

LEAD SERVICE LINE INVENTORY

Name of person filling out this questionnaire: _____

Phone number, should we have questions: _____

Property Street Address: _____

Structure type:

- | | |
|---|--|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Multi-Family (duplex/quadruplex) |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Commercial Building/Industrial Facility |

Year House Built: _____

Material List (Check all that apply)

What pipe material is the service line pipe entering your house, foundation, or business made of?

- | | | |
|-------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Lead | <input type="checkbox"/> Copper | <input type="checkbox"/> Galvanized |
| <input type="checkbox"/> PVC | <input type="checkbox"/> Polyethylene | <input type="checkbox"/> Unknown |

What year was your service line installed: _____

(This may be the year the structure was built)

What size pipe is the service line entering your house or business made of?

- | | | |
|-------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 3/4" | <input type="checkbox"/> 1" | <input type="checkbox"/> >1" |
|-------------------------------|-----------------------------|------------------------------|

What material are the plumbing pipes in your house or business mostly made of?

- | | | |
|-------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Lead | <input type="checkbox"/> Copper | <input type="checkbox"/> Galvanized |
| <input type="checkbox"/> PVC | <input type="checkbox"/> Polyethylene | <input type="checkbox"/> Unknown |

What is the second most material the plumbing pipes are made of?

- | | | |
|-------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Lead | <input type="checkbox"/> Copper | <input type="checkbox"/> Galvanized |
| <input type="checkbox"/> PVC | <input type="checkbox"/> Polyethylene | <input type="checkbox"/> Unknown |

How old are the pipes inside your house?

- | | |
|--|---|
| <input type="checkbox"/> Installed before 1989 | <input type="checkbox"/> Installed after 1989 |
|--|---|

Do you have water softener, a whole home water purification system, RO-System, faucet filter or any other treatment device installed in your house or business?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Thank you for your participation!

Email Address: _____

(This field is not part of the form submission.)