

# Environmental Review Exemption Checklist

## DRINKING WATER REVOLVING FUND

**Instructions:** Complete the information and table below. If the answer to any of the questions is yes, provide a description of the project in the space provided. The project is exempt from environmental review. Send this completed form along with the Environmental Review Cover Page to the MDH district engineer, [Drinking Water Protection Contacts](#), for the project area.

If all answers are no, continue to the next step on the *Environmental Review by Category Checklist* available at Drinking Water Revolving Fund [Forms](#) webpage.

PWS Name \_\_\_\_\_ Project Name \_\_\_\_\_

DWRF Project Number \_\_\_\_\_

Environmental Review Exemption Criteria	Yes	No
1. The project is limited to environmental study.		
2. The project is limited to planning and design.		
3. The project is limited to connection fees.		
4. The project is for emergency/disaster relief and/or protection.		
5. The project is limited to restoration and/or repair of structural or mechanical components on the interior of the facility.		
6. The project is limited to restoration or repair of a facility with minimal additions to the footprint.		
7. The project is limited to for replacement or installation of water meters.		
8. The project is limited to recoating or repainting of a water tower or water storage tank.		
9. The project is limited to installation of a generator.		
10. The project is limited to the replacement or relining of existing watermains in previously disturbed soils.		
11. The project is limited to the replacement of service lines using directional boring technologies or open trench replacement in the location of the original trench.		

## ENVIRONMENTAL REVIEW EXEMPTION CHECKLIST

**Brief description of project** (only required if a criteria is marked “yes”).

### Certification Statement

We certify that the information provided on this form is complete and accurate and that this project meets the exempt criteria established by the Minnesota Department of Health.

#### Project Authorized Official or Design Engineer

Print Name \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Resources

- Drinking Water Protection Contacts  
(<https://www.health.state.mn.us/communities/environment/water/org/index.htm>)
- Forms (<https://www.health.state.mn.us/communities/environment/water/dwrf/dwrf.html>)

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