



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
APPLICATION FOR ABANDONED WELL PLUGGING GRANT

1. APPLICANT INFORMATION

PUBLIC WATER SYSTEM NAME		
PUBLIC WATER SYSTEM ID	PUBLIC WATER SYSTEM OFFICE TELEPHONE NUMBER WITH AREA CODE	
PUBLIC WATER SYSTEM D-U-N-S NUMBER	PUBLIC WATER SYSTEM FAX NUMBER WITH AREA CODE	
PUBLIC WATER SYSTEM PRIMARY ADDRESS		PUBLIC WATER SYSTEM E-MAIL (IF AVAILABLE)
U.S. CONGRESSIONAL DISTRICT	MISSOURI HOUSE DISTRICT	MISSOURI SENATE DISTRICT

2. PROJECT MANAGEMENT INFORMATION

PROJECT TITLE	
PROJECT MANAGER NAME	PROJECT MANAGER TITLE
PRIMARY TELEPHONE NUMBER WITH AREA CODE	SECONDARY TELEPHONE NUMBER WITH AREA CODE
FAX NUMBER WITH AREA CODE	E-MAIL
PROJECT START DATE (ANTICIPATED)	PROJECT END DATE (ANTICIPATED)
PLEASE INDICATE THE METHOD OF REIMBURSEMENT ANTICIPATED <input type="checkbox"/> One-time reimbursement upon completion of project <input type="checkbox"/> Incremental reimbursement	

3. DETAILED PROJECT DESCRIPTION

TOTAL NUMBER OF DOMESTIC OR MULTIFAMILY WELLS TO BE PLUGGED (ANTICIPATED)	TOTAL NUMBER OF PUBLIC WATER WELLS TO BE PLUGGED (ANTICIPATED)
PROJECT SUMMARY	
PUBLIC OUTREACH EFFORTS OR OTHER METHODS TO BE EMPLOYED FOR LOCATING ABANDONED WELLS IN THE PROJECT AREA	

PLEASE INDICATE THE STATUS OF YOUR WATER SYSTEM'S WELLHEAD OR SOURCE WATER PROTECTION PLAN BY CHECKING THE APPROPRIATE BOX
 Active Expired No Plan

4. PROJECT BUDGET			
Expense Item	Grant Funds	Matching Funds	Total
Public Water System Staff Time/Volunteer Services (Specify)			
		\$	
		\$	
		\$	\$
Material/Supply Costs (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Contractual/Implementation Costs (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Incentives (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Other (Specify)			
	\$	\$	
	\$	\$	
	\$	\$	\$
Totals	\$	\$	\$
Match Percentage =		%	

5. SIGNATURES (LOCAL AND REGIONAL GRANT APPLICATIONS)

To the best of my knowledge, all the data in this application is true and correct. The documentation has been duly authorized by the governing body of the applicant. As the authorizing representative I attest that I have read the required documents and assure that I can and will comply with all requirements and conditions of this grant if awarded.

PRIMARY APPLICANT ORGANIZATION		PUBLIC WATER SYSTEM ID	
NAME AND TITLE OF AUTHORIZED ORGANIZATION REPRESENTATIVE	SIGNATURE		DATE
NAME AND TITLE OF PROJECT MANAGER	SIGNATURE		DATE

6. INSTRUCTIONS FOR SUBMITTING GRANT APPLICATION

The completed grant application must be submitted to the Missouri Department of Natural Resources' Public Drinking Water Branch at the following address:

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WATER PROTECTION PROGRAM, PUBLIC DRINKING WATER BRANCH, ATTN: SOURCE WATER PROTECTION COORDINATOR, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176

Phone: 573-751-5331 or 800-361-4827 FAX: 573-751-3110

-----FOR PUBLIC DRINKING WATER BRANCH USE ONLY-----

DATE RECEIVED:	REVIEWER COMMENTS:
IS THE APPLICATION COMPLETE?	