

## Lead Service Line Replacement Project Priority List Application

This application form is intended to be used by public water supplies to place projects for lead service line replacement (LSLR) on the Minnesota Department of Health's (MDH) Project Priority List (PPL). The first step in securing LSLR funding for your project is completing this application for placement on the PPL. **Applications for the 2027 PPL must be submitted to MDH by March 13, 2026.** Submit completed applications to [health.dwrfapplication@state.mn.us](mailto:health.dwrfapplication@state.mn.us).

Public Water Supply (PWS) \_\_\_\_\_

Project name \_\_\_\_\_

### Contact information

City/Public Water Supply (PWS)

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

### Consultant (if applicable)

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Is this project being done in conjunction with a watermain replacement project?

Standalone LSL replacement project.

Project in conjunction with watermain project being funded by DWRF.

If this project is in conjunction with a watermain replacement project, please enter the project name.

Project name \_\_\_\_\_

# LEAD SERVICE LINE REPLACEMENT PROJECT PRIORITY LIST APPLICATION

## Service line ownership

Utility owns from watermain to curb stop and customer owns from curb stop to building.

Customer owns entire service line from watermain to building.

Other (please describe)

## Number of service lines to be replaced in project area

Service Lines to be replaced	Number of service lines to be replaced
Number of identified Lead and/or Galvanized Requiring Replacement (GRR) in project area.	

## Total number of service lines needing replacement in system

Service Lines needing replacement	Number of service lines needing replacement
Total number of Lead and/or Galvanized Requiring Replacement (GRR) in system.	

## Cost estimate

Item	Cost
Construction: Replace _____ service lines at \$ _____ each	
Engineering & Project Administration	
Contingency (10%)	
<b>Total</b>	

## Project schedule

Schedule	Date
Submit request to Minnesota Public Facilities Authority (MPFA) to be placed on Intended Use Plan (IUP) (due first Friday in June).	
Construction start date (updated service line inventory is submitted to MDH by June 30 of the year before).	
Submit plan submittal guide information to MDH.	
Submit funding application to MPFA.	
Completion (estimated date of final completion).	

## Map

A map of the project area is included as a separate attachment. The map identifies properties for service line replacement during this project.

## Addresses (if available)

A list of addresses of proposed service line replacements is included as a separate attachment.

## Prioritization Plan (check all that apply)

This project will replace all known LSLs in the system.

This project is being done in coordination with a watermain replacement project.

If neither box above is checked, describe the utility's plan to prioritize replacements based on the following criteria:

1. Removing lead service lines that are an imminent threat to public health and safety.
2. Targeting areas with children with elevated blood lead levels.
3. Targeting areas with children under the age of five.
4. Targeting lead service lines that provide drinking water to schools, licensed child care facilities, or other properties known to be used by disproportionately large numbers of children.
5. Targeting areas with lower-income residents and other disadvantaged communities.

Further information to assist with making this determination can be found at [Lead Service Line \(LSL\) Replacement Funding Program](https://www.health.state.mn.us/communities/environment/water/slrfund.html) (<https://www.health.state.mn.us/communities/environment/water/slrfund.html>).

## Prioritization Plan description

We understand that funding will only be provided for service lines that are classified entirely as non-lead at the completion of the project. (Complete service line replacement is required.)

Anticipated year that all lead/GRR will be replaced on your system: \_\_\_\_\_

**Authorized Representative**

On behalf of an eligible project as their authorized authority, I hereby submit this application for placement on the PPL.

Name \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Minnesota Department of Health  
Drinking Water Protection  
951-201-4700  
[www.health.state.mn.us](http://www.health.state.mn.us)

11/06/2025

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