DEPARTMENT OF HEALTH

Section 106 Exemption Checklist

DRINKING WATER REVOLVING FUND (36 CFR PART 800)

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 Section 106 of the National Historic Preservation Act. Send this completed form along with the Environmental Review Cover Page to todd.johnson@state.mn.us.

If all answers are no, continue to the next step on the Step by Step Checklist available at: Drinking Water Revolving Fund Forms.

PWS Name ______ DWRF Project Number _____

Project Name

Criteria

Section 106 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 less than 45 years old.		
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 exiting 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.		

*It is strongly recommended that an Archaeological Site and Historic Structures Database Search is completed for the project area to assure that no historic properties will be impacted by the project. This database search can be generated by contacting the State Historic Preservation Office (SHPO) @ datarequestshpo@state.mn.us and asking for an "archaeological site and historic structures database search". SHPO will need a brief description of the project as well as the location, including township, range, and section.

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

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

Drinking Water Revolving Fund 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.