

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 Grant Application Claim

Form 8700-392 (R 01/2025)

Page 1 of 3

For additional information, go to: <http://dnr.wi.gov/Aid/WellCompensation.html>

**Notice:** This application is for the ARPA Well Compensation Grant Program funded by the American Rescue Plan Act of 2021. Refer to Grant Announcement for important information about this application and program requirements. 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 Public Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.


To be Completed by DNR	
Region	Claim Number
Date Rec'd by DNR	Well ID Number (WUWN)
Completion Date	Facility ID Number

**IMPORTANT: WORK ON A NEW REPLACEMENT WELL OR OTHER ALTERNATIVE WATER SUPPLY MAY NOT BEGIN UNTIL YOU RECEIVE AN AWARD LETTER OR NOTICE TO PROCEED FROM THE DEPARTMENT OF NATURAL RESOURCES.**

## Section I. Claimant Information

- Applying to replace a private well.  
 Business owner applying to replace a non-community public well.

### Business Owner Applying to Replace a Non-Community Public Well.

Business Name			Property owner Last Name (if not business owner)		First	MI
Business Owner Last Name	First	MI	Well Address		County	
Business Mailing Address			City	State	ZIP Code	
City	State	ZIP Code	Property owner Phone Number (include area code)			
Business Owner Phone Number (include area code)			Signature of Property (if not business owner)		Date signed	
Business Owner Email Address			 Note: A letter of consent from the property owner may be attached instead of a signature on this form.			

**Claimant must answer 'Yes' to the two following questions to be eligible:**

- Yes, I am the owner of a business with a non-community public well. Public Water System # \_\_\_\_\_.
- Yes, my business income did not exceed \$100,000 in the previous calendar year.

## Section II. Description of Problem

**The well is contaminated with the following: (check all that apply)**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Bacteria (Two water samples taken at least two weeks apart required) | <input type="checkbox"/> Nitrate   |
| <input type="checkbox"/> Arsenic  | <input type="checkbox"/> Metals    |
| <input type="checkbox"/> Petroleum  | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Other (describe)   |                                    |

## Section III. Proof of Contamination

**Proof of contamination Based On: (check all that apply)**

- Sample Results (Attach copies of lab results)  
 DNR/DHS Advisory (Attach a copy of advisory)

## Section IV. Well Information

- A. Has any work begun on the proposed action?  Yes  No (See Section V.)
- B. Well Type:  Bored  Drilled  Sand Point  Dug
- C. Is the well a "shared well" serving multiple residences?  Yes  No  
 If yes, how many residences are served: \_\_\_\_\_
- D. Have you applied for other funding for this contaminated well?  Yes  No  
 If yes, provide names of other funding sources: \_\_\_\_\_

Claimant Name	Claim Number
---------------	--------------

# ARPA Well Compensation Grant Application Claim

Form 8700-392 (R 01/2025)

Page 2 of 3

## Section V. Evaluation of Proposed Action(s)

Note: Please choose Yes or No for each alternative listed below.

Alternatives Considered	Feasible			
1. Construction of a new well	<input type="radio"/> Yes	No		
2. Reconstruction of existing well	<input type="radio"/> Yes	No		
3. Connection to an existing system	<input type="radio"/> Yes	No	<input type="radio"/> Public	<input type="radio"/> Private
4. Alternate water supply (e.g., bottled, trucked)	<input type="radio"/> Yes	No		
** Treatment (complete only if all others are not feasible)	<input type="radio"/> Yes	No		

Chosen Alternative:

Justification (Please provide a brief explanation of why you selected the option above. Information about condition, age, etc. of existing well is helpful)

## Section VI. Items that must be attached to completed application.

- Letter from property owner (if different than claimant or business owner and signature is not on the front of this claim form.)
- DNR/DHS Advisory or lab results, or both.
- Copy of well construction report for the existing contaminated well.
- Detailed description of all feasible alternatives and **itemized** cost estimate for selected alternative.
- Copy of your most recently filed **State of Wisconsin** Income Tax Return. (Not Federal Return).
  - **Note**, if you are not required to file a State Tax Return or your income will be less than what is listed on your most recently filed return, please refer to the information listed in the instructions.
- Completed [W9](#) form with original signature for grant payment.

## Section VII. Claimant/Business Owner Certification (Print, Sign and Date)

I certify that, to the best of my knowledge, the information contained in this application and attachments is true and correct.

**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
<input type="button" value="Submit by E-mail"/>	

Mail completed well compensation program claim application to:

**Well Grants Intake  
Wisconsin DNR  
3911 Fish Hatchery Road  
Fitchburg, WI 53711**

After final approval, the grant award agreement will be mailed to the claimant with instructions. The grant package will also include payment claim forms to submit after the completion of the well abandonment.

