



SERVICE LINE INVENTORY COVER FORM

For Water Systems with no more than 5 Service Connections

General Information

Revision Tracking		
Inventory Type	Initial Inventory Date (Required):	Updated Inventory Date (if applicable):
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update	02/05/2024	

Facility Information			
Water System Name: S Huntingdon County Schl Dist			
PWSID (7-digit number):	Population Served (number of people):	Number of Service Connections:	PWS Type:
4310323	1,100	4	<input type="checkbox"/> CWS <input checked="" type="checkbox"/> NTNCWS

Physical Address		
Street (No P.O. Boxes): 10339 Pogue Road		
City or Town: Three Springs	State: PA	Zip Code: 17264

Mailing Address (if different from Physical Address)		
Street		
City or Town:	State:	Zip Code:

Contact Person	
Name: Stanley G. Hall, Jr.	Title: Maintenance Supervisor
Telephone (ten digit): 814-447-5529	Email: shall@shcsd.org

Report Prepared By (if different from Contact Person):	
Name: Rachel Krueger	Title/Affiliation: Staff Project Manager
Telephone (ten digit): 717-767-4788	Email: rkrueger@ecslimited.com

Public Access Documentation

How is the system making its inventory accessible to the public? Check all that apply.

Static on-line map Information on water utility mailings or newsletter
 Printed service line map Hard copy information available in water system office
 Printed tabular data Other

If "Other", please describe:

Inventory Methodology

Part 1: Historical Records Review

Type of Record	Examples	Describe the Records Reviewed	Level of Confidence in Records (Low/Medium/High)
1. Previous Materials Evaluation	<i>Locations of Tier 1 lead tap sampling locations that are served by a lead service line</i>		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
2. Construction and Plumbing Codes and Records	<i>Local ordinance adopting an international plumbing code. Permits for replacing lead service lines.</i>		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
3. Water System Records	<i>Distribution system maps. Tap cards. Meter installation records. Standard operating procedures.</i>	School building blueprints. Water sampling results.	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High
4. Distribution System Inspections and Records	<i>Service line repair/replacement records. Inspection records.</i>		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
5. Other			<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Part 2: Identifying Service Line Material During Normal Operations

1. During which normal operating activities is information collected about service line material?
Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Water meter reading | <input type="checkbox"/> Water main repair or replacement |
| <input type="checkbox"/> Water meter repair or replacement | <input type="checkbox"/> Backflow prevention device |
| <input checked="" type="checkbox"/> Service line repair or replacement | <input type="checkbox"/> Other |

If "Other", please explain:

2. Has the system developed Standard Operating Procedures (SOPs) for collecting service line material information?

- Yes No

If "Yes", please describe:

Part 3: Service Line Investigations

1. Identify the service line investigation methods used by the system to prepare this inventory.
Check all that apply.

Column A: File/Record Review	Column B: Analytics	Column C: Physical Inspection
<input type="checkbox"/> Customer Self-Identification	<input type="checkbox"/> Statistical Analysis	<input checked="" type="checkbox"/> Visual Inspection at Access Point
<input type="checkbox"/> Previous Materials Investigation	<input type="checkbox"/> Predictive Modeling	<input type="checkbox"/> CCTV Inspection Inside Pipe
<input type="checkbox"/> Installation Record	<input checked="" type="checkbox"/> Water Quality Sampling	<input type="checkbox"/> CCTV Inspection Outside Pipe
<input type="checkbox"/> Repair or Replacement Record	<input type="checkbox"/> Other analytics technique	<input type="checkbox"/> Mechanical Excavation
<input checked="" type="checkbox"/> Other type of record review		<input type="checkbox"/> Other physical inspection method

If "Other" please explain:

School building drawing plans.

2. How are service line locations selected for physical inspection? For example, environmental justice, sensitive populations, statistical modeling, or targeting areas with high numbers of Lead Status Unknowns?

All service connections provided water by the school district were inspected. One school is provided public water by a utility. The other three are serviced by wells.



