



Environmental Health Division  
 625 North Robert Street  
 P.O. Box 64975  
 St. Paul, Minnesota 55164-0975  
 651/201-4700  
 Minnesota Relay Service (Greater MN): 1/800/627-3529  
 Minnesota Relay Service (Metro): 651/297-5353

<u>Office Use Only</u>	
Plan No.	_____
Fee	_____
Deposit No.	_____
Deposit Date	_____

**PLAN REVIEW FEE SHEET**

**1 set of plans and specifications are required for watermains.  
 2 sets of plans and specifications are required for wells, pumphouses, chemical feed, storage, booster stations, and water treatment plants.  
 PLANS AND SPECIFICATIONS MUST BE SIGNED BY A PROFESSIONAL ENGINEER WHO IS REGISTERED IN THE STATE OF MINNESOTA. BID QUANTITIES MUST BE PROVIDED.**

If submitting plans via U.S. Mail, please use the above address.

If submitting plans via a courier service, etc., mail to the following address:

Minnesota Department of Health  
 Drinking Water Protection Unit - Plan Review  
 625 North Robert Street  
 St. Paul, Minnesota 55155

This application must be completed and fee submitted before the plans will be reviewed.

**"X" PROJECT TYPE(S) AND FILL IN TOTAL FEE SUBMITTED.**

- |   |            |   |          |
|---|------------|---|----------|
| <input type="checkbox"/> Watermains             | \$ 150.00  | <input type="checkbox"/> Well                         | \$250.00 |
| <input type="checkbox"/> Pumphouse              | \$ 150.00  | <input type="checkbox"/> Chemical Feed                | \$150.00 |
| <input type="checkbox"/> Treatment Plant (new)  | \$1,000.00 | <input type="checkbox"/> Treatment Plant (renovation) | \$250.00 |
| <input type="checkbox"/> Storage (installation) | \$ 300.00  | <input type="checkbox"/> Storage (coating)            | \$100.00 |
| <input type="checkbox"/> Booster Station        | \$ 150.00  |   |          |

Total Fee Submitted \$ \_\_\_\_\_ Payable to Minnesota Department of Health

**FEEES ARE ADDITIVE FOR MULTIPLE PROJECT TYPES INCLUDED ON ONE SET OF PLANS.**

PLEASE TYPE OR PRINT THE FOLLOWING REQUIRED INFORMATION

**Is this a drinking water revolving fund loan project? \_\_\_Yes \_\_\_No**

Name of Project: \_\_\_\_\_

Project Location: \_\_\_\_\_  
 City (if not incorporated, township) County

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
 Street City State Zip

Submitter's Name: \_\_\_\_\_

Submitter's Address: \_\_\_\_\_  
 Street City State Zip

Submitter's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_