Department of Natural Resources Use Only	
Field Recommendation and Comments:	
Signature of DNR Water Supply Specialist	Date Signed
Signature of Drinking Water and Groundwater Program Manager	Date Signed
Signature of Community Financial Assistance Grant Manager	Date Signed

## Instructions for ARPA Well Compensation Grant Application Claim Form 8700-392 (R 01/2025)

**WORK ON A NEW REPLACEMENT WELL OR OTHER ALTERNATIVE WATER SUPPLY PRIOR TO RECEIVING AN AWARD LETTER OR A NOTICE TO PROCEED WILL NOT BE ELIGIBLE FOR REIMBURSEMENT.**

Claimants should complete applications with help from Department of Natural Resources (DNR) Field Water Supply Specialist and well professional that will do your work.

---

### Section I.

Please only complete the claimant section that applies to you.

If you are applying to replace a private well, fill out the first section. If you are not the property owner, that person must either sign the property owner section or provide a letter of consent to be submitted with your application. You must answer 'Yes' to both eligibility questions

If you are a business or eligible non-profit (i.e. churches) applying to replace a non-community public watering system, fill out the second option. Note, if you are not the property owner, the property owner must either sign off on the application or provide a letter of consent to be submitted with your application. You must answer 'Yes' to both eligibility questions.

**What is a non-community public water system?** A water system served by one or more wells that regularly serves water to at least 25 of the same people for over 6 months per year or serves a transient population of at least 25 people for 60 days of the year. This may include day care centers, factories, churches, seasonal campgrounds, gas stations, restaurants, motels, public restrooms and taverns.

**Note, Annual Family Income** is determined by the line on the previous year's WI State Income tax that reads, "**This is your Wisconsin Income**" on a jointly filed return. If you file as an individual, your single income will be used to determine income eligibility.

**Annual Business Income** is determined by the line on your previous year's business/partnership WI State Income tax form that reads "**This is Wisconsin Net Income**" or "**Income**".

---

### Section II., Section III., Section IV.

Select the answers that best describe your situation.

---

### Section V.

In Section V indicate the plan you propose to solve your problem. You will need to contact local well drillers, pump installers or other contractors to get an itemized estimate of the work and practicality of a solution. Call the DNR Water Supply Specialist, if necessary, to help you define your proposed project.

Well Abandonment – If your proposed action is to construct a new well, the existing contaminated well must be filled and sealed in accordance with Wis. Admin. Code s. NR 812.26.

Alternate Water Supply – If you will need bottled or trucked water, you may receive reimbursement for costs incurred for up to one year from the date the DNR issues a proceed notice or award, or until the date your replacement water supply is operating, whichever is earlier.

Connection to an Existing System – The estimated cost or assessment for connecting to an existing private or public system should be listed on the itemized cost estimate.

Treatment – Treatment is only allowed if all other replacement alternatives are not feasible.

Water Sample Analyses – Please remember that you are limited to reimbursement for a maximum of two chemical analysis samples. (Bacteriological sample analysis costs are a separate item.)

You **MUST** provide a brief explanation of why you selected the option you choose as feasible. If you are filling out the form before printing, the Justification area will expand as needed if extra space is required.

---

### Section VI.

Include all necessary attachments listed in Section VI.

**Note:** If your current income changed significantly from what was reported on your last year's income tax return, due to job loss, retirement or other circumstances or you are not required to file a WI Income Tax Return, complete and submit one of the following affidavits with your application.

- Affidavit of Income Exempt Filing [\[PDF\]](#)
- Affidavit of Income Reduction [\[PDF\]](#)
- Affidavit of Projected Income for Current Year [\[PDF\]](#)

If you are applying as a non-profit business that is not required to file a Wisconsin Income Tax Return, please contact the Well Grant Program Manager at 608-673-0469 to discuss alternate documentation to verify exempt filing status.

---

### Section VII.

Your signature is required to complete the application. You can submit your completed application and required documents electronically, by hitting the **Submit by E-Mail** button or mail your application to:

**Well Grants Intake  
Wisconsin DNR  
3911 Fish Hatchery Road  
Fitchburg, WI 53711**

**Note:** For Income Tax Filing Purposes: The Department of Natural Resources is providing a 1099G for tax filing purposes, as your grant award may be considered "other income". Additional information regarding income tax issues can be obtained at [www.irs.gov](http://www.irs.gov) or the IRS hotline 1-800-829-1040. If you are concerned with how the receipt of this grant award might affect your eligibility to receive food stamps, Medicare, or other services or programs, you may wish to check with a representative of that program or a tax professional.