

**Office Use Only**

Plan No. \_\_\_\_\_

Deposit No. \_\_\_\_\_

Deposit Date \_\_\_\_\_

# Plan Review Fee Sheet

- **Watermains**
  - 1 set of plan and specifications are required
- **Wells, storage, booster stations, and water treatment plants**
  - 2 sets of plans and specifications are required
- **Interconnections**
  - 1 interconnection plan and hydraulic analysis are required

**Plans and Specifications Must Be Signed by a Professional Engineer registered in the State of Minnesota**

## How to Submit Plans

**By U.S. Mail**

Minnesota Department of Health  
Drinking Water Protection-Plan Review  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975

**By Courier service, etc.**

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

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

**Note:** Multiple fees are required if more than one project type is included on one set of plans.

## Review Fee by Project Type(s)

Watermains \$150

Interconnection -----

Pumphouse \$150

Well \$250

Treatment Plant \$1,000

Chemical Feed \$150

Storage (Installation) \$300

Treatment Plant (Renovation) \$250

Booster Station \$150

Storage (Coating) \$100

**Total Fee Submitted \$** \_\_\_\_\_

(Payable to Minnesota Department of Health)

## 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 ( ) \_\_\_\_\_

Submitter's Email \_\_\_\_\_

Minnesota Department of Health  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4700  
Fax 651-201-4701  
health.drinkingwater@state.mn.us  
www.health.state.mn.us

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