



APPLICATION FOR LEAD SERVICE LINE INVENTORY ASSISTANCE
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF MUNICIPAL FACILITIES
 SFN 62279 (1-2023)

Applicant			
Address	City	State	ZIP Code
Contact Name	Title		
Email Address	Telephone Number		

The Lead Service Line Inventory Program through the North Dakota Department of Environmental Quality (NDDEQ) is intended to aid public water systems (PWSs) in complying with the Safe Drinking Water Act (SDWA) Lead and Copper Rule Revisions (LCRR).

Assistance available through this program includes the following:

Category A: Records reviews and customer surveys. The vendor will review local records to identify service line materials in the public water system. The vendor may also be requested to conduct customer surveys or other outreach to determine privately-owned service line materials. Reviews and surveys may require on-site records research and/or direct customer contact. May also include statistical analysis, predictive modeling, machine learning, and digitization of records.

Category B: On-site investigations for validation of records review results conducted under Category A. Activities may include non-compliance water sampling, excavation, and vacuum or hydro-excavation. Other emerging technologies may be used upon prior NDDEQ approval.

Category C: Preparation of a Lead Service Line Replacement Plan that complies with the seven elements of the LCRR.

Category D: Preparation of a facility plan for systems that intend to apply for funding for lead service line replacements through the Drinking Water State Revolving Fund.

Indicate which service(s) you would like assistance with:

- Category A
- Category B
- Category C
- Category D

Service line ownership:

Fully owned by the utility

Fully owned by the customer

Shared ownership with ownership changing at the:

Curb stop

Meter

Other: _____

Approximate Number of Service Connections	Approximate Number of Service Connections Installed Before 1988
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Indicate which records your system has available:

	Paper	Electronic	Both	Not Available
System Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Records & Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O&M Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tap Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any previous work done to develop a lead service line inventory.

List any state-regulated public water systems served by your utility. A state-regulated public water system is defined as a system that has 15 or more connections or serves 25 or more individuals for at least 60 days a year but (1) consists only of distribution and storage facilities and does not have any collection and treatment facilities (2) obtains all of its water from, but is not owned or operated by, a

regulated public water system (3) does not sell water to any person and (4) is not a carrier which conveys passengers in interstate commerce.

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Do you have a current contract with a consulting engineering firm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consulting Engineering Firm	Contact Name		
Address	City	State	ZIP Code
Email Address	Telephone Number		
Do you prefer to have this consulting engineering firm perform your lead service line inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please note that requests to use specific engineering firms will be honored if possible, but are not guaranteed.

The Applicant Certifies That:

I declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, is in all things true and correct.

Signature	Date
Printed Name	Title

Please submit the completed application to:

North Dakota Department of Environmental Quality
Division of Municipal Facilities
4201 Normandy St
Bismarck, ND 58503-1324
ndsrf@nd.gov

RESOLUTION OF GOVERNING BODY OF APPLICANT
(Suggested Format)

Resolution authorizing filing of an application with the North Dakota Department of Environmental Quality (NDDEQ) for assistance performing a lead service line inventory in compliance with the Lead and Copper Rule Revisions.

Public Water System	Designated Official
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WHEREAS the public water system named above (the "entity") is a community public water system or non-transient non-community water system regulated by the NDDEQ, the governing body of this entity authorizes the above-named designated official to submit an application to the NDDEQ to request assistance with a lead service line inventory, lead service line replacement plan, facility plan to prepare for a DWSRF loan, and/or to conduct non-regulatory sampling as described in the application. The entity will provide to the NDDEQ and the NDDEQ's designated service provider physical access to records, public easements, public rights-of-way, and the entity will provide any other information needed to perform the necessary work.

If on-site investigation of service lines (such as potholing or hydrovac-ing) is performed by the NDDEQ's designated service provider or one of its subcontractors, the entity will waive permit fees.

CERTIFICATE OF RECORDING OFFICER

The undersigned duly qualified and acting _____ of the _____
(title of officer) *(public water system)*
does hereby certify that the resolution is a true and correct copy of the resolution as regularly adopted at a legally-convened meeting of the entity's governing body held on the _____ day of _____, 20_____; and further that such resolution has been fully recorded in the journal of proceedings and records in my office.

In WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20_____.

(SEAL)
If applicant has an official seal, impress here.

Signature of Recording Officer
Title of Recording Officer