State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Surface Water Grant Project Lab Costs

Form 8700-360 (R 10/2024)

Notice: Pursuant to s. 281.58, Wis. Stats., this form is required to be completed and submitted to the Department of Natural Resources (DNR) by all applicants seeking wastewater treatment financial assistance from the Clean Water Fund Program (CWFP). Failure to submit a complete application to the DNR may result in denial of the application by the CWFP. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Law [ss. 19.31-19.39, Wis. Stats.].

TYPE OF ANALYSIS: ◉ WATER ○ OTHER

A. Applicant Information

Applicant Name: Minong Flowage Association
Primary Contact: Steve Johnson
Primary Contact Phone Number: (715) 829-3686
Street Address: PO Box 167
City: Minong State: WI ZIP Code: 54859
Email: sjj8549@gmail.com
Waterbody Name: Minong Flowage WBIC: 2692900 County Name: Washburn

B. Supplies & Laboratory Slips ☐ Check if same as Primary Contact

Primary Contact for Supplies: Dave Blumer
Phone Number: (715) 642-0635
Street Address: 110 N 1st St
City: Cameron State: WI ZIP Code: 54822
Email: dblumerleaps@gmail.com

C. Laboratory Information

Lab Name: Wisconsin State Lab of Hygiene
Lab Address: 2601 Agriculture Drive
City: Madison State: WI ZIP Code: 53718
Lab ID Number: 113133790
Phone Number: (608) 224-6202

D. Billing ☒ Check if same as Primary Contact

Primary Contact for Billing: Steve Johnson
Phone Number: (715) 829-3686
Billing Address: PO Box 167
City: Minong State: WI ZIP Code: 54859
Email: sjj8549@gmail.com

E. Data Reporting for Deliverables

All lab report must be submitted to DNR electronically
Additional recipients of lab results:
☒ DNR (electronic)
☐ USGS (electronic)
☐ Primary Contact:
☒ Other
Name: Dave Blumer
Email Address: dblumerleaps@gmail.com
OR US Mail Address:

DNR Use Only

DNR Lake Coordinator:
Grant Project Number:

Wisconsin State Lab

Client ID

F. Analysis

Station ID	Test Year	First Test Date		Consecutive Intervals	# of Samples	Parameters	Test ID	Price Per Sample	Total Parameter Cost
10033623	2026	05/15/2026		HAT	9	2,4-D	OC25001	$59.00	$531.00
10044900	2026	05/15/2026		HAT	9	2,4-D	OC25001	$59.00	$531.00
10029933	2026	05/15/2026		HAT	9	2,4-D	OC25001	$59.00	$531.00
10031145	2026	05/15/2026		HAT	9	2,4-D	OC25001	$59.00	$531.00
10031143	2026	05/15/2026		HAT	9	2,4-D	OC25001	$59.00	$531.00
663099	2026	05/15/2026		HAT	9	2,4-D	OC25001	$59.00	$531.00

Grand Total $* $4,554.00

*The grand total may include digestion cost if metals were selected. See instructions for more details.

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F. Analysis (Continued)

Station ID	Test Year	First Test Date		Consecutive Intervals	# of Samples	Parameters	Test ID	Price Per Sample	Total Parameter Cost
10031141	2026	05/01/2025		monthly	4	Total Phosphorus	IC52010	$30.00	$120.00
				monthly	3	Chlorophyll A Lab Filtered	IC25120	$36.00	$108.00
10031141	2027	05/01/2026		monthly	4	Total Phosphorus	IC52010	$30.00	$120.00
				monthly	3	Chlorophyll A Lab Filtered	IC25120	$36.00	$108.00
163300	2026	05/01/2025		monthly	4	Total Phosphorus	IC52010	$30.00	$120.00
				monthly	3	Chlorophyll A Lab Filtered	IC25120	$36.00	$108.00
163300	2027	05/01/2026		monthly	4	Total Phosphorus	IC52010	$30.00	$120.00
				monthly	3	Chlorophyll A Lab Filtered	IC25120	$36.00	$108.00
10031141	2028	05/01/2028		monthly	4	Total Phosphorus	IC52010	$30.00	$120.00
				monthly	3	Chlorophyll A Lab Filtered	IC25120	$36.00	$108.00
163300	2028	05/01/2028		monthly	4	Total Phosphorus	IC52010	$30.00	$120.00
				monthly	3	Chlorophyll A Lab Filtered	IC25120	$36.00	$108.00

Grand Total $* $4,554.00 =>
*The grand total may include digestion cost if metals were selected. See instructions for more details.

