



**Department of Health | Department of Environmental Conservation  
Environmental Facilities Corporation**

**Private Well PFAS Testing and Mitigation Rebate Pilot Program  
Property Owner Acknowledgment Form**

*Instructions: For tenants that wish to apply for testing through the Private Well PFAS Testing and Mitigation Rebate Pilot Program, please ensure this form is signed by the owner of your rented property and notarized and submit the completed form with your testing application.*

The undersigned (owner) \_\_\_\_\_ of the property located at

of \_\_\_\_\_, County of \_\_\_\_\_, hereby grants permission to the New York State Department of Health, Department of Environmental Conservation and its contractor(s) to enter upon said property with equipment, personnel and such terms as are necessary to perform drinking water sampling activities associated with the Private Well PFAS Testing and Mitigation Rebate Pilot Program (“the Program”). I also acknowledge that mitigation treatment installation activities associated with the Program may be recommended.

A letter summarizing the sampling results will be provided to both the Applicant and property owner. The letter may include a recommendation for mitigation of PFAS contamination in drinking water, if warranted based on the results, and instructions on how to participate in the mitigation rebate component of the Program. Nothing in this document shall be construed to amend, modify, or supersede any terms or conditions of the existing lease agreement.

Property Address:

Owner Phone Number(s):

Owner Email Address:

**Print property owner name:**

**Property owner signature:**

**Date:**

