



PPL Submission Checklist

(This form is for your assistance only. Do not submit it to the Minnesota Department of Health)



- ___ 1. In the submission describe the following:
 - a) ___ System
 - b) ___ Problem
 - c) ___ Solution alternatives (with rough summary cost estimate)
 - d) ___ Proposed solution
 - e) ___ General cost breakout for proposed solution

- ___ 2. Include cover letter, signed by water system or community official.

- ___ 3. Systems serving >1,000 population must have implemented a water supply plan approved by the [Minnesota Department of Natural Resources](#).

- ___ 4. Submit **two** copies of the proposal (unless submitting electronically).

- ___ 5. Send the submission early enough so it will be **received** by the department of health by the deadline.

For questions about this page, contact the Drinking Water Protection Program: drinkingwater@health.state.mn.us or 651-201-4700. For specific Drinking Water questions, please use the contacts listed on our [Contact Us](#) page.