

**Notice:** This application is for the ARPA Well Compensation Grant Program funded by the American Rescue Plan Act of 2021. Refer to Grant Announcement for important information about this application and program requirements. Failure to submit a completed form to the Department of Natural Resources (DNR) will result in the denial of grant funds. 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.

**You may NOT apply for this grant if:**

- Abandonment work is already complete.
- Your annual family income is greater than \$100,000 for a private well abandonment.
- OR**
- Your annual business income is greater than \$100,000 for a non-community well abandonment.

To be Completed by DNR		
Region	Claim Number	Date Rec'd by DNR

**I. Required Documents**

- This completed **original** application.
- Copy of your most recently filed **State of Wisconsin** Income Tax Return. (Not Federal Return)
  - **Note**, if you are not required to file a State Tax Return or your income will be less than what is listed on your most recently filed return, please refer to the information listed in the instructions.
- Completed **W9** form with original signature for grant payment.
- Itemized** estimate from a licensed well driller or licensed pump installer. Cost must be listed separately.

**II. Claimant Information**

- Applying to abandon a private well.
- Business owner applying to abandon a non-community public well.

Owner Applying to Abandon a Private Well.						
Claimant Last Name	First	MI	Well Address (if different from mailing address)		County	
Mailing Address			City	State	ZIP Code	
City	State	ZIP Code	Landowner Last Name (if not claimant)	First	MI	
Claimant Phone Number (include area code)		County	Landowner Phone Number (include area code)			
Claimant Email Address			Landowner Signature (if not claimant)		Date signed	
			 Note: A letter of consent from the landowner may be attached instead of a signature on this form.			

**Claimant must answer 'Yes' to the three following questions to be eligible:**

- Yes, I am the landowner OR landowner's spouse, heir, assignee/legal representative, or renter.
- Yes, my family income did not exceed \$100,000 in the prior calendar year.
- Yes, a private well on my property requires proper abandonment.

**III. Well Abandonment Estimated Cost Information (CONTACT A LICENSED WELL DRILLER/PUMP INSTALLER)**

**Note:** 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 Cost = \$ \_\_\_\_\_

Removal of existing well pump = \$ \_\_\_\_\_

Other Eligible Costs = \$ \_\_\_\_\_

Attach itemized cost estimate.

Total Estimated Costs = \$ \_\_\_\_\_

Claimant or Business Name	Claim Number

## ARPA Well Abandonment Grant Application Claim

Form 8700-393 (10/22)

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### IV Claimant/Business Owner Certification (Print, Sign, and Date)

I certify that, to the best of my knowledge, the information contained in this application and attachments is true and correct.

Date \_\_\_\_\_

\_\_\_\_\_ **Claimant Signature**

**MAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Well Grants Intake  
Wisconsin DNR - (DG/5)  
PO Box 7921  
Madison WI 53707-7921

After final approval, the grant award agreement will be mailed to the claimant with instructions. The grant package will also include payment claim forms to submit after the completion of the well abandonment.

### V. FOR DNR USE ONLY

	Total approved estimated well abandonment costs = \$ _____
	Annual Income = \$ _____
	Total Grant Award (Maximum Grant Possible is \$16,000) = \$ _____

### DNR Approval for Grant Award Claim (DNR use only - route in order as indicated below 1-2)

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

Claimant or Business Name	Claim Number

## ARPA Well Abandonment Grant Application Claim

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### Information and Instructions for Completing the Well Abandonment Grant Application Claim Form 8700-393 (10/22)

This application claim form is for grant funds for the abandonment of a private or non-community public well that is unused or poses a hazard to health or safety, for claimants that meet the program eligibility criteria. Do NOT have your well professional do any abandonment work until you receive your DNR project approval letter. Only eligible work completed after receiving the DNR approval letter will be eligible for reimbursement.

#### Section I. Required Forms

You must submit this completed and signed application, a copy of your most recently filed WI Income Tax Form (not Federal), a completed and signed [W9](#), and an *Itemized* Estimate from the well professional, on their business form or letterhead, who will do the well abandonment.

**Note, Annual Family Income** is determined by the line on the previous year's WI State Income tax that reads, "**This is your Wisconsin Income**" on a jointly filed return. If your file as an individual, your single income will used to determine income eligibility.

**Note:** If your current income changed significantly from what was reported on your last year's income tax return due to job loss, retirement or other circumstances or you are not required to file a WI Income Tax Return, complete and submit one of the following affidavits with your application.

There are three possible affidavits of income:

- Income Exempt Filing -- [https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Affidavit\\_income\\_exempt.pdf](https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Affidavit_income_exempt.pdf)
- Income Reduction -- [https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Affidavit\\_income\\_reduction.pdf](https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Affidavit_income_reduction.pdf)
- Projected Income for Current Year -- [https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Affidavit\\_proj\\_income.pdf](https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Affidavit_proj_income.pdf)

Click on the links above for additional information about each of these affidavits. Contact Well Grants Program Manager (608)720-0122 with questions or copies of required forms.

If you are applying as a non-profit business that is not required to file a Wisconsin Income Tax Return, please contact the Well Grant Program Manager at 608-720-0122 to discuss alternate documentation to verify exempt filing status.

#### Section II. Claimant Information

Please select the option that applies to you and complete the required information.

If you are applying to abandon a private well and you are not the landowner, that person must either sign the landowner section or provide a letter of consent to be submitted with your application. You must answer 'Yes' to all three eligibility questions

If you are a business or non-profit (e.g. church) applying to abandon a non-community public water system, fill out the second option. If you are not the property owner, the property owner must either sign the application or provide a letter of consent to be submitted with your application. You must answer 'Yes' to all three eligibility questions.

**What is a non-community public water system?** A water system served by one or more wells that regularly serves water to at least 25 of the same people for over 6 months per year or serves a transient population of at least 25 people for 60 days of the year. This may include day care centers, factories, churches, seasonal campgrounds, gas stations, restaurants, motels, public restrooms and taverns.

**Section III. Well Abandonment Estimated Costs Information** You or your well professional should complete this section using the itemized estimated costs provided to you by the licensed well professional that will complete your well abandonment. You must still submit an *itemized* estimate from the professional on their business form or letterhead as required in Section I.

#### Section IV. Certification

Your signature is required to complete the application. You can submit your completed application and required documents electronically, by hitting the **Submit by E-Mail** button or mail your application to:

WELL GRANT INTAKE  
WI DNR - DG/5  
PO Box 7921  
Madison WI 53707

**\*\*Important information\*\*** For income tax filing purposes, awards to individuals are considered "other income" by the Internal Revenue Service (IRS). The Department of Natural Resources is required by the IRS to send a 1099G for tax filing purposes as a result of payment for this grant award claim. If the claimant is concerned with how the receipt of the payment might affect their standing to receive food stamps, Medicare, or other such services or programs, the claimant may wish to check with a representative of that program, social worker or other such person. 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.

