

**Notice:** This application is for the EC-SDC Grant Program funded by the Bipartisan Infrastructure Law 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.

### Section I. Water System Information

1. Public Water System Name: \_\_\_\_\_
2. Public Water System ID #: \_\_\_\_\_
3. Project Name: \_\_\_\_\_
4. Unique Entity ID (UEI): \_\_\_\_\_
5. Well(s) Involved in Project (include additional sheets if needed):
  - Wisconsin Unique Well Number (WUWN): \_\_\_\_\_ WUWN Address: \_\_\_\_\_
  - Wisconsin Unique Well Number (WUWN): \_\_\_\_\_ WUWN Address: \_\_\_\_\_
  - Wisconsin Unique Well Number (WUWN): \_\_\_\_\_ WUWN Address: \_\_\_\_\_
6. Authorized Representative Contact Information (e.g., owner):
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_
7. Point of Contact for Grant (if different from authorized representative):
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_
8. Type of Water System (select one):
  - Other-Than-Municipal (OTM)
    - Number of Living Units: \_\_\_\_\_
    - Number of People Served: \_\_\_\_\_
  - Non-profit Non-transient Non-community (NN)
    - Number of People Served: \_\_\_\_\_

**Section II. Description of Contaminant (select as many as applicable)**

- PFOA of 4 ng/L (ppt) or greater
- PFOS of 4 ng/L (ppt) or greater
- PFAS hazard index level of 1.0 or greater
- Manganese of 300 µg/L (ppb) or greater
- Other (please describe; may not be eligible for funding):  
\_\_\_\_\_

**Section III. Project Information**

1. Indicate who you worked with to prepare this project (select as many as applicable):
  - Licensed Well Driller: \_\_\_\_\_
  - DNR Engineer: \_\_\_\_\_
  - Technical Assistance Provider (e.g. WRWA, RCAP): \_\_\_\_\_
  - Other: Describe (include business name, job title, name, contact, license(s), and any other applicable information)  
\_\_\_\_\_
2. Have you applied for other funding for this contaminated well(s):  No  Yes  
If yes, provide names of other funding sources: \_\_\_\_\_
3. Does your project require plan review (select one):
  - Yes, through the Department of Natural Resources (DNR)
  - Yes, through the Department of Safety and Professional Services (DSPS)
  - Yes, through both the DNR and the DSPS
  - No, I have verified that this project does not need plan review.
4. If your project requires plan review, describe the status of plan review (include date submitted, staff name(s) who is reviewing it, if approval was received, and any other applicable information):  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV. Evaluation of Proposed Action(s)**

For each proposed action considered for this project, please indicate if the action is feasible or not.

<u>Proposed Actions Considered</u>	<u>Feasible?</u>
1. Construction of a new well	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Reconstruction of existing well	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Connection to an existing system	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Treatment (complete only if all others are not feasible)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Chosen Proposed Action: \_\_\_\_\_

**Section V. Eligible Cost Estimate**

The costs summarized in this section should be eligible expenses as described in the EC-SDC Grant Announcement. If the project includes Other Costs Approved by the DNR, please submit a detailed budget breakdown with your application.

Eligible Project Costs	Description	Total Cost
1. Planning & Design		
2. Technical Assistance		
3. Testing & Research		
4. Treatment		
5. Source Water		
6. Storage		
7. Water System Restructuring, Consolidation or Creation		
8. Other Costs Approved by the DNR (include approval document)		
<b>Total</b>		

**Section VI. Attachments**

Attach the following items to this application:

1. Detailed description of all feasible alternatives with justification of the selected alternative (include a brief explanation of why you selected the option, with information about condition, age, etc. of existing well).
2. Itemized cost estimate for the selected alternative.

**Section VII. Certification**

I certify that, to the best of my knowledge, the information contained in this application and attachments is true and correct. I understand that any work performed prior to receiving an award letter or notice to proceed may not be eligible for reimbursement.

Please type your name in the signature line. By electronically signing this form, you are agreeing to be legally bound to the same extent as if you applied a traditional handwritten signature on a paper document submitted to satisfy the same requirement.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Printed Name of Authorized Representative

\_\_\_\_\_  
 Title

Send completed application, along with all other application materials, to: [DNRECSDCGrants@wisconsin.gov](mailto:DNRECSDCGrants@wisconsin.gov).