

FOR OFFICE USE ONLY	
Date Received	
Date Reviewed	
Reviewed By	
Plan #:	

## Plan Submittal Cover Letter

### NONCOMMUNITY PUBLIC WATER SYSTEMS

In accordance with Minnesota Rules 4720.0010, plans must be reviewed and approved prior to work being performed. For more information, refer to [Plan Review for Noncommunity Systems](https://www.health.state.mn.us/communities/environment/water/planreview/noncommunity.html) (<https://www.health.state.mn.us/communities/environment/water/planreview/noncommunity.html>)

Responsible party of facility \_\_\_\_\_ Name of facility \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Facility street address, City, ZIP \_\_\_\_\_

County name \_\_\_\_\_ PWSID # \_\_\_\_\_

Mailing street address, City, ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Submitter/Designer Information

Name \_\_\_\_\_ On behalf of (company) \_\_\_\_\_

Plumbing license # \_\_\_\_\_ Contractor license # \_\_\_\_\_ Engineer license # \_\_\_\_\_

Mailing street address, City, ZIP \_\_\_\_\_

Phone number \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Project Scope

Description of project \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of attached documents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Please email completed form with complete plans and specifications to attn.: Plan Review Engineer at [Health.NoncommunityPlanReview@state.mn.us](mailto:Health.NoncommunityPlanReview@state.mn.us) or fax or mail (attn.: Plan Review Engineer).

Minnesota Department of Health  
Drinking Water Protection Section  
PO Box 64975  
St. Paul, MN 55164-0975  
Phone: 651-201-4700  
Fax: 651-201-4701

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To obtain this information in a different format, call:  
651-201-4700.