DEP_10-S_00014 12/2021

Service Line Inventory Report
New Jersey Department of Environmental Protection
Division of Water Supply and Geoscience - Water System Operations Element

I. System Information

Water System Name:	Roosevelt Water Dept.
PWSID Number:	1341001

II. Contact Information for Owner/ Licensed Operator of Record Completing the Form

Contact Name:	John B. Holden
Contact Title:	Licensed Operator
Contact Phone:	609-575-2958
Contact Email:	jbholden@optonline.net

III. Inventory Information

Owner of Service Lines: ○ System ○ Property Owner ◉ Both

	Selection	Number of sites
I. Lead	☐	
II. Galvanized	☐	
III. Lead gooseneck, pigtail, or connector	☐	
IV. Lead Status Unknown	☐	
V. Non-lead	☑	302

# of LSLs to be replaced/identified:	0	# of LSLs to be replaced annually:	0
Total # of service lines in PWS:	302	# of known LSLs	0

IV. Inventory Availability

This inventory has been made publicly accessible by:

☐	**If 3,300 customers or greater:** Posting the inventory on my water system's website	Website:	
☑	**If under 3,300 customers:** Posting the inventory in a publicly accessible place, if a website is not available	Inventory is available via:	www.rooseveltnj.us

V. Certifications

By submitting this form, I have verified and certify the information listed in this form is true and accurate to the best of my knowledge and belief.

John B. Holden	1/20/2022	Licensed Operator
Water System Owner or Licensed Operator Name	Date	Title (if WS Owner)
jbholden@optonline.net	609-575-2958	T3- 518063, W2- 0028585
Email	Phone Number	License Number (if LO)

This form must be submitted by the Water System Owner or its Licensed Operator of Record.

PBCU Sample Site ID (e.g. PBCU01) (Optional)	Street Address	Zip Code

Town	Lot (Optional)	Block (Optional)	Easting (X) (Optional)	Northing (Y) (Optional)	Latitude (Optional)

Longitude (Optional)	Locational Identifier (Optional)	Service Line Category
		NL

Suspected to be lead? (Y/N) (Complete if answered UL for column L)	Public Service Line Materials

Public Service Line - Other Materials (Provide only if Column N is indicated as O)	Customer Service Line Materials

Customer Service Line - Other Materials (Only provide if Column P is indicated as O)	PWS Service Line Install Date (Optional)

Customer Service Line Install Date (optional)	Service Line Length (ft.) (Optional)

Verification Source (Optional)	Other Source (Provide only if Column U is indicated to be O)

Reasoning (Optional)	Steps to be Taken to ID (Optional)

Attachments? (Y/N) (Optional)	PWS Service Line Diameter (Optional)

Customer Service Line Diameter (optional)	Building Type (Optional)

PWS Comments (Optional)	DEP Comments