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Inventory Type (check one): <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update	
Initial inventory date (required field): 02/05/2024	
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
SERVICE LINE LOCATIONAL INFORMATION	
1. Unique Service Line ID	001
2. Record Type	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Inactive
3. Date Replacement Completed	Portion of piping replaced in approximately 2002
4. Ownership Type	<input type="checkbox"/> Joint <input checked="" type="checkbox"/> Customer <input type="checkbox"/> System
5. Street Address	10339 Pogue Road
6. City	Three Springs
7. Zip Code	17624
8. School?	<input type="checkbox"/> No <input type="checkbox"/> Elementary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> All Grades
9. Childcare Facility?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
SYSTEM-OWNED PORTION OF SERVICE LINE Check here if not applicable <input checked="" type="checkbox"/>	
10. *Material <i>(see 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 <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 type="checkbox"/> No <input type="checkbox"/> Not Sure
12. Lead Pigtail, Gooseneck or Connector Upstream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
13. Installation Date or Date Range	
14. Diameter (in inches)	
15. *Basis of Material Classification: Non-Field Method <i>(see Instructions for list of codes)</i>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
16. *Basis of Material Classification: Field Method <i>(see 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
17. Field Verification Date	
18. Additional Comments	

CUSTOMER-OWNED PORTION OF SERVICE LINE		Check here if not applicable <input type="checkbox"/>
19. *Material (see Instructions for list of codes)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> H <input type="checkbox"/> J <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 checked="" type="checkbox"/> Not Sure	
21. Installation Date or Date Range	Approx. 1980s, portion of line replaced in approximately 2002	
22. *Basis of Material Classification: Non-Field Method (see Instructions for list of codes)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
23. *Basis of Material Classification: Field Method (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	
24. Field Verification Date	02/05/2024	
25. Additional Comments	Lead has not been detected in samples collected.	
SERVICE LINE CLASSIFICATION		
26. Service Line Classification	<input type="checkbox"/> Lead <input type="checkbox"/> Galvanized Requiring Replacement <input type="checkbox"/> Lead Status Unknown <input checked="" type="checkbox"/> Non-Lead ¹	

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



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Question	Response
SERVICE LINE LOCATIONAL INFORMATION	
1. Unique Service Line ID	003
2. Record Type	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Inactive
3. Date Replacement Completed	Approximately 2014
4. Ownership Type	<input type="checkbox"/> Joint <input checked="" type="checkbox"/> Customer <input type="checkbox"/> System
5. Street Address	22251 Shade Valley Road
6. City	Shade Gap
7. Zip Code	17255
8. School?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> All Grades
9. Childcare Facility?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
SYSTEM-OWNED PORTION OF SERVICE LINE Check here if not applicable <input checked="" type="checkbox"/>	
10. *Material <i>(see 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 <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 type="checkbox"/> No <input type="checkbox"/> Not Sure
12. Lead Pigtail, Gooseneck or Connector Upstream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
13. Installation Date or Date Range	
14. Diameter (in inches)	
15. *Basis of Material Classification: Non-Field Method <i>(see Instructions for list of codes)</i>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
16. *Basis of Material Classification: Field Method <i>(see 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
17. Field Verification Date	
18. Additional Comments	

CUSTOMER-OWNED PORTION OF SERVICE LINE		Check here if not applicable <input type="checkbox"/>
19. *Material (see Instructions for list of codes)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> H <input type="checkbox"/> J <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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure	
21. Installation Date or Date Range	Approximately 2014	
22. *Basis of Material Classification: Non-Field Method (see Instructions for list of codes)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
23. *Basis of Material Classification: Field Method (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	
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SERVICE LINE LOCATIONAL INFORMATION	
1. Unique Service Line ID	004
2. Record Type	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Add <input type="checkbox"/> Inactive
3. Date Replacement Completed	Approximately 1960
4. Ownership Type	<input type="checkbox"/> Joint <input checked="" type="checkbox"/> Customer <input type="checkbox"/> System
5. Street Address	12075 Old Plank Road
6. City	Three Springs
7. Zip Code	17264
8. School?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> All Grades
9. Childcare Facility?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
SYSTEM-OWNED PORTION OF SERVICE LINE Check here if not applicable <input checked="" type="checkbox"/>	
10. *Material <i>(see 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 <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 type="checkbox"/> No <input type="checkbox"/> Not Sure
12. Lead Pigtail, Gooseneck or Connector Upstream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
13. Installation Date or Date Range	
14. Diameter (in inches)	
15. *Basis of Material Classification: Non-Field Method <i>(see Instructions for list of codes)</i>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
16. *Basis of Material Classification: Field Method <i>(see 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
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20. Lead Pigtail, Gooseneck or Connector Upstream?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
21. Installation Date or Date Range	Approximately 1960
22. *Basis of Material Classification: Non-Field Method (see Instructions for list of codes)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D
23. *Basis of Material Classification: Field Method (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
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