



Department of Environmental Protection – Bureau of Water System Engineering  
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**Materials Evaluation Survey**

\*For Non-Community Water Systems\*

Pursuant to 40 CFR 141.86(a), each water system shall complete a materials evaluation of its distribution system in order to identify a pool of targeted sampling sites.

**Water System Name:** \_\_\_\_\_ **PWSID #:** \_\_\_\_\_

**Water System Owner:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Water System Operator:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**1. Building Construction Information** (Use additional tables provided on page 4 as needed.)

Building/Wing:	Year constructed	Plumbing contain lead solder?	Potable water pipes material/type (Lead, Plastic, Copper, Other)	Lead Service Line?	Plumbing repairs or replacements? <i>If Yes go to 2 If No go to 3</i>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>

**2. Plumbing Alterations/Renovations** (Use additional tables provided on page 4 as needed.)

Building/Wing:	Year of alteration:	Description of alteration:	Lead-free solder used?
			Yes <input type="checkbox"/> / No <input type="checkbox"/>
			Yes <input type="checkbox"/> / No <input type="checkbox"/>
			Yes <input type="checkbox"/> / No <input type="checkbox"/>
			Yes <input type="checkbox"/> / No <input type="checkbox"/>

**3. Planned Plumbing Alterations/Renovations** (Use additional tables provided on page 4 as needed.)

Building/Wing:	Planned alteration details:	Planned year of completion:

**4. Water Flow** (*Indicate flow of water between buildings/wings throughout the Distribution System.*)  
( N/A, Check if system only has one building with no additions.)

The first building/wing listed should be where the entry point to the distribution system (EPTDS) is located. The second should be the next building/wing that receives water. The final building/wing should be the area with the longest water retention time. (*Use additional tables provided on page 4 as needed.*)

#	Building/Wing:	<i>Use this column for notes/comments on specific details pertaining to the water system and water flow</i>
1)		
2)		
3)		
4)		

<b>5.</b> If facility is a school, was lead testing conducted under the Board of Education regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>If Yes, were any results above the action level of 15 ppb? If Yes, attach a listing of the elevated results with sample site, remedial measures, and any follow up sample results.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>6.</b> Are there any residential buildings/wings? <i>If Yes, note the locations:</i> Locations:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>7.</b> How many of the following drinking water outlets <sup>1</sup> are present within the entire water system?	
<ul style="list-style-type: none"> <li>• Drinking Water Fountