

Exhibit B - CONSUMER CONFIDENCE REPORT DETECTION LEVELS (CCRDL) and ADVISORY LEVELS

	Constituent	CCRDL¹, ng/L	Notification Level, ug/L or ng/L	Response Level, ug/L or ng/L	Exceedance Methodology²
1	11-chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11Cl-PF3OUdS)	5			
2	1H,1H, 2H, 2H-perfluorodecane sulfonic acid (8:2FTS)	5			
3	1H,1H, 2H, 2H-perfluorohexane sulfonic acid (4:2FTS)	3			
4	1H,1H, 2H, 2H-perfluorooctane sulfonic acid (6:2FTS)	5			
5	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	3			
6	9-chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9Cl-PF3ONS)	2			
7	hexafluoropropylene oxide dimer acid (HFPO-DA) (GenX)	5			
8	nonafluoro-3,6-dioxaheptanoic acid (NFDHA)	20			
9	perfluoro (2-ethoxyethane) sulfonic acid (PFEESA)	3			
10	perfluoro-3-methoxypropanoic acid (PFMPA)	4			
11	perfluoro-4-methoxybutanoic acid (PFMBA)	3			
12	perfluorobutanesulfonic acid (PFBS)	3	0.5 ug/L	5 ug/L	Single or confirmed sample ^{2a}
13	perfluorobutanoic acid (PFBA)	5			
14	perfluorodecanoic acid (PFDA)	3			
15	perfluorododecanoic acid (PFDoA)	3			

	Constituent	CCRD ¹ , ng/L	Notification Level, ug/L or ng/L	Response Level, ug/L or ng/L	Exceedance Methodology ²
16	perfluoroheptanesulfonic acid (PFHpS)	3			
17	perfluoroheptanoic acid (PFHpA)	3			
18	perfluorohexanesulfonic acid (PFHxS)	3	3 ng/L	20 ng/L	Single or confirmed sample ^{2b}
19	perfluorohexanoic acid (PFHxA)	3			
20	perfluorononanoic acid (PFNA)	4			
21	perfluorooctanesulfonic acid (PFOS)	4	6.5 ng/L	40 ng/L	QRAA ^{2c}
22	perfluorooctanoic acid (PFOA)	4	5.1 ng/L	10 ng/L	QRAA ^{2c}
23	perfluoropentanesulfonic acid (PFPeS)	4			
24	perfluoropentanoic acid (PFPeA)	3			
25	perfluoroundecanoic acid (PFUnA)	2			

NOTES:

1. The CCRDL is based on the US EPA UCMR 5 minimum reporting levels (MRLs) for 25 EPA 533 constituents. Reference: <https://www.epa.gov/system/files/documents/2022-02/ucmr5-factsheet.pdf>
2. The specific methodology to determine response level exceedances is dependent on the PFAS analyte and health endpoint. An exceedance may be determined by a single or confirmed sample, by calculating a quarterly running annual average (QRAA), or as prescribed in the PFAS analytes Notification Level Issuance by DDW
 - a. Single or confirmed sample for PFBS: If laboratory analysis results exceed the response level, the water system will have an option to conduct a confirmation sample within 30 days of being notified of the result by the laboratory. If a

confirmation sample is collected and analyzed, results will be averaged within that quarter to determine if the confirmed detection is greater than the response level.

- b. Single or confirmed sample for PFHxS: If the laboratory analysis result exceeds the response level (RL), the laboratory will notify the PWS within 48 hours of obtaining the result. The water system could request to the laboratory the use of the field duplicate to confirm the results. If the duplicate is analyzed, the result will be averaged. If the average result is higher than the RL, report the result to State Water Resource Control Board (SWRCB) within 48 hours of receiving the results. If the average does not exceed the RL, inform the SWRCB of the results within seven days of the receipt of the confirmation sample analytical result.
 - c. QRAA: Using the QRAA method, the water system must calculate a quarterly running annual average (QRAA). The QRAA means the average of sample results taken at an individual source, treatment effluent, or delivered water locations for the identified source during four calendar quarters. The QRAA is re-calculated each quarter using the most recent four quarters of results. A single sample may result in the exceedance of the response level. If any sample would cause the QRAA to exceed a response level, the water source would be deemed to have exceeded the response level. If sampling has just begun and there are less than 4 quarters of results to average, then the other quarters will be considered to have a zero value and the quarterly results would be divided by four.
3. Shaded cells represent the analytes that DDW is requesting health-based recommendations and advisory levels.