

Date Received	
Date Reviewed	
Reviewed By	
Plan #:	

Water Service Line Plan Submittal

NONCOMMUNITY PUBLIC WATER SYSTEMS

In accordance with Minnesota Rules 4720.0010, this form must be completed and submitted to the Minnesota Department of Health (MDH) for the installation or modification of water supply facilities associated with a noncommunity public water supply well.

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 _____

Water Service Installer Information

Name _____ On behalf of (company) _____

Plumbing license # _____ Contractor license # _____ Engineer license # _____

Mailing street address, City, ZIP _____

Phone number _____ Fax # _____ Email _____

Signature _____ Date _____

Plumbing Materials

Check all that apply, circle ASTM or AWWA standard(s)

PE (ASTM D2239/D2737/D3035, AWWA C901)* COPPER (ASTM B42/B75/B88/B251/B302/B447)

PVC (ASTM D1785/D2241, AWWA C900)** PEX (ASTM F876/F877, AWWA C904)

CPVC (ASTM D2846/F441/F442) Other: _____

*PE cannot be installed within a building after the pressure tank, non-pressurized storage, or treatment device, whichever is furthest upstream

**PVC may only be for building supply or treatment applications and cannot otherwise be installed within or under the foundation of any building.

Water Supply Information

Pipe size: Diameter (inches): _____ Length (feet): _____ Bury depth (feet): _____

Method of installation (example: open trench, directional drilling): _____

Operating pressure: _____ psi to _____ psi Unique Well ID(s): _____

For hydropneumatic pressure tanks:

▪ Make/Model: _____ Operating pressure (psi): _____

Capacity (gal): _____ Tank material: _____

WATER SERVICE LINE PLAN SUBMITTAL

For well pumps:

- Make/Model: _____ Variable Speed? Yes No
Type: _____ Capacity (gpm): _____ VFD Make/Model: _____
- Will a pressure tank or VFD be replaced or added? Yes No

For atmospheric storage tanks:

- Make/Model: _____ Baffled Tank? Yes No
Capacity (gal): _____ Tank material: _____
- Is an existing well being replaced by a new well? Yes No
 - If yes, indicate any wells being abandoned (including Unique Well # if known):

- Is a new pump house or well house being constructed? Yes No
- Will the system be de-pressurized during part of the year? Yes No
- Will the system be receiving hauled potable water? Yes No
 - If yes, indicate the water hauling company and contact information below:

Water Service Site Diagram

Please provide a site diagram of the water system. Engineering or technical drawings are also acceptable submissions. A diagram can be submitted on separate sheets.

Please include the following:

- New and existing water service line
 - Indicate pipe length, diameter, material, and method of construction
- New and existing well locations
- Supplied buildings
 - Label building (for example: "Office")
- New and existing storage and treatment devices
- Water meters, Hydrants, and Valves
- Cross connection control devices
- Water sampling taps
- Sources of contamination and separation distance from well and water service line
- Include location of nearby sewer, storm water, and nonpotable utilities
- Any well house and pump house

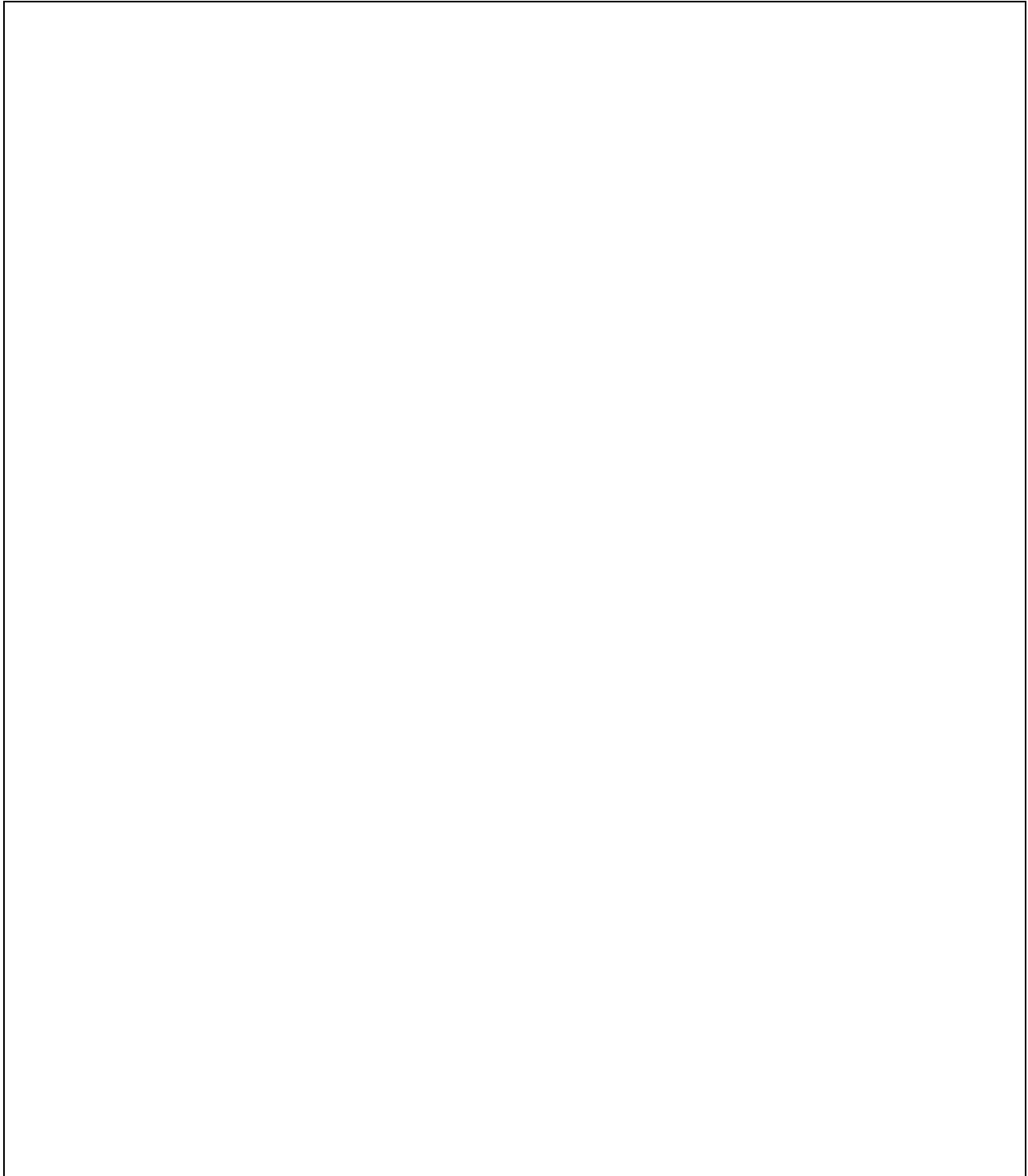
It is required that all work to be done in the construction and installation of a water service line be in accordance with the Minnesota Plumbing Code (Minnesota Rules, Chapter 4714).

Note: Please email completed form to attn.: Plan Review Engineer at 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
www.health.state.mn.us
Phone: 651-201-4700
Fax: 651-201-4701

Revised 10/01/2021
To obtain this information in a different format, call:
651-201-4700.

Water Service Site Diagram



Submitter _____ Plumbing license # _____ Well contractor license # _____

Signature _____ Date _____

