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State of Wisconsin  
 Department of Natural Resources  
 Bureau of Community Financial Assistance  
 PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

**ARPA Well Compensation Program**  
**Itemized Statement Sheet For**  **Grant Application**  
 Form 8700-398 (10/22) Page 1 of 2  **Grant Payment**

Claimant Name	Claim No. (Grant Pmt. only)	<b>Notice:</b> 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.). If you have questions concerning this form, please send an email to: <a href="mailto:DNRARPAWellGrants@wisconsin.gov">DNRARPAWellGrants@wisconsin.gov</a>		
Name of Person Completing this Estimate or Actual Costs				
Address - Street or Route		City	State	ZIP Code
Claimant Phone Number (include area code)		Date of Estimate or Actual Costs		

A. Well Construction Costs	Estimate (Completed by Contractor or DNR)	Approved Eligible Costs (Completed by DNR-Central Office Grant Manager Only)
1. Mobilization/Demobilization	Total \$	Total \$
2. Upper Enlarged Drillhole _____ dia. _____ Feet	Total \$	Total \$
3. Lower Open Drillhole _____ dia. _____ Feet	Total \$	Total \$
4. Well Casing Pipe (includes drive shoe) _____ dia. _____ Feet Steel <input type="radio"/> Plastic <input type="radio"/>	Total \$	Total \$
5. Well Screen and installation _____ dia. _____ Feet	Total \$	Total \$
6. Driven-Point (Sand Point) Well Installation _____ dia. _____ Feet	Total \$	Total \$
7. Grouting Material and Installation: Method _____ Sacks of Cement or Bentonite # _____	Total \$	Total \$
8. Well Development, test pumping, disinfection, sampling and report	Total \$	Total \$
9. Hydrofracturing (must be approved in advance by Central Office DNR)	Total \$	Total \$
10. Well Filling and Sealing - Pump Removal	Total \$	Total \$
11. Well Filling and Sealing Material: Sacks of Cement or Bentonite Chips # _____	Total \$	Total \$

**B. Pump Installation Costs**

1. Mobilization/Demobilization	Total \$	Total \$
2. Pump/Drop Pipe/Wiring installation: Pump HP _____ Pump GPM _____ Drop Pipe # _____ Feet	Total \$	Total \$
3. Installation of an off-set pump	Total \$	Total \$
4. Installation of Pitless Adapter and Pump Discharge Piping Between the Well and the Pressure Tank (Includes trenching)	Total \$	Total \$
5. Installation of a Packer-Jet Assembly in Well	Total \$	Total \$
6. Installation of a Vermin-Proof Well Cap or Well Seal	Total \$	Total \$
7. Installation of an Above-Ground Pressure Tank Including Pressure Switch and Sample Faucet Tank Size or Equivalent Volume: _____	Total \$	Total \$
8. Installation of a Buried Pressure Tank Including Pressure Switch and Air Unloader Gross Tank Volume: _____ Gallons	Total \$	Total \$
9. Installation of a Pitless Receiver Tank Including Pressure Switch and Air Unloader Gross Tank Volume: _____ Gallons	Total \$	Total \$
10. Installation of a Freeze-Proof Above-Ground Discharge Unit	Total \$	Total \$
11. Installation of a Pumphouse	Total \$	Total \$
12. Well Disinfection and Water Sample	Total \$	Total \$

**ARPA Well Compensation Program  
Itemized Statement Sheet**

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Claimant Name	Claim Number
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<b>C. Other Costs</b>	<b>Estimate (Completed by Contractor or DNR)</b>	<b>Approved Eligible Costs (Completed by DNR-Central Office Grant Manager Only)</b>
1. Water Sample Analysis for Determining Chemical Contamination for Existing or Replacement Well (Attach copies of lab results)	Total \$	Total \$
2. Alternate Water Supply Bottled Water <input type="radio"/> Bulk Water <input type="radio"/>	Total \$	Total \$
<b>D. Cost of Connection to Public or Private Water System</b>	Feet @ \$	Feet @ \$
1. Distribution Main-Front Footage	Total \$	Total \$
2. Lateral Piping From Main To House	Total \$	Total \$
3. Internal Plumbing (Piping, Fixtures & Appurtenances)	Total \$	Total \$
4. Water Meter & Installation	Total \$	Total \$
5. Other (explain on back)	Total \$	Total \$
<b>E. Costs for Approved Treatment Equipment (Eligible only if all other alternatives are not feasible)</b>		
1. Approved Treatment Device Manufacturer Unit Description/ID #	Total \$	Total \$
<b>F. Other Costs Not Listed Above (describe below):</b>		
	Total \$	Total \$
Total Costs	Total \$	Total \$
<b>Total Award or Payment (\$16,000) Maximum Grant Award</b>		Total \$