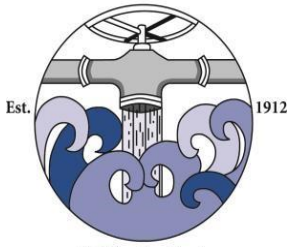


Acton Water



District

Acton Water District

Sensitive Subgroup Bottled Water Rebate Program

In recognition of ongoing presence of Per- and polyfluoroalkyl substances (PFAS) in certain sources of water utilized by the Acton Water District (AWD), the Board of Water Commissioners (Commissioners) voted to offer rebates to residential water customers in the sensitive subgroup (Sensitive Subgroup), as defined by the Massachusetts Department of Environmental Protection (MassDEP), to assist with the purchase of bottled water. A credit will be applied to your quarterly water bill for qualifying customers receiving a direct water bill. Qualifying customers who do not receive their own water bill must provide proof of residency in a property served by AWD as part of their application (attached) and a check will be mailed.

Efforts to limit the concentration of the six PFAS (PFAS6) compounds regulated by (MassDEP) have been ongoing since the spring of 2020. Updated information about PFAS6 levels in Acton are available at www.actonwater.com/pfas.

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 and implementing permanent solutions will require additional time and planning. Therefore, the Commissioners voted that a credit or rebate will be available to residential customers in the Sensitive Subgroup as follows:

- \$15.00 per month for each household with pregnant women, nursing mothers, infants* or people with a compromised immune system as diagnosed by a health care provider.

This rebate program is valid until the Commissioners determine that the program is no longer applicable or funding is exhausted. 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 District strongly recommends that the Sensitive Subgroup confirm that the bottled water they purchase has been tested for PFAS and complies with the MassDEP maximum contaminant level for PFAS6.

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

Acton Water



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Sensitive Subgroup Bottled Water Rebate Form

Please make sure you read this application carefully, fill out completely, and sign bottom.

Customer Information

Name: _____	Service Address: _____
Telephone: (day) _____	Mailing Address: _____
(evening): _____	Account number (from water bill):* _____
	Email Address: _____

Terms and Conditions: Please Read and Sign Below

*Acton residents who do not receive their own water bill must include proof of residency in a property served by the Acton Water District (AWD) and include a copy of a current utility bill (electric, cable, phone, cellular, etc.) with their name and address, driver's license, or other identifying documents.

I certify, under pains and penalties of perjury that either I, or a member of my household is a member of the Sensitive Subgroup (pregnant or nursing women, infants (less than one year old), and people diagnosed by their health care provider to have a compromised immune system) and that the information I have provided is true and accurate. I acknowledge that I will be receiving this rebate (available on a first come basis as funding allows) only until the AWD determines that this rebate is no longer applicable. I understand and acknowledge that participation in the AWD Sensitive Subgroup Bottled Water Rebate Program is voluntary and does not guarantee that I will not be exposed to PFAS from any sources and is not required by any law and regulation. If I should no longer need bottled water, or the number of eligible subgroup members in my household changes, I agree to contact AWD immediately to reflect the change in eligibility and/or corresponding rebate amount.

I have read, understand, and agree to the terms and conditions of this rebate program.

Signature of applicant

Date

For District Use Only

Rebate Amount: \$ _____	Date Application Received: _____	Date Approved: _____	Date Denied: _____
First Billing Cycle: _____			(reason): _____
Date Check Sent: _____	Comments: _____		

Mail to: Bottled Water Rebate Program, Acton Water District, P.O. Box 953, Acton, MA 01720