

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

Well Compensation Program Request for Payment

Notice: Pursuant to s. 281.75, Wis. Stats., and ch. NR 123, Wis. Adm. Code, completion of this form is mandatory. Failure to submit complete information to the Department of Natural Resources will result in the denial of grant funds. Personal information collected will be used for program administration and may be provided to requesters to the extent required by Wisconsin's Public Records law (ss. 19.31-19.39, Wis. Stats.)

Submit a copy of this request for payment along with **all** of the following:

1. all itemized invoices
2. the Well Construction Report (Form 3300-77A),
3. the Well Abandonment Report (Form 3300-005),
4. the Bacteriological Report(s) and
5. the Field Inspection (Form 3300-233)

Send the above items to the Department of Natural Resources professional that you have been working with on your project.

Leave Blank For DNR Central Office Grant Manager Use Only
\$
State Cost Share at 75% or \$12,000 maximum
\$

Note: You will find more information at our website.
<http://dnr.wi.gov/Aid/WellCompensation.html>
 If you have questions concerning this form, contact Sandy Chancellor at (608) 266-1967.

Claimant Information

Claimant Last Name	First	MI	Claim Number	New Well ID Number (WUWN)
Mail Check to			Date Work Commenced	
Street or Route			Payment Type	
City	State	ZIP Code	<input type="checkbox"/> Final Payment	

Certification

I certify that to the best of my knowledge, and belief, the eligible costs are in accordance with the terms of the award and all work has been performed in accordance with Chapters NR 811, NR 812, NR 123, and Department of Safety and Professional Services 384, Wis. Adm. Codes.

Signature of Claimant	Date Signed
Printed or Typed Name of Claimant	Claimant Phone Number (include area code)

DNR Use Only	
Approved for Payment - DNR Field Private Water Supply Specialist	Date Approved
Approved for Payment - Drinking Water and Groundwater Program Manager	Date Approved
Approved for Payment - Community Financial Assistance Grant Manager	Date Approved