

**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:	Morris County MUA
PWSID Number:	NJ1432001

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

Contact Name:	Larry Gindoff
Contact Title:	Executive Director
Contact Phone:	973-285-8384
Contact Email:	<a href="mailto:lgindoff@co.morris.nj.us">lgindoff@co.morris.nj.us</a>

**III. Inventory Information**

Owner of Service Lines:  System  Property Owner  Both

	Selection	Number of sites
I. Lead	<input type="checkbox"/>	0
II. Galvanized	<input type="checkbox"/>	0
III. Lead gooseneck, pigtail, or connector	<input type="checkbox"/>	0
IV. Lead Status Unknown	<input type="checkbox"/>	0
V. Non-lead	<input type="checkbox"/>	1

# of LSLs to be replaced/identified: 0

Total # of service lines in PCWS: 1      # 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:	<a href="https://mcmua.com/w.asp">https://mcmua.com/w.asp</a>
<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:	

**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.*

Larry Gindoff _____ Water System Owner or Licensed Operator Name <a href="mailto:lgindoff@co.morris.nj.us">lgindoff@co.morris.nj.us</a> _____ Email	10/16/2024 _____ Date 973-285-8384 _____ Phone Number	_____ Title (if WS Owner) _____ License Number (if LO)
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\*This form must be submitted by the Water System Owner or its Licensed Operator of Record.\*