

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

Water Service Line Plan Submittal

FOR SYSTEMS SERVING THE PUBLIC

In accordance with Minnesota Statues 326B.43, subdivision 2a, and 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 water supply well that serves the public.

Responsible party of facility _____ Name of facility _____

Phone number _____ Email _____

Facility street address, City, ZIP _____

County name _____ PWSID # (if applicable) _____

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)

| | |
|--|---|
| <input type="checkbox"/> PE (ASTM D2239/D2737/D3035, AWWA C901)* | <input type="checkbox"/> COPPER (ASTM B42/B75/B88/B251/B302/B447) |
| <input type="checkbox"/> PVC (ASTM D1785/D2241, AWWA C900)* | <input type="checkbox"/> PEX (ASTM F876/F877, AWWA C904) |
| <input type="checkbox"/> CPVC (ASTM D2846/F441/F442) | <input type="checkbox"/> Other _____ |

* PE and PVC water service line piping may only be utilized up to the water meter or pressure tank, as long as no more than three (3) feet of the pipe remains exposed within the building.

Water Supply information

Unique Well ID(s) _____

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

Anticipated Construction Date: _____

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

If directional drilling:

- **Please complete alternate installation method acknowledgement addendum on page 5.**
- The directional drilling of the polyethylene pipe must be installed per the manufacturer's recommendations.
- Proper transition fittings must be used to connect to other code water distribution pipe material for the project.
- Soil conditions must be reviewed prior to installation. Installation in soil conditions which contain sharp rocks or harmful materials that will cut or scrape, leading to significant damage of the wall thickness of the pipe is not approved.
- Directionally drilled pipe must be installed with no joints in the water service line below ground until connection is made to bring the water service line above-ground.

Hydropneumatic pressure tanks

- New or Existing (circle one)
- Operating pressure: _____ psi to _____ psi
- Make/Model: _____
- Capacity (gal): _____ Tank material: _____

Pumps

- New or Existing (circle one)
- Make/Model: _____ Variable Speed? Yes No
- Type (example: submersible, jet, turbine): _____
- Variable Frequency Drive (VFD) Make/Model (if applicable): _____
 - VFD New or Existing (circle one)

Atmospheric storage tanks

- Make/Model: _____ Baffled Tank? Yes No
- Capacity (gal): _____

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Related Infrastructure

- 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

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.

The site diagram must include the following:

- New and existing well locations
- New and existing water service line locations
- Sources of contamination and separation distance from well and water service line
- Location of nearby sewer, storm water, and nonpotable utilities
- Supplied buildings (label buildings, for example: "Office")
- Water meters, hydrants, and valves
- Cross connection control (backflow prevention) devices
- 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).

