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State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Drinking Water Sampling Subprogram Application

Form 8700-400DG (10/2026)

Notice: This application is for the PFAS Sampling Grant Program funded by State of Wisconsin Environmental Aids under s. 20.370(6)(es), Wis. Stats. Refer to s. 292.74, Wis. Stats., and Grant Guidance for important information about this application and program requirements. Failure to submit a completed form to the Department of Natural Resources (DNR) may result in the denial of grant funds. Personally identifiable information collected on this form will be used for program administration and may be made available to the public to the extent required under Wisconsin's Public Records laws (ss. 19.31-19.39, Wis. Stats.).

Section I: Applicant Information

1. Type of Applicant

◯ City ◯ Village ◯ Town
◯ County ◯ Technical College District ◯ Sewerage District
◯ Utility district ◯ Lake Protection District ◯ Tribal Governing Body

2. Applicant Name _____

3. Unique Entity ID _____

4. Authorized Representative Contact Information:
   a. Name _____
   b. Title _____
   c. Mailing Address _____
   d. Phone Number _____
   e. Email _____

5. Point of Contact for Grant (must be different from authorized representative):
   a. Name _____
   b. Title _____
   c. Mailing Address _____
   d. Phone Number _____
   e. Email _____

Section II: Project Details – Private Well Testing

1. Project Name (Phase, Neighborhood, Street Names)

_____

2. Does this Applicant propose to sample wells of private homeowners: Yes ◯ ◯ No
   a. If Yes, how many private homeowners _____

3. Does this Applicant propose to sample wells of a child care center licensed under s. 48.65, a child care program established or contracted for under s. 120.13(14), Wis. Stats., or a child care provider certified under s. 48.651, Wis. Stats., that is not served by a municipal water system and is not already required to sample for PFAS under s. 281.17(8)(a), Wis. Stats.: Yes ◯ ◯ No
   a. If Yes, how many child care centers/providers _____

4. Does this Applicant propose to sample wells of an elementary or secondary school: Yes ◯ ◯ No
   a. If Yes, how many schools _____

Private Well Certification

☐ I certify that the proposed private homeowner sampling locations are not on municipal water.

Schools and Child Care Eligibility Certification

◯ I certify that the following statement is true.

◯ Not Applicable – The following statement is not applicable to application.

Statement: I certify that the schools and child care centers or providers for which sampling is requested as part of this application are eligible for PFAS community grant program funds per s. 292.74(2)(d), Wis. Stats.

5. Project's Purpose

Briefly explain the problem or need the project will address and why the project is being proposed

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Project Description

Summarize the proposed project, including the activities that have been completed, activities to be completed and the overall approach. Indicate how the Municipality plans to distribute and return sampling kits.

Project Scope (Include activities already completed)

Describe the extent of the project, including the geographic area, number of properties or wells or other measurable boundaries.

Project Deliverables

List the tangible products or outcomes that will result from the project (e.g., sampling completed, reports submitted, maps developed, outreach materials).

Project Timeline

Provide the anticipated dates for homeowner outreach, sampling laboratory analysis and final reporting.

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6. Certified Laboratory Selection

☐ Wisconsin State Laboratory of Hygiene ☐ Northern Lake Service Inc.

☐ Other PFAS Certified Lab _____

7. Has the area proposed for sampling received any health advisories? If yes, please provide health advisory attachment with application. Yes ◯ ◯ No

8. If the proposed area is a site in the Bureau for Remediation and Redevelopment Tracking System (BRRTS), additional information must be submitted as indicated in s. 292.74(3)(g), Wis. Stats. Contact DNRPFASGrants@wisconsin.gov before applying. Yes ◯ ◯ No

9. **Certifications**

Landowner Notification Letter Certification

☐ I certify that a Landowner Notification Letter has been sent or will be sent to landowners where sampling is proposed and has obtained access permission or will obtain access permission, before sampling activities begin consistent with *s. 292.74(3)(d), Wis. Stats.*

Municipal Notification Letter Certification

◯ I certify that a Municipal Notification Letter was provided to impacted municipalities and a copy/copies are submitted with this application and other impacted municipalities raised no concerns about proposed sampling or all concerns have been addressed with each impacted municipality.

◯ Not Applicable – A Municipal Notification Letter is not necessary for this application.

Quality Assurance Project Plan Certification

☐ I certify that the Applicant has reviewed and understands the requirements for laboratories that perform the PFAS analysis for private wells in the Quality Assurance Project Plan (QAPP): Recoverable per- and polyfluoroalkyl substances with Wisconsin health limits for private well testing, 2025 Wisconsin Act 201. Found in Appendix A of the Guidance Document.

☐ I certify that the Applicant understands that if the Laboratory does not follow the QAPP, the Applicant will not be reimbursed by the DNR for sampling analysis performed by the Laboratory.

Post-Sampling Action Plan Certification

☐ I certify that the Applicant will develop and implement a Post-Sampling Action Plan for addressing wells with PFAS drinking water health advisory level exceedances.

☐ I acknowledge that the Applicant must implement the Post-Sampling Action Plan and provide the required documentation to the Department before sampling expenses will be reimbursed.

Section III: Financial Information

1. Estimated Cost Summary

Laboratory & Shipping Costs	$	
Administrative Costs	$	
Total Project Costs	$	
Grant Amount Request	$	
Required Match (minimum 20% of Grant Amount Requested)	$	

2. Budget Breakdown

Expense Category	Description	Quantity	Unit Cost	Grant Amount Requested	Match Amount
CASH					
Laboratory Analysis Cost for Samples				$	$
Shipping Cost				$	$
Subtotal				$	$
FORCE ACCOUNT					
Project Planning				$	$
Private Well Owner Outreach				$	$
Communication				$	$
Other Similar Activities				$	$
Subtotal				$	$
IN-KIND					
				$	$
				$	$
Subtotal				$	$
VOLUNTEER					
				$	$
				$	$
Subtotal				$	$
Total Budget				$	$

3. Administrative Cost Details

If the project budget includes administrative costs, please provide the following (attach additional sheets, if necessary):

Name	Title	Affiliation	Hourly Rate ($)	Fringe Rate (%)	Description of Work to be Performed	Force Account or In-kind Donation *

* Applicant or partner municipal staff

Section IV: Attachments

- ☐ 1. Supplemental Workbook
- ☐ 2. Authorizing Ordinance or Resolution
- ☐ 3. Municipal Notification Letter, if applicable
- ☐ 4. Municipality W-9
- ☐ 5. Health Advisories, if applicable

Section V: Certification

I certify that, to the best of my knowledge, the information contained in this Application and attachments is true and correct. I understand that any work performed prior to receiving an award letter or notice to proceed may not be eligible for reimbursement.

☐ *The Authorized Representative for the Applicant must type the Authorized Representative's name in the signature line. By virtue of the Authorized Representative electronically signing this form, the Applicant represents that the information included in this Application is true and correct and that if a grant is awarded to the Applicant, the Applicant will comply with all applicable legal requirements of the PFAS community grant program.*

*Date signed is not date application determined to be complete.

Signature of Authorized Representative	Date Signed

Printed Name of Authorized Representative	Title

Submit by Email...

Send completed application, along with all other application materials, to: DNRPFASGrants@wisconsin.gov.