

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
Bureau of Community Financial Assistance
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Well Abandonment Grant Application Claim

Form 8700-314 (R 05/2024)

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 (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 Open Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

You may NOT apply for this grant if:

- Abandonment work is already complete.
- Your annual family income is greater than \$65,000.

To be Completed by DNR		
Region	Claim Number	Date Rec'd by DNR

I. Required Documents

- This completed **original** application.
- One of the following:
 - Copy of **Wisconsin** State Income Tax Returns for family income for prior calendar year (not Federal income tax returns) ... OR ...
 - One of three accepted affidavits of income
- Completed [W9](#) form with original signature for check.

Note: Required forms are available online at dnr.wi.gov, type in search box: well abandonment grants.

- Itemized* Estimate on business letterhead/form from a licensed well driller or licensed pump installer.

II. Claimant Information

Claimant Last Name	First	MI	Well Address (if different from mailing address)	County	
Mailing Address			City	State	ZIP Code
City	State	ZIP Code	Landowner Last Name (if not claimant)	First	MI
Claimant Phone Number (include area code)	County	Landowner Phone Number	Landowner Signature (if not claimant)		
Claimant Email					

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 family income did not exceed \$65,000 in the prior calendar year.
- Yes A private well on my property requires proper abandonment.

III. Well Abandonment Estimated Cost Information (CONTACT A LICENSED WELL DRILLER/PUMP INSTALLER)

Note: Specify amounts in the next two lines below in number of units specified, and dollar amounts per unit.

Number of sacks of material: _____ sacks at \$ _____ per sack = \$ _____

Number of yards of material: _____ yards at \$ _____ per yard = \$ _____

Setup Cost = \$ _____

Removal of existing well pump = \$ _____

Other Eligible Costs = \$ _____

Total Estimated Costs (award) = \$ _____

Attach cost estimate

Note: Grant maximum is 75% of eligible costs. If annual family income is **more than \$45,000, grant award will be reduced by law.**

IV. Other Funding

Have you applied for other funding to pay for some or all of the abandonment costs? Yes No

If yes, provide name of other funding sources(s) and funding amount:

V. Claimant Certification (Print, Sign, and Date)

I certify that the information above is true to the best of my knowledge. By signing, I am also requesting a variance to the affidavit requirement in s. NR 123.22(2)(f), Wis. Adm. Code, requiring a notary public witness my signature.

NOTE: If submitting this request electronically, please type your name on the signature line. The email message generated from electronic submittal of this form will be used as an electronic signature.

Claimant Signature

Date

Scan this completed form, signed and dated, with required attachments and email to: DNRCFAWellGrantsIntake@wisconsin.gov
Or SEND COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO: Well Grants Intake Wisconsin DNR - (DG/5) PO Box 7921
Madison WI 53707-7921

After final approval, the grant award agreement will be emailed (sent by US Mail if no email) to the claimant with instructions. The grant package will also include instructions on where you can find, complete & print payment claim forms to submit after the completion of the well abandonment.

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Claimant Name	Claim Number
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VI. FOR DNR USE ONLY

Total Costs (award) = \$	_____
Annual Income = \$	_____
Income Reduction: Minus 30 cents for each dollar (30%) of claimant's income that exceeds \$45,000. The following amounts are automatically calculated from the Total Costs (award) and Annual Income using the formulas to the right. Note: if income reduction more than award, STOP HERE.	(-)\$.30 for each \$1 > \$45,000
Total Costs - Income Reduction	_____
Total Costs of Well Abandonment minus Income Reduction (eligible expenses up to invoice amount) = \$	_____
Percentage allowed by grant:	x .75 =
TOTAL GRANT AWARD = \$	_____

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

1- Drinking Water and Groundwater Program	Date Signed	2 - Community Financial Assistance Grant Manager	Date Signed
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Further Information about Well Abandonment Grant Application Claim Form 8700-314 (R 05/2024)

This application claim form is for grant funds 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. Do NOT have your well professional do any abandonment work until you receive your DNR project approval letter. By law, only eligible work completed after receiving the DNR approval letter will be eligible for reimbursement.

Contact Well Grants Intake at (608)267-9350 with questions or copies of required forms.

Affidavit of Income. There are three possible affidavits of income:

- Income Exempt Filing -- https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Statutory_affidavit_income_exempt.pdf
- Income Reduction -- https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Statutory_affidavit_income_reduction.pdf
- Projected Income for Current Year -- https://dnr.wisconsin.gov/sites/default/files/topic/Aid/grants/wells/Statutory_affidavit_proj_income.pdf

Click on the links above for additional information about each of these affidavits.

Annual Family Income is defined by the line on the previous year's WI State Income tax that literally reads, "This is your Wisconsin Income". This is usually the last line on page 1, or contained in the top 3rd of page 2 depending on which form is used. This would work for the joint form if a family is living at the residence, or individual form if only one person is living at the residence. However, it is important to note that this grant is based on household income.

Well Abandonment Estimated Cost Information The licensed well professional that will abandon your well should provide you with an Itemized Cost Estimate on business letterhead/form similar to the format of this section.

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 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.

Claimant Certification

Your signature is required to complete the application. When you sign, you are also requesting a variance from requirement to sign application in front of a notary public. Presume that variance is approved by the DNR.

Submit Application

Scan this completed form, signed and dated, with required attachments and email to: DNRCFAWellGrantsIntake@wisconsin.gov
Or SEND COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO: Well Grants Intake Wisconsin DNR - (DG/5) PO Box 7921 Madison WI 53707-7921