



**I. System Information**

Water System Name:	<b>Essex Fells Hilltop System</b>
PWSID Number:	<b>0706002</b>

**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:	operator@essexfellsboro.com

**III. Inventory Information**

Owner of Service Lines:     System     Property Owner     Both

	Selection	Number of sites
I. Lead	<input type="checkbox"/>	
II. Galvanized	<input type="checkbox"/>	
III. Lead gooseneck, pigtail, or connector	<input type="checkbox"/>	
IV. Lead Status Unknown	<input type="checkbox"/>	
V. Non-lead	<input checked="" type="checkbox"/>	4

  

# of LSLs to be replaced/identified:	0		
Total # of service lines in PCWS:	4	# of known LSLs	0

**IV. Inventory Availability**

*This inventory has been made publicly accessible by:*

<input type="checkbox"/>	<b>If 3,300 customers or greater:</b> Posting the inventory on my water system's website	Website:	
<input checked="" type="checkbox"/>	<b>If under 3,300 customers:</b> 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	_____ 7/10/24 Date	_____ Licensed Operator Title (if WS Owner)
---	--------------------------	---

