

**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. The Department of Natural Resources (DNR) will only review complete application forms. 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 1. 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: \_\_\_\_\_
6. Authorized Representative Contact Information (e.g., owner):  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Is this the primary contact who will handle questions related to the application/grant? ☐ Yes ☐ No
7. Alternate Point of Contact for Grant:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Is this the primary contact who will handle questions related to the application/grant? ☐ Yes ☐ No
8. Type of Water System (select one):  
☐ Other-Than-Municipal (OTM)  
Number of People Served: \_\_\_\_\_  
☐ Nonprofit Non-transient Non-community (NN)  
Number of People Served: \_\_\_\_\_

## Section 2. Description of Contaminant (select as many as applicable)

- ☐ PFOA of 2 ng/L (ppt) or greater
- ☐ PFOS of 2 ng/L (ppt) or greater
- ☐ PFHxS of 5 ng/L (ppt) or greater
- ☐ PFNA of 5 ng/L (ppt) or greater
- ☐ HFPO-DA of 5 ng/L (ppt) or greater
- ☐ U.S. Environmental Protection Agency (EPA) PFAS hazard index level of 0.5 or greater
- ☐ Department of Health Services (DHS) 2020 PFAS hazard index level of 1.0 or greater
- ☐ Manganese of 300 µg/L (ppb) or greater

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## Section 3. Project Information

1. Provide a detailed description of the project, including a timeline for major milestones and project completion (include additional sheets if needed):
2. How much total funding are you requesting for this grant project: \$\_\_\_\_\_
3. Do you intend to use any other state or federal funding this project (includes grants and loans):  
☐ No    ☐ Yes. If yes, provide name and amount of other funding source(s) and status:  
\_\_\_\_\_
4. 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.
5. 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):
6. Indicate who you worked with to prepare this project (select as many as applicable) (optional):  
☐ Licensed Well Driller/Pump Installer: \_\_\_\_\_  
☐ DNR Staff: \_\_\_\_\_  
☐ Consultant/Engineer: \_\_\_\_\_  
☐ Other: Describe (include business name, job title, name, contact, license(s), and any other applicable information)

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### Section 4. Proposed Action(s) Justification

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

Proposed Actions Considered

Feasible?

- |                                                            |                              |                             |
|------------------------------------------------------------|------------------------------|-----------------------------|
| • Construction of a new well                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Reconstruction of existing well                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Connection to an existing system                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Treatment (complete only if all others are not feasible) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Indicate what your proposed action is (e.g. new well construction, connection to municipal water, treatment installation): \_\_\_\_\_

3. Provide a detailed narrative outlining ALL of the following (include additional sheets if needed):

- Justification for choosing your proposed action.
- Justification for activities listed in your budget.
- Explanation as to why other actions were not selected (include information about existing well condition, age, etc.).
- If choosing treatment, include an explanation as to why drilling a new well, reconstructing the existing well and connecting to an existing water system (e.g. city water) are not feasible.

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### Section 5. Required Attachments

Attach the following items to this application:

- ☐ Itemized cost estimate/budget for the total amount of funding you are requesting.
- ☐ Project area delineated on a topographical map.
- ☐ Project area delineated on an aerial map.
- ☐ Environmental Review Form (Form 8700-022)
- ☐ W-9 Form
- ☐ NNs only: IRS Tax-Exempt Affirmation Letter, unless government owned

### Section 6. 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).