

Well Abandonment Grant Application Claim

Form 8700-314 (7/07)

Notice: This form is authorized by s. 281.75, Wis. Stats., and ch. NR 123, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department of Natural Resources will result in denial of grant funds. Personally identifiable information collected on this form will be used for program administration and may be available to requestors under Wisconsin's Open Records laws (ss.19.31-19-39, Wis. Stats.) and requirements.

To be completed by DNR	
Region	Claim #
Postmark Date	Well ID #

If you have questions concerning this form, contact the Drinking Water and Groundwater Program Manager at (608) 266-8697 or the Community Financial Assistance Grant Manager at (608) 267-7152. See the following web site to download forms from the appendix: dnr.wi.gov/org/caer/cfa/Grants/wellabnd.html

I. Claimant Information and Eligibility Requirements

Claimant Name			Landowner Name (if different than claimant)		
Mailing Address			Mailing Address		
City	State	ZIP	City	State	ZIP
	WI			WI	
Phone Number (include area code)			Phone Number (include area code)	Signature of Landowner (if not claimant)	

Claimant must answer 'Yes' to all three questions listed below to be eligible:

- Yes I am the landowner OR landowner's spouse, heir, assignee/legal representative, or renter.
- Yes My prior calendar year family income was less than \$65,000.
- Yes A private well on my property requires proper abandonment.

II. Well Abandonment Estimated Cost Information (Contact your licensed well driller or licensed pump installer for a cost estimate.)

Setup and Administrative Cost: \$ 100.00

Removal of existing well pump: \$ 150.00

Number of 94-pound sacks of neat-cement grout: _____ sacks at \$15.00 a sack: \$ _____

Number of 50-pound sacks of bentonite chips: _____ sacks at \$15.00 a sack: \$ _____

Number of 94-pound sacks of concrete (sand-cement) grout: _____ sacks at \$15.00 a sack: \$ _____

Other DNR pre-approved eligible cost(s) – specify on back of form: \$ _____

Income Reduction: Minus 30 cents for each dollar of claimant's income that exceeds \$45,000. (-) \$.30 for each \$1 > \$45,000

Note: If income reduction more than award, STOP HERE. \$ _____

Total Costs of Well Abandonment minus Income Reduction: \$ _____

Percentage allowed by grant: X .75 =

TOTAL GRANT AWARD CLAIM: \$ _____

III. Claimant Affidavit – Important: Sign in presence of notary public

State of Wisconsin)
 County of _____)

I, _____ being first duly sworn, depose and say that, to the best of my knowledge and belief,
 (Name of Claimant)
 the information in this claim and the attachments is true and correct.

 Signature of Claimant

Subscribed and sworn to before me this _____ day of _____, 20 ____.

 Notary Public, State of Wisconsin

 My commission expires: (Month/Day/Year)

IV. Attachments Required for Payment

- Copy of prior calendar year Wisconsin State Income Tax Return for family income (not federal) or an affidavit of income.
- Completed W9 form with original signature for check processing purposes.
- Copy of map or sketch indicating location of well and property.

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

1 - Drinking Water & Groundwater Program Manager	Date	2 - Community Financial Assistance Grant Manager	Date
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**Send this completed form, signed, and dated with the required attachments to:
 Thomas Riewe, WI DNR - DG, PO Box 7921, Madison, WI 53707-7921**

Instructions

This application claim form is for the abandonment of a private well that is unused or poses a hazard to health or safety for claimants that meet the program eligibility criteria.

Claimants should complete this form with cost estimate information from the licensed well driller or licensed pump installer that will complete your well abandonment for the cost portion. Contact the Drinking Water and Groundwater Program Manager at (608) 266-8697 or the Community Financial Assistance Grant Manager at (608) 267-7152 with questions. Required attachment forms can be downloaded from the appendix of the following web site: dnr.wi.gov/org/caer/cfa/Grants/wellabnd.html.

Section I. Claimant Information and Eligibility Requirements

Claimant information: Complete the information as requested for the claimant. An eligible claimant is the landowner OR landowner's spouse, heir, assignee/legal representative, or renter. If the landowner is the claimant, no need to complete the right hand side of the claimant information fields. If the landowner is NOT the claimant, the landowner must provide landowner information and signature of landowner.

Claimant Eligibility: Claimant must select 'Yes' for all 3 eligibility criteria to be eligible.

Section II. Well Abandonment Estimated Cost Information

The eligible costs are determined by section NR 123.21, Wis. Adm. Code, cost table. Your licensed well driller or licensed pump installer that will abandon your well should provide you with the cost estimate for this portion.

If funds are not available, your application claim will be placed on a waiting list for possible funding in the future. You will receive a notice to proceed letter from the DNR instead of a grant award agreement. This notice to proceed letter will allow you to start your unused well abandonment prior to the issuance of the grant award agreement. A notice to proceed letter only assures the claimant that their application claim will not be denied due to incurring costs prior the DNR issuance of the grant award agreement. If the Wisconsin State Legislature adds more money to the "Environmental Aids-for Well Compensation" appropriation, your application claim will be processed. However, there is no guarantee that more money will be added.

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.

Section III. Claimant Affidavit – Important: Sign in presence of notary public

Important: This section must be completed and signed in the presence of notary public. Make sure that the original notary stamp is on the original application claim provided to the Drinking and Groundwater Program Manager.

Section IV. Attachments Required for Payment

- A copy of prior calendar year **Wisconsin State Income Tax return** for proof of family income eligibility. If exempt filing or subject to income reduction, an **affidavit of income*** is required.
- A completed **W-9 form*** with original signature for check processing purposes.
- A copy of a **map or sketch** indicating location of well and property.

* Available through web site appendix: dnr.wi.gov/org/caer/cfa/Grants/wellabnd.html

**Send this completed form, signed, and dated with the required attachments to:
Thomas Riewe, WI DNR - DG, PO Box 7921, Madison, WI 53707-7921**

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

This document is sent to the DNR Drinking and Groundwater Program Manager in central office for review and approval with signature and date. The last process is to route to the DNR Community Financial Assistance Grant Manager in central office for review and approval with signature and date. After final approval by the DNR Community Financial Assistance Grant Manager, 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.