

**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:	Essex Fells Hilltop System
PWSID Number:	0706002

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

Contact Name:	Anthony Sorisi
Contact Title:	Director of Public Works
Contact Phone:	973-226-3400
Contact Email:	<a href="mailto:operator@essexfellsboro.com">operator@essexfellsboro.com</a>

**III. Inventory Information**

Owner of Service Lines:	Both												
	<table border="1"> <thead> <tr> <th>Selection</th> <th>Number of sites</th> </tr> </thead> <tbody> <tr> <td>I. Lead</td> <td></td> </tr> <tr> <td>II. Galvanized</td> <td></td> </tr> <tr> <td>III. Lead gooseneck, pigtail, or connector</td> <td></td> </tr> <tr> <td>IV. Lead Status Unknown</td> <td></td> </tr> <tr> <td>V. Non-lead</td> <td align="center">4</td> </tr> </tbody> </table>	Selection	Number of sites	I. Lead		II. Galvanized		III. Lead gooseneck, pigtail, or connector		IV. Lead Status Unknown		V. Non-lead	4
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I. Lead													
II. Galvanized													
III. Lead gooseneck, pigtail, or connector													
IV. Lead Status Unknown													
V. Non-lead	4												
# of LSLs to be replaced/identified:	0												
Total # of service lines in PCWS:	4												
# of LSLs to be replaced annually:	0												
# of known LSLs	0												

**IV. Inventory Availability**

*This inventory has been made publicly accessible by:*

<input type="checkbox"/>	If 3,300 customers or greater: Posting the inventory on my water system's website	Website:	
<input checked="" type="checkbox"/>	If under 3,300 customers: Posting the inventory in a publicly accessible place, if a website is not available	Inventory is available via:	essexfellsboro.com

**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.*

_____ William D. Ryden Water System Owner or Licensed Operator Name	_____ 7/10/23 Date	_____ Licensed Operator Title (if WS Owner)
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