

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

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

ARPA Well Compensation Program Request for Payment

Form 8700-395 (10/22)

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Notice: Personal information collected will be used for program administration and may be provided to requesters to the extent required by Wisconsin's Public Records law (ss. 19.31-19.39, Wis. Stats.)

Note: You will find more information at our website.
<http://dnr.wi.gov/Aid/WellCompensation.html>
 If you have questions about this form, contact the Well Grant Program Manager at (608) 720-0122.

Leave Blank For DNR Central Office Grant Manager Use Only	
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\$	

Claimant Information (Please select the option that applies to you)

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

Non-Community Public Well.					
Business Name			Well Compensation Grant Claim Number		
Contact Last Name		First	MI		
Mailing Address			City	State	ZIP Code
Phone Number (Include Area Code)		Email Address		Date Work Commenced	

Required Documentation

Submit this completed and signed form along with **all** of the following documents to the DNR Water Supply Specialist that you have been working with on your project:

- All **itemized** Invoices
 The Well Construction Report (Form 3300-77A)
 The Well Abandonment Report (Form 3300-005), if well was filled and sealed.
 The Field Inspection Report (Form 3300-233)

Certification

I certify that 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 Chapters NR 810, NR 812 and Department of Safety and Professional Services 384, Wis. Adm. Codes, and all other applicable state and federal law.

Signature of Claimant	Date Signed
Printed or Typed Name of Claimant	

Send this completed form, signed and dated, along with the required attachments directly to the DNR Water Supply Specialist you have been working with for approval.

DNR Use Only	
Approved for Payment - DNR Water Supply Specialist	Date Approved
Approved for Payment - Drinking Water and Groundwater Program Manager	Date Approved
Approved for Payment - Community Financial Assistance Grant Manager	Date Approved

Instructions for ARPA Well Compensation Program Request for Payment Form 8700-395 (10/22)

This payment claim form is for claimants that submitted an application claim and received a DNR Well Compensation Grant agreement to proceed with the replacement, reconstruction or treatment of a contaminated private or non-community well.

Claimant Information

Select the option that applies to your well and complete all the requested information.

Required Documentation

Required attachment forms can be downloaded from the **Award/Follow Up Tab** of the following web site:

<https://dnr.wisconsin.gov/aid/WellCompensation.html> or received from the DNR Water Supply Specialist who you have been working with.

Certification

Claimant must sign, print name and date.

Send this completed form, signed and dated with the required attachments referenced in the Required Documentation section directly to the **DNR Water Supply Specialist that you have been working with.**

You may also mail it to:

**Well Grant Intake
WI DNR - DG/5
PO Box 7921
Madison, WI 53707-7921**

Or submit it via email to: DNRARPAPWellGrants@wisconsin.gov

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, awards to individuals are considered "other income" by the Department of 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 or the IRS hotline # 1-800-829-1040