



Initial Application for WRD PFAS Remediation Program

Thank you for your interest in the Water Replenishment District's (WRD) PFAS Remediation Program. This Program is only available for drinking water wells located within the Central Basin or West Coast Basin. 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@wrdd.org. Upon receipt, WRD shall contact you to discuss the next steps in the application process.

Date	
Agency/Pumper Name	
Contact Name and Title	
Email	
Phone No.	
Signature	

- List your well(s) that currently have PFAS detected **at or above** the current Maximum Contaminant Levels (MCLs) for PFOA (≥ 4 ng/L), PFOS (≥ 4 ng/L), PFHxS (≥ 10 ng/L), HFPO-DA (≥ 10 ng/L), and/or PFNA (≥ 10 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 MCLs, please skip Questions 1 & 2 and proceed to Questions 3 & 4.*

	Well Name	Date of Sample	Most Recent Concentration in ng/L				
			PFOA	PFOS	PFHxS	HFPO-DA	PFNA
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	Total Annual* Production in Acre Feet			
		Year 1	Year 2	Year 3	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**NOTE: Indicate values for a complete 12-month period from July 1st through June 30th and round to the nearest whole number.*

3. List your well(s) that currently have PFAS detected within 25% of the current Maximum Contaminant Levels (MCLs) for PFOA (≥ 3 ng/L), PFOS (≥ 3 ng/L), PFHxS (≥ 7.5 ng/L), HFPO-DA (≥ 7.5 ng/L), and/or PFNA (≥ 7.5 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 MCLs, please skip Questions 3 & 4 and proceed to Question 5.*

	Well Name	Date of Sample	Most Recent Concentration in ng/L				
			PFOA	PFOS	PFHxS	HFPO-DA	PFNA
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	Total Annual* Production in Acre Feet			
		Year 1	Year 2	Year 3	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**NOTE: Indicate values for a complete 12-month period from July through June 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, PFHxS, HFPO-DA, and/or PFNA, 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 Concentration in ng/L				
			PFOA	PFOS	PFHxS	HFPO-DA	PFNA
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

6. Does your water system have access to additional water supplies (e.g., MWD connection) besides the groundwater supplied by your wells (check the appropriate box below)?

 Yes No

If “Yes” above, please list all additional sources of water besides groundwater in your water system:

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

	Funding Support (Pumper to complete all planning, permitting, design and construction and is only seeking reimbursements from WRD for monies spent)
	Turnkey Project* (WRD to perform design and construction and deliver a complete and operational treatment system to Pumper)

*WRD established the Turnkey Project option to assist qualifying Pumpers with limited technical resources, and thus, the Turnkey Project option is available only to public agencies serving a Disadvantaged Community (“DAC”) as defined by Water Code 79505.5.

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

Quantity of PFAS Treatment Systems Requested for WRD Funding:	
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9. Is your agency seeking other funding (including State/Federal grant funding, PFAS litigation, etc.) in addition to the WRD funding for your PFAS treatment system(s)?

 Yes No

If “Yes” above, please describe all other sources of funding you are seeking, including timelines:

10. Please complete the table below regarding your proposed PFAS treatment systems.

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

11. If your agency is seeking Funding Support (not a Turnkey Project) what is your estimated schedule for project implementation and completion, including when money is anticipated to be spent. If available, please attach your project schedule to this application.

12. Does your agency have any cost estimates or anticipated funding needs for your PFAS treatment system(s)? If so, please describe (including total cost) and attach any supporting documents.

**NOTE: Applicable costs are limited to planning, permitting, design, construction, engineering services during construction, and construction management of the treatment system.*