

## General LSLI Survey

**Date:**

**Customer Name:\***

**Address/Location of Service Line:\***

**Meter #:**

**Description of Meter and/or Location:**

**PWS Side Installation Date:\***

**Material for PWS Service Line:\***

**PWS Side Pipe Diameter:\***

**Installation Date Customer Side:\***

**Material for Customer Service Line:\***

**Customer Side Pipe Diameter:\***

**Is there a lead connector?\***

Yes

No

**Is there Lead Solder in the Service Line?**

Yes

No

**Describe any other fittings and equipment connected to the service line that contain lead (for example, backflow preventer or meter containing lead):**

**Source of Information:\***

**If Other, Explain:**

**Building Type:\***

**If Other, Explain:**

**Point-of-Entry or Point-of-Use Treatment Present?**

Yes


No

### Current LCR Sampling Site?\*

Yes

No

### Picture(s):\*

Drop image here or select image 

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