

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please answer the following questions about the plumbing at this location.

Exterior water service line construction material (water line from the meter to the building/house)	<input type="checkbox"/> Lead <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> HDPE <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> PEX <input type="checkbox"/> Other Non-Lead
Exterior water service line size	<input type="checkbox"/> 5/8 inch <input type="checkbox"/> 1 inch <input type="checkbox"/> 1/2 inch <input type="checkbox"/> 2 inch
Exterior water service line installation year	Year: _____
Building type	<input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Building <input type="checkbox"/> Other (explain: _____ _____)
Number of residences on meter	<input type="checkbox"/> One <input type="checkbox"/> Multiple
Water softener, filter, or other water treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence internal plumbing material	<input type="checkbox"/> Copper pipe with lead solder <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other Non-Lead <input type="checkbox"/> PVC
Secondary internal plumbing material	<input type="checkbox"/> Copper pipe with lead solder <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other Non-Lead <input type="checkbox"/> PVC
Year range internal plumbing was installed or updated	<input type="checkbox"/> Before 1989 <input type="checkbox"/> Between 1989 and 2014 <input type="checkbox"/> After 2014