State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance
Underserved Drinking Water System Grant Program
101 S. Webster St., PO Box 7921
Madison, WI 53707-7921
dnr.wi.gov

Underserved Drinking Water System Grant Program Application

Form 8700-829 (08/2024)

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Notice: This application is for the Underserved Drinking Water System Grant Program established by the Water Infrastructure Improvements for the Nation (WIIN) Act of 2016. Refer to the 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.

ection	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 relat	ed to the application/grant? \Box Yes \Box No
7.	Alternate Point of Contact for Grant:	
	Name:	Phone Number:
	Title:	_Email:
	Mailing Address:	<u>.</u>
	Is this the primary contact who will handle questions relat	ed to the application/grant? \Box Yes \Box No
8.	Type of Water System (select one):	
	□Other-Than-Municipal (OTM)	
	Number of People Serviced:	
	□Nonprofit Non-transient Non-community (NN)	
	Number of People Serviced:	

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Section 2. Description of Active Violation or Exceedance (select as many as applicable) ☐ Coliform Bacteria (Treatment Technique Violation-TT) ☐ Coliform Bacteria (Maximum Contaminant Level Violation-MCL) ☐ Chemical (Maximum Contaminant Level Violation-MCL) ☐ Ground Water Rule (Treatment Technique Violation-TT) ☐ Lead/Copper Rule (Action Level Exceedance-ALE) ☐ Lead/Copper Rule (Treatment Technique Violation-TT) ☐ Disinfection Byproducts Rule (Treatment Technique Violation-TT) Section 3. Project Information 1. Provide a detailed description of the project (include additional sheets if needed): 2. How much total funding are you requesting for this grant project: \$ 3. Have you applied for other funding for this project: \square No \square Yes If yes, provide name and amount of other funding source(s): 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) _____

Se

ectio	n 4. Proposed Action(s) Justification
1.	Indicate what your proposed action is (e.g. new well construction, connection to municipal water, treatment installation):
2.	Provide a detailed justification for choosing your proposed action (include additional sheets if needed):
3.	Explain why other actions were not selected (include information about existing well condition, age, etc.). For treatment proposed actions, indicate why drilling a new well, reconstructing the existing well and connecting to an existing water system (e.g. city water) are not feasible. Include additional sheets if needed. Note: You should have been required by the DNR to complete either the Corrective Action Evaluation to address your TT or MCL violation or the Corrosion Control Treatment Recommendation Worksheet to address your ALE. Please include this with your application materials.

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Section 5. Required Attachments	
Attach the following items to this application:	
 ☐ Itemized cost estimate/budget for the total amount of full Corrective Action Evaluation or Corrosion Control Trea ☐ Project area delineated on a TOPO map ☐ Project area delineated on an aerial map 	
Section 6. Certification	
correct. I understand that any work performed prior to receiligible for reimbursement. Please type your name in the signature line. By electronic	contained in this application and attachments is true and eiving an award letter or notice to proceed may not be cally signing this form, you are agreeing to be legally bound ten signature on a paper document submitted to satisfy the
Signature of Authorized Representative	Date Signed
Printed Name of Authorized Representative	Title
Send completed application, alonc	g with all other application materials,

to: DNRUnderservedGrants@wisconsin.gov.