

Well Abandonment Grant Payment Claim

Form 8700-315 (7/07)

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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 will result in denial of grant funds. Personally identifiable information collected on this form will be used for program administration and may be available to requestors under Wisconsin's Open Records laws (ss.19.31-19-39, Wis. Stats.) and requirements.

To be completed by DNR	
Region	Claim #
Date Rec'd	Well ID #

If you have questions concerning this form, contact the Drinking Water and Groundwater Program Manager at (608) 266-8697 or the Community Financial Assistance Grant Manager at (608) 267-7152. See the following web site to download forms from the appendix: dnr.wi.gov/org/caer/cfa/Grants/wellabnd.html

I. Claimant Information

Claimant Name	Phone Number (include area code)		
Mailing Address	City	State	ZIP
		WI	

II. Well Abandonment Claim Information

Claim Number	Date Well Abandonment Commenced	Payment Type: <input checked="" type="checkbox"/> Final (No partial payment allowed.)
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III. Well Abandonment Eligible Cost Information (Cost table section NR 123.21, Wis. Adm. Code)

The licensed well driller or licensed pump installer that abandoned your well should provide you with the cost for this portion.

Setup and Administrative Cost: \$ 100.00

Removal of existing well pump: \$ 150.00

Number of 94-pound sacks of neat-cement grout: _____ sacks at \$15.00 a sack: \$ _____

Number of 50-pound sacks of bentonite chips: _____ sacks at \$15.00 a sack: \$ _____

Number of 94-pound sacks of concrete (sand-cement) grout: _____ sacks at \$15.00 a sack: \$ _____

Other DNR pre-approved eligible cost(s) – specify on back of form: \$ _____

Income Reduction: Minus 30 cents for each dollar of claimant's income that exceeds \$45,000. (-) \$.30 for each \$1 > \$45,000

Note: If income reduction more than award, STOP HERE. \$ _____

Total Costs of Well Abandonment minus Income Reduction: \$ _____

Percentage allowed by grant: X .75 =

TOTAL GRANT PAYMENT REQUESTED: \$ _____

III. Claimant Certification

I certify to the best of my knowledge and belief, the eligible costs are in accordance with Chapters NR 812, NR 123, and Department of Commerce 84, Wis. Adm. Codes.

Signature of Claimant	Date Signed
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IV. Attachment Required for Payment

- DNR Form 3300-005 Well Abandonment completed by licensed well driller or licensed pump installer.
 Proof of prior payment to licensed well driller or licensed pump installer, copy of invoice and copy of cancelled check. Failure to provide proof of prior payment to licensed well driller or licensed pump installer will result in the grant check mailed to the licensed well driller or licensed pump installer to assure payment of services.

V. DNR Approval for Claim Payment (DNR use only – route in order as indicated below 1-2)

1 - Drinking Water & Groundwater Program Manager	Date	2 - Community Financial Assistance Grant Manager	Date
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Send this completed form, signed, and dated with the required attachments to:
 Thomas Riewe, WI DNR - DG, PO Box 7921, Madison, WI 53707-7921

Instructions

This payment claim form is for claimants that submitted an application claim and received a DNR grant agreement to proceed with the abandonment of an unused well on the claimant's property.

Claimants should complete this form with actual costs from the licensed well driller or licensed pump installer that completed your well abandonment for the cost portion. Contact the Drinking Water and Groundwater Program Manager at (608) 266-8697 or the Community Financial Assistance Grant Manager at (608) 267-7152 with questions. Required attachment forms can be downloaded from the appendix of the following web site: dnr.wi.gov/org/caer/cfa/Grants/wellabnd.html.

Section I. Claimant Information

Complete the information as requested for the claimant's mailing address and telephone number where you may be reached with questions.

Section II. Well Abandonment Eligible Cost Information

The eligible costs are determined by section NR 123.21, Wis. Adm. Code, cost table. Your licensed well driller or licensed pump installer that abandoned your well should provide you with the actual numbers and cost for this portion.

For income tax filing purposes, awards to individuals are considered "other income" by the Department of 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.

Section III. Claimant Certification

Claimant signs and dates.

Section IV. Attachments Required for Payment

- DNR **Form 3300-005*** (Well Abandonment Form) completed by the licensed well driller or licensed pump installer.
- If the claimant processed the payment to the licensed well driller or licensed pump installer, attach a **copy of the invoice and a copy of the cancelled check** for proof of payment. Failure to provide proof of prior payment to the licensed well driller or licensed pump installer will result in grant check mailed to the licensed well driller or licensed pump installer to assure payment of services.

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

Thomas Riewe, WI DNR - DG, PO Box 7921, Madison, WI 53707-7921

* Available through web site appendix: dnr.wi.gov/org/caer/cfa/Grants/wellabnd.html

Section V. DNR Approval for Claim Payment (DNR USE ONLY)

This document is sent to the DNR Drinking and Groundwater Program Manager in central office for review and approval with signature and date. The last process is to route to the DNR Community Financial Assistance Grant Manager in central office for review and approval with signature and date. After final approval by the DNR Community Financial Assistance Grant Manager, the check will be processed payable to the claimant and mailed with copy of completed DNR Form 8700-315 and cover letter.