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Instructions

Select the type of analysis you are requesting. If you are choosing any other analysis besides water, please first consult with your Department of Natural Resources (DNR) regional Surface Water Grant coordinator.

A. Applicant Information

Enter applicant's name (ex. Beauty Lake Association) and contact information for the person whom DNR will contact for all lab related questions. Enter the name and WBIC of the waterbody. WBICs can be found by zooming in to the waterbody and clicking on it on the DNR Surface Water Data Viewer.

B. Supplies and Laboratory Slips

Enter the name and contact information for the person who will be responsible for receiving the water monitoring supplies and laboratory slips. If applicant's primary contact regarding supplies and laboratory slips is the same as the "Primary Contact", check the box labeled "check if same as primary contact". The form will auto populate with the primary contact information.

C. Laboratory Information

If samples will be analyzed by the Wisconsin State Lab Hygiene (WSLH), click on the dropdown arrow and select "Wisconsin State Lab Hygiene." This section of the form will auto populate.

If a different Wisconsin certified laboratory will analyze samples, the applicant will need to contact the lab for assistance in filling out this section. Note that only laboratories approved by the DNR may be used to analyze samples associated with DNR grant. Check with your DNR biologist about private laboratory eligibility.

D. Billing

If applicant's primary contact for billing is the same person identified in the application information section, check the box labeled "Check if same as primary contact". The form will auto populate with the primary contacts information. If applicant's primary contact for billing is different from the Primary Contact shown under A above, enter name of person responsible for billing questions and WSLH payment.

E. Data Reporting for Deliverables

All lab reports must be submitted to the Department of Natural Resources.

If utilizing the WSLH, lab reports will be automatically sent to the DNR electronically. If utilizing a lab other than the WSLH, the applicant is responsible to submit the results in the appropriate format as requested by the DNR for upload into the SWIMS database.

If copies of WSLH report(s) are needed by others, provide the name and contact information of additional recipients.

F. Analysis

Complete the following REQUIRED data fields:

- Station ID
- Test Year
- First Testing Date
- Consecutive Intervals*
- Total Number of Sample within Consecutive Intervals**

*Note if you are collecting samples at a regular interval (eg. daily, weekly, monthly etc.)

**Example: If you plan to collect samples monthly from June through August, you will enter a 3. If you plan to collect samples biweekly from June through August, you will enter a 6.

Additional rows can be added by clicking on the on the right side of the table

Add a new row for each test year.
Add a new row for sampling events not occurring at regular intervals.

If the applicant has indicated that WSLH will analyze water samples, this form will auto-populate the following data fields based upon the parameter selected.

- Test ID
- Price Per Sample
- Total Parameter Cost

If using a WI Certified Laboratory other than WSLH, applicant is responsible for contacting the alternative laboratory for the information necessary to complete this section. The applicant is required to complete the above fields

If you wish to conduct PFAs testing contact the WSLH at 608-262-3750 or WSLHPFAS@slh.wisc.edu.

If you wish to conduct low level Phosphorous testing discuss this option with your regional grants coordinator. This test is not appropriate for all lakes.

Wisconsin State Lab of Hygiene ONLY - Metals Analysis

The price per sample for metal analyses is $8.00. A $34 digestion fee will be added to each order that contains metal samples. If hardness is selected the digestion fee is included in the cost and each additional metal is $8. Please call the WSLH for further details and questions at 608-263-6575.

Prices Are Subject to Change

The Wisconsin State Lab of Hygiene is planning to increase prices 3% in January 2026 and January 2027.

How to Locate the Station ID:

https://apps.dnr.wi.gov/swims/Documents/DownloadDocument?id=122114509

If there is no existing station at the location you propose to monitor, please place the WBIC in the Station ID field above and submit a map of proposed monitoring locations in your grant application. Stations will be created when a grant is approved.