



## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SERVICE LINE LOCATIONAL INFORMATION</b>                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1. Unique Service Line ID                                                                                                            | Building6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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                                                                                                                    | 6 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                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>SYSTEM-OWNED PORTION OF SERVICE LINE</b> <span style="float: right;">Check here if not applicable <input type="checkbox"/></span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10. *Material<br>(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<br><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:<br>Non-Field Method<br>(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:<br>Field Method<br>(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<br>(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<br><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:<br>Non-Field Method<br>(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:<br>Field Method<br>(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                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
| <b>SERVICE LINE CLASSIFICATION</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
| 26. Service Line Classification                                                                            | <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized Requiring Replacement<br><input type="checkbox"/> Lead Status Unknown <input checked="" type="checkbox"/> Non-Lead <sup>1</sup>                                                                                                                                                                                                                                                                                                        |                                                       |

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