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

Wastewater/Biosolids Sampling Subprogram Application

Form 8700-400WY (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: Wastewater Facility or System Information

1. Sampling Project is associated with

   ☐ Wastewater treatment facility

   ☐ Wastewater collection system

   ☐ Industrial / Commercial source

   ☐ Septic system(s) / private onsite wastewater treatment systems

   ☐ _____

Please provide the following, if applicable to this project.

2. Facility or System Name: _____ Facility ID: _____

3. Facility Address: _____

4. Type of Permit (Individual or General): _____

5. Permit Number: _____

6. Name of receiving waterbody (if applicable) _____

7. Receiving waterbody ID (if applicable) _____

Section III: Project Details

8. Number of Samples to be collected: _____

   Influent Number of Samples: _____

   In-Plant Number of Samples: _____

   Effluent Number of Samples: _____

   Biosolids/sludge Number of Samples: _____

   Collection System/sewershed Number of Samples: _____

   Septic/onsite wastewater system Number of Samples: _____

   Other eligible sampling Number of Samples: _____

9. Please identify which laboratory you intend to use for analysis:

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

   ☐ Other PFAS Certified Lab

10. Project's Purpose

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

11. Project Description

    Summarize the proposed project, including the activities that have been completed, activities to be completed and the overall approach.

12. Project Scope

    Describe the geographic area involved in the project and activities that will be implemented during the project.

13. Project Deliverables
List the tangible products or outcomes that will result from the project (e.g., sampling data, reports, maps, outreach materials).

14. Project Timeline

Provide the anticipated dates for sampling, receipt of laboratory results, and submission of final sampling results/data to the Department.

Wastewater Sampling Guidelines Certification

☐ Applicant understands that reimbursement for sampling and laboratory analysis is contingent upon meeting the following requirements:

- Wastewater/biosolids samples shall be analyzed by a DNR accredited laboratory certified for PFAS.
- Grant recipients shall ensure all sampling complies with procedures recommended by the certified laboratory.
- The certified laboratory must use EPA Method 1633A to analyze wastewater/biosolids samples.

Section IV: Financial Information

1. Estimated Cost Summary

Laboratory & Shipping Costs	$	
Administrative Costs	$	
Total Project Costs	$	
Grant Amount Request	$	
Required Match (minimum 20% of Grand 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				$	$
Landowner 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:

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 V: Attachments

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

Section Vi: 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...