

## Service Line Inventory Submittal Contact Information

Please complete the following information and submit a copy of the completed form to [Health.LSInventory@state.mn.us](mailto:Health.LSInventory@state.mn.us) when submitting the service line inventory to the Minnesota Department of Health.

Additional information about the service line inventory requirements can be found at [Lead Service Line Inventory Guidelines](https://www.health.state.mn.us/communities/environment/water/rules/lslinventguide.html) (<https://www.health.state.mn.us/communities/environment/water/rules/lslinventguide.html>).

Water System Name \_\_\_\_\_

PWSID \_\_\_\_\_

Service line ownership (select one):

Single (example: customer owns from main to meter)

Split (example: system owns from main to curb stop, customer owns from curb stop to meter)

Population Served \_\_\_\_\_

Number of lead service lines in inventory \_\_\_\_\_

Number of galvanized requiring replacement service lines in inventory \_\_\_\_\_

Number of non-lead service lines in inventory \_\_\_\_\_

Number of unknown material service lines in inventory \_\_\_\_\_

TOTAL number of service lines in inventory \_\_\_\_\_

## Contact Information

Water System Contact \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

SERVICE LINE INVENTORY SUBMITTAL CONTACT INFORMATION

**GIS Data Submitter Contact** \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Lead related system website (if applicable) \_\_\_\_\_

Date submitted to MDH \_\_\_\_\_

Minnesota Department of Health  
Drinking Water Protection  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4700  
[health.drinkingwater@state.mn.us](mailto:health.drinkingwater@state.mn.us)  
[www.health.state.mn](http://www.health.state.mn)

05/21/2024

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