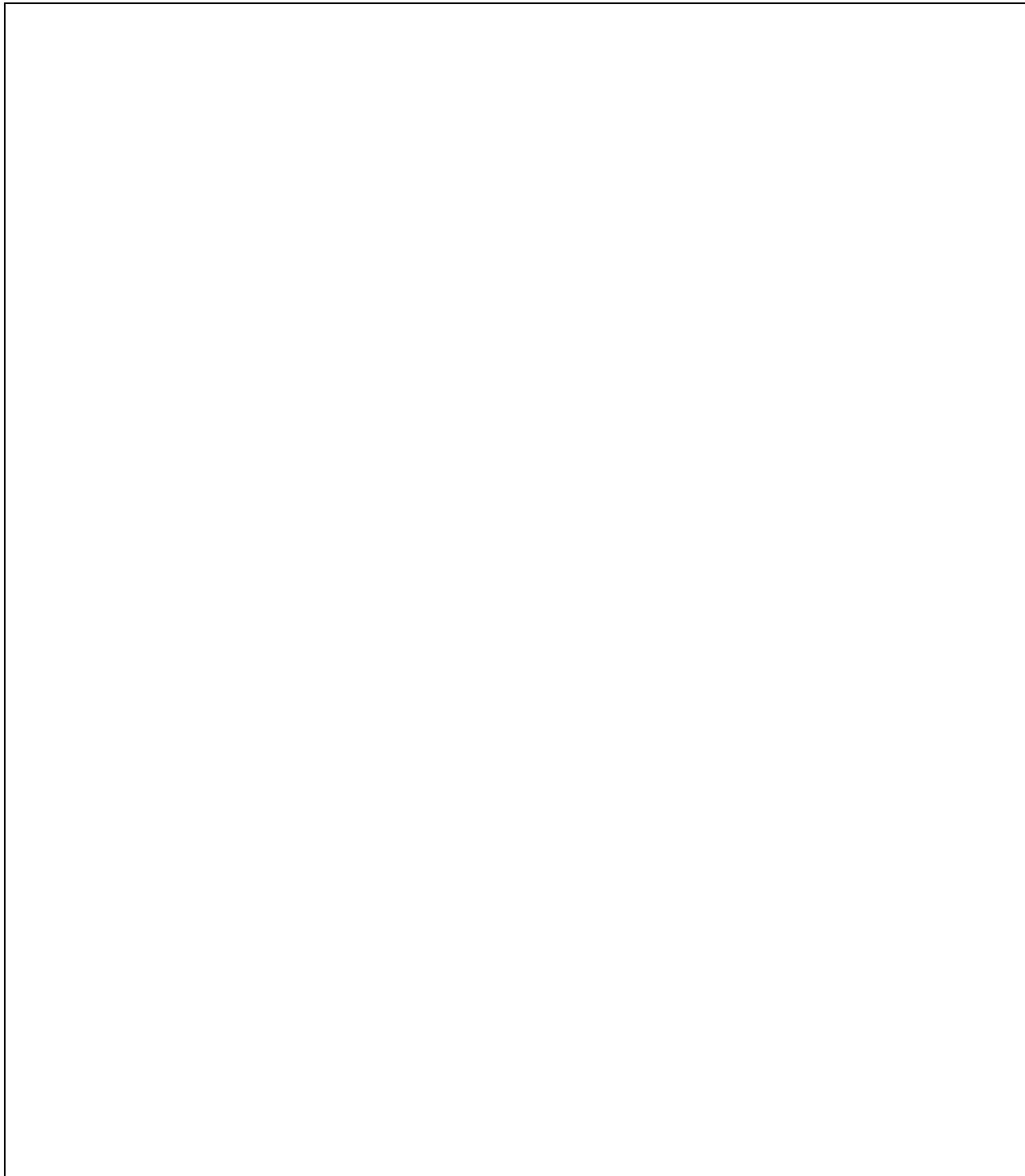
Note: Please email completed form to Plan Review at drinkingwaterplanreview.MDH@state.mn.us or fax or mail (attn. Plan Review Engineer).

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 12/30/2025
*To obtain this information in a different format, call:
651-201-4700.*

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Water Service Site Diagram



Submitter _____ Plumbing license # _____ Well contractor license # _____

Signature _____ Date _____

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Information for Sizing Water Service Line

Please provide the information used to size the water service line (as applicable):

- Well capacity (gpm): _____
- Pump operating flow rate (gpm): _____
- Peak demand from plumbing plans (gpm): _____

Fixture Count (table below)

List the type and number of all fixtures to be served by the new water service line.

| Appliances, Appurtenances, Or Fixtures | # of Private | # of Public |
|---|--------------|-------------|
| EXAMPLE: Water Closet, 1.6 gal/flush gravity tank | 1 | 2 |
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Addendum: Directional Drilling Alternate Installation Method Acknowledgement

Directional drilling is not an approved installation method in the Minnesota Plumbing Code. Please state the reason directional drilling is necessary or beneficial:

Please state the installation standard or manufacturer's recommendations that will be followed:

Please describe the evaluation of soil conditions:

ACKNOWLEDGEMENT

- a) I understand the proposed alternate is not a code approved material or method, and I am requesting its use for this project only and not for any future project(s).
- b) I declare that the information provided in this application is accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE