

**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](http://dnr.wi.gov)

## Well Compensation Program Request for Payment

Form 700-176 (R 04/2024)

**Notice:** Pursuant to s. 281.75, Wis. Stats., and ch. NR 123, Wis. Adm. Code, completion of this form is mandatory. Failure to submit complete information to the Department of Natural Resources will result in the denial of grant funds. 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.)

If you have questions concerning this form, contact Sandy Flesher at (608) 720-0122.

Leave Blank For DNR Central Office Grant Manager Use Only
\$
State Cost Share at 75% or \$12,000 maximum
\$

### I. Claimant Information

Claimant Last Name	First	MI	Claim Number	New Well ID Number (WUWN)	
Claimant Phone Number (include area code)			Claimant Email Address		
Mail Check to			Date Work Commenced		
Mailing Address		City	State	ZIP Code	

Payment Type: (No partial payment allowed.)  Final Payment

### II. Attachments Required For Payment

Submit a copy of this request for Payment along with all of the following:

- All **itemized** Invoices
- The Well Construction Report (Form 330-77A) completed by the licensed well professional.
- A copy of the **electronically submitted** Well Abandonment Report completed by the licensed well professional, if the contaminated well was filled and sealed.
- Field Inspection Report/NR 812 Compliance Report (Form 3300-305)
- Wisconsin certified lab water sample result from new well or after treatment system installation.

### III. Certification

I certify that to the best of my knowledge, and belief, the eligible costs are in accordance with the terms of the award and all work has been performed in accordance with Chapters NR 811, NR 812, NR 123, and Department of Safety and Professional Services 384, Wis. Adm. Codes.

Signature of Claimant	Date Signed
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Printed or Typed Name of Claimant

DNR Use Only	
Approved for Payment - DNR Field Private 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

Send this completed form, signed and dated with required attachments to:

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

Or scan this completed form, signed and dated, with required attachments and email to:

[DNRCAWellGrantsIntake@wisconsin.gov](mailto:DNRCAWellGrantsIntake@wisconsin.gov)

# Well Compensation Program Request for Payment

Form 700-176 (R 04/2024)

## Instructions for Well Compensation Program Request for Payment Form 8700-176

This payment claim form is for claimants that submitted an application claim and received a DNR grant agreement for a well compensation grant.

### Section I. Claimant Information

Complete the information as requested. Include the claim number and the date that work commenced. Partial payments are not allowed.

### Section II. Attachments Required For Payment

Attach all required documents from this section when you submit the payment claim form. Be sure invoices are itemized.

If the claimant paid the licensed well professional, attach a copy of the PAID IN FULL invoice and a copy of the cancelled check for proof of payment. Failure to provide proof of prior payment will result in grant check mailed to the licensed well professional to assure payment of services.

### Section III. Certification Section

Claimant signs and dates.

**Send this completed form, signed and dated with required attachments to:**

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

**Or scan this completed form, signed and dated, with required attachments and email to:**

**[DNRCFAWellGrantsIntake@wisconsin.gov](mailto:DNRCFAWellGrantsIntake@wisconsin.gov)**

After the final approval is made, the check payable to the claimant will be mailed directly to the claimant if proof of payment was provided. With no proof of payment provided 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 make the payment whole.