

# Application for Project Priority List

## LEAD SERVICE LINE REPLACEMENT PROJECT

This application form is intended to be used by water utilities to place projects for lead service line replacement 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 2026 PPL must be submitted to MDH by May 2, 2025.** Submit completed applications to [health.dwrfapplication@state.mn.us](mailto:health.dwrfapplication@state.mn.us).

Water Utility (PWS) \_\_\_\_\_

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

### Contact Information

#### City/Water Utility (PWS)

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Email \_\_\_\_\_

#### Consultant (If applicable)

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Email \_\_\_\_\_

Is this proposal for a new project to be listed on the PPL or an update to a project currently listed on the PPL?

New project.                      Update to existing project.

If this is for an update to an existing project, please give the name of the project.

APPLICATION FOR PROJECT PRIORITY LIST

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.

**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 Line	Service line replaced (Enter number)
Lead	
Galvanized Requiring Replacement (GRR)	
Unknowns likely to be lead/GRR (must be identified prior to replacement)	

**Cost estimate**

Item	Cost
Construction: Replace service lines at each	
Engineering & Admin (15%)	
Contingency (10%)	
<b>Total</b>	

**Project schedule**

Schedule	Date
Submit plan submittal guide information to MDH	
Submit funding application to Public Facilities Authority (PFA)	
Bid project (if applicable)	

APPLICATION FOR PROJECT PRIORITY LIST

Schedule	Date
Begin construction	
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 LSLs on 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 \(https://www.health.state.mn.us/communities/environment/water/lslrfund.html\)](https://www.health.state.mn.us/communities/environment/water/lslrfund.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 \_\_\_\_\_

APPLICATION FOR PROJECT PRIORITY LIST

**Authorized Representative**

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

Name \_\_\_\_\_

Title \_\_\_\_\_

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

Email \_\_\_\_\_

Minnesota Department of Health  
Drinking Water Protection  
651-201-4700  
[www.health.state.mn.us](http://www.health.state.mn.us)

02/10/2025

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