



SERVICE LINE INVENTORY DETAIL FORM

For Water Systems with no more than 5 Service Connections

Detailed Inventory	
PWS Name: Durham Quarter	PWSID: 1090044
Inventory Type (check one): <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update	
Initial inventory date (required field): 9/5/2024	
Updated inventory date (only for updated inventories):	

Submit a separate Detail Form for each unique Service Line

*You will need the Instructions (3930-FM-BSDW0042) to fill out the Inventory Detail Form. It will be necessary to answer questions 10, 15, 16, 19, 22 and 23.

Question	Response
SERVICE LINE LOCATIONAL INFORMATION	
1. Unique Service Line ID	Building4
2. Record Type	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Inactive
3. Date Replacement Completed	
4. Ownership Type	<input type="checkbox"/> Joint <input type="checkbox"/> Customer <input checked="" type="checkbox"/> System
5. Street Address	4 Tohickon Valley Road
6. City	Ottsville
7. Zip Code	18942
8. School?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> All Grades
9. Childcare Facility?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
SYSTEM-OWNED PORTION OF SERVICE LINE Check here if not applicable <input type="checkbox"/>	
10. *Material (see Instructions for list of codes)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S
11. Was Material Ever Previously Lead?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
12. Lead Pigtail, Gooseneck or Connector Upstream?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
13. Installation Date or Date Range	1966
14. Diameter (in inches)	1 inch
15. *Basis of Material Classification: Non-Field Method (see Instructions for list of codes)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
16. *Basis of Material Classification: Field Method (see Instructions for list of codes)	<input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L
17. Field Verification Date	9/5/2024
18. Additional Comments	

CUSTOMER-OWNED PORTION OF SERVICE LINE		Check here if not applicable <input type="checkbox"/>
19. *Material (see <i>Instructions for list of codes</i>)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S	
20. Lead Pigtail, Gooseneck or Connector Upstream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
21. Installation Date or Date Range		
22. *Basis of Material Classification: Non-Field Method (see <i>Instructions for list of codes</i>)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
23. *Basis of Material Classification: Field Method (see <i>Instructions for list of codes</i>)	<input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	
24. Field Verification Date		
25. Additional Comments		
SERVICE LINE CLASSIFICATION		
26. Service Line Classification	<input type="checkbox"/> Lead <input type="checkbox"/> Galvanized Requiring Replacement <input type="checkbox"/> Lead Status Unknown <input checked="" type="checkbox"/> Non-Lead ¹	

¹ All designations of Non-Lead are subject to review and approval by the Department.