

State of Wisconsin  
 Department of Natural Resources (DNR)  
 Bureau of Community Financial Assistance  
 PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

## ARPA Well Abandonment Grant Payment Claim

Form 8700-394 (R 11/2024) Page 1 of 3

**YOU MAY ONLY USE THIS FORM IF YOU HAVE RECEIVED A DNR LETTER TO PROCEED.**

**Notice:** Personally identifiable information collected on this form will be used for program administration and may be made available to requesters under Wisconsin's Public Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

To be Completed by DNR	
Region	Claim Number
Date Rec'd by DNR	Well ID Number (WUWN)

For additional information go to: <http://dnr.wi.gov/Aid/WellAbandonment.html>.

### I. Claimant Information

- Payment Claim for abandonment of private well
- Payment Claim for abandonment of non-community public well.

#### Non-Community Public Well.

Business Name		Well Abandonment Grant Claim Number			
Contact Last Name	First	MI			
Mailing Address		City	State	ZIP Code	
Phone Number (Include Area Code)	Date of Well Abandonment	Email Address			

### II. Well Abandonment Eligible Cost Information

#### Sealing Materials

- Neat Cement Grout
- Sand Cement (Concrete) Grout
- Concrete
- Chlorinated Sand-free Pea Gravel
- Bentonite-Sand Slurry (11 lb./gal. wt.)
- Clean Clay or Native Soil
- Bentonite Chips

**Note:** Check all materials used on the left, then specify amounts in the next two lines below in number of units specified, and dollar amounts per unit.

Number of sacks of material: \_\_\_\_\_ sacks at \_\_\_\_\_ per sack: \_\_\_\_\_

Number of yards of material: \_\_\_\_\_ yards at \_\_\_\_\_ per yard: \_\_\_\_\_

Setup and Administrative Cost: \_\_\_\_\_

Removal of existing well pump: \_\_\_\_\_

Item	Description of Other DNR Pre-approved Eligible Cost(s) - (add rows as needed)	Amount
<a href="#">Remove</a> 1		
<a href="#">Remove</a> 2		
<a href="#">Remove</a> 3		

[Add](#)

Total Costs \_\_\_\_\_

<b>To be completed by DNR</b>	Total Approved/Eligible Costs _____
	<b>Total Grant Award</b> _____

### III. Attachments Required for Payment

- DNR Form 3300-005 (Well Filling & Sealing Report) completed by licensed well professional.
- Copy of **Itemized** invoice. Note, invoice must be broken down by itemized costs listed in Section II.

Claimant Name	Claim Number
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**Well Abandonment Grant  
Payment Claim**

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**IV. Claimant Certification**

I certify to the best of my knowledge and belief, the eligible costs are in accordance with the terms and conditions of the award and all work has been performed in accordance with Chapter NR 812 and all other applicable state and federal law.

**NOTE:** If submitting this request electronically, please type your name on the signature line. The email message generated from electronic submittal of this form will be used as an electronic signature.

**Claimant Signature**

Claimant must sign and date. You can submit completed form, signed and date and required attachments via email by selecting the Submit by Email box or send via mail to:

**Well Grants Intake**  
**WI DNR**  
**3911 Fish Hatchery Road**  
**Fitchburg, WI 53711**

**V. DNR Approval for Grant Award Payment (DNR use only - route in order as indicated below 1-2)**

1 - Drinking Water and Groundwater Program Manager	Date Signed	2 - Community Financial Assistance Grant Manager	Date Signed

## Instructions for ARPA Well Abandonment Grant Payment Claim Form 8700-394 (R 11/2024)

This payment claim form is for claimants that submitted an application claim and received a DNR grant agreement to proceed with the abandonment of an unused well on the claimant's property.

Claimants should complete this form with actual costs from the licensed well professional that completed your well abandonment for the cost portion. Contact Emily Mitchell at (608) 673-0469 with questions. Required attachment forms can be downloaded from the appendix of the following web site: <http://dnr.wi.gov/Aid/WellAbandonment.html>.

### Section I. Claimant Information

Select either private well **or** non-community public well abandonment. Complete the information as requested for the claimant's or business mailing address, telephone number and email address (if you have one) where you may be reached with questions. Include the claim number and date of the well abandonment.

### Section II. Well Abandonment Eligible Cost Information

Your licensed well professional that abandoned your well should provide you with the costs for this section.

### Section III. Attachments Required for Payment

You must submit a copy of **Form 3300-005 Well Filling and Sealing Report** completed by the licensed well professional and a copy of the **itemized** invoice for the abandonment work. Invoice costs should be broken down in the same way as costs are listed in Section II.

### Section IV. Claimant Certification

Claimant must sign and date.

**Send this completed form, signed and dated with the required attachments referred in section III to:**

**Well Grants Intake  
WI DNR  
3911 Fish Hatchery Road  
Fitchburg, WI 53711**

**Or submit via email to: [DNRARPAWellGrants@wisconsin.gov](mailto:DNRARPAWellGrants@wisconsin.gov)**

### Section V. DNR Approval For Grant Award Payment Claim (DNR USE ONLY)

This section will be completed by DNR.

### Additional information

After the final approval is made, the check payable to the claimant will be mailed directly to the claimant if invoice was paid in full. Otherwise, it is assumed that the well professional was not paid and the claimant's check will be sent to the well professional. You both get the same letter at the same time but the well professional has the claimant's check in hand. It is up to you the claimant to pay all remaining costs not covered by the grant.

**Note:** For Income Tax Filing Purposes: The Department of Natural Resources is providing a 1099G for tax filing purposes, as your grant award may be considered "other income". Additional information regarding income tax issues can be obtained at [www.irs.gov](http://www.irs.gov) or the IRS hotline 1-800-829-1040. If you are concerned with how the receipt of this grant award might affect your eligibility to receive food stamps, Medicare, or other services or programs, you may wish to check with a representative of that program or a tax professional.