

### Initial Application for WRD PFAS Remediation Program

Thank you for your interest in the Water Replenishment District’s (WRD) PFAS Remediation Program. This Initial Application is designed to understand your PFAS impacts and unique support needs. Please email this completed and signed application to Ms. Phuong Watson at [pwatson@wrd.org](mailto:pwatson@wrd.org). Upon receipt, WRD shall contact you to discuss the next steps in the application process.

<b>Date</b>	
<b>Agency Name</b>	
<b>Contact Name and Title</b>	
<b>Email</b>	
<b>Phone No.</b>	
<b>Signature</b>	

- List your well(s) that currently have PFAS detected **at or above** the current Response Level (RL) for PFOA (i.e.,  $\geq 10$  ng/L), PFOS (i.e.,  $\geq 40$  ng/L), or PFBS (i.e.,  $\geq 5,000$  ng/L) and indicate the most recent concentrations. Provide the official name(s) of your well(s) as reported to WRD Watermaster.  
*\*NOTE: If your agency DOES NOT have wells containing PFAS at or above the RL, please skip Questions 1 & 2 and proceed to Questions 3 & 4.*

	Well Name	Date of Sample	Most Recent Reported Concentration in ng/L		
			PFOA	PFOS	PFBS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

2. For all the wells identified in Question 1 above, summarize the past three years of production by well, as reported to WRD Watermaster.

	Well Name	Production in Acre Feet			Total
		Year 1	Year 2	Year 3	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*NOTE: Indicate values for a complete 12-month period and round to the nearest whole number.*

3. List your well(s) that currently have PFAS detected within 25% of the current Response Level (RL) for PFOA (i.e.,  $\geq 7.5$  ng/L), PFOS (i.e.,  $\geq 30$  ng/L), PFBS (i.e.,  $\geq 3,750$  ng/L) and indicate the most recent concentrations. Provide the official name(s) of your well(s) as reported to WRD Watermaster.

*\*NOTE: If your agency does NOT have wells containing PFAS within 25% of the RLs, please skip Questions 3 & 4 and proceed to Question 5.*

	Well Name	Date of Sample	Most Recent Reported Concentration in ng/L		
			PFOA	PFOS	PFBS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

4. For all the wells identified in Question 3 above, summarize the past three years of production by well, as reported to WRD Watermaster.

	Well Name	Production in Acre Feet			Total
		Year 1	Year 2	Year 3	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*NOTE: Indicate values for a complete 12-month period and round to the nearest whole number.*

5. Of the remaining well(s) in your system, list the well(s) that currently have PFAS detected, specifically PFOA, PFOS, and/or PFBS, and indicate the most recent concentrations. Provide the official name(s) of your well(s) as reported to WRD Watermaster.

*\*NOTE: If you already identified these wells in Questions 1 through 4 above, please do not list them here again.*

	Well Name	Date of Sample	Most Recent Reported Concentration in ng/L		
			PFOA	PFOS	PFBS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

6. Does your agency have access to additional water supplies besides groundwater supplied by your wells (check the appropriate box below)?

Yes

No

7. My agency is requesting the following support type (check the appropriate box below):

	<b>Funding Support ONLY (pumper to complete all planning, permitting, design and construction and only seeking reimbursements for monies spent)</b>
	<b>Turnkey System (WRD to perform design and construction and deliver a complete and operational treatment system to the pumper)</b>

8. Indicate the quantity of proposed PFAS treatment systems that you are requesting for WRD funding.

	<b>Quantity of PFAS Treatment Systems Requested for WRD funding</b>
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9. Please complete the table below regarding your proposed PFAS treatment systems.

PFAS Treatment System No.	PFAS Treatment System Location/Address	PFAS Treatment Technology (GAC or IX)	Status of the Project (i.e. Planning, Design, Construction, etc.)	Well(s) that will be Treated by each PFAS Treatment System
1				
2				
3				
4				
5				
6				

10. If your agency is seeking Funding Support (not a Turnkey Project) what is your programmatic resource loaded schedule? This would be your schedule for project implementation, including when money is anticipated to be spent. If available, please attach your project schedule to this application.

11. Does your agency have any cost estimates or anticipated funding needs for your PFAS treatment system(s)? If so, please attach to this application. *\*NOTE: Applicable costs are limited to planning, permitting, design, construction, engineering services during construction, and construction management of the treatment system.*