge Run Road. Your property has been identified as lying within this radius. Accordingly, we ask for your assistance in completing the enclosed "Private Well Questionnaire". If your property utilizes a private well, kindly fill it out to the best of your ability and return it in the self-addressed stamped envelope provided. This information will allow us to develop a well inventory which will greatly assist us in developing an organized strategy to sample as many wells as possible in the area.

Once we receive completed well questionnaires and make arrangements with a testing laboratory, we will begin contacting residents to schedule sampling. Due to the large number of private wells in the investigation area and corresponding limitations on laboratory availability and capacity, sampling will need to be conducted through multiple events in the coming months. We ask for your patience and cooperation as we work as quickly and efficiently as possible to ensure that we identify and contact all private well owners who wish to be included in our investigation.

The sampling process itself is simple and will be conducted by DEP and/or our contractors. If you are not able to be home during regular business hours, please indicate your availability on the questionnaire and we will contact you to make arrangements. All costs associated with the collection and analysis of the water samples will be paid by DEP. Upon receipt from the testing laboratory, DEP will furnish you with a copy of the analytical results from your well water. We are sampling for PFOA and PFOS only.

Property Owner or Current Resident

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For more information on PFOA & PFOS, as well as details on DEP's investigation, please visit dep.pa.gov/pfcs.

Your cooperation and assistance are greatly appreciated. If you should have any questions, please contact the project officer listed at the top of the enclosed questionnaire.

Sincerely,

Lena Harper Solid Waste Specialist Environmental Cleanup and Brownfields

Enclosures

cc: East Rockhill Township West Rockhill Township Perkasie Borough Bucks County Health Department Pennsylvania Department of Health Re 30 (cm16ecb) 328-1

PRIVATE WELL QUESTIONNAIRE

Pennsylvania Department of Environmental Protection Hazardous Sites Cleanup Program Southeast Regional Office

RIDGE RUN PFAS HSCA SITE

PROJECT OFFICER:	Lena Harper (484) 250-57	721 lharp	per@pa.gov	
PROPERTY OWNER NAME	(S):			
STREET ADDRESS:				
CITY/STATE/ZIP:				
MAILING ADDRESS: blank if same as above)				_ (leave
PHONE:	EMAIL	: <u> </u>		_
Is this a rental unit? YES NO (If a rental, please provide both owner and tenant contact info. Use the back of this form if you need more room.)				
Number of occupants:				
Depth of well (in feet):				
Do you use your well for drink	ing water? (please circle)) YES	NO	
Do you treat your water? (please circle) YES NO			NO	
If YES: (please circle)	Water Softener	Carbon Filtratio	on Unit	
	Reverse Osmosis	Other: (please s	pecify)	_
If YES, can the treatment unit be bypassed to collect an untreated sample? YES NO				
Has your well been previously tested for PFCs? (please circle) YES NO (If YES, please provide us with a copy of the previous results.)				
To help expedite scheduling, p regular business hours: (please		use an outdoor sp YES	igot to collect a sample NO	during
I hereby consent to the Departr sampling described in the acco		rs accessing the al	bove property to conduc	et the

Print Name

Signature

Please use the back of this form for any additional contact information or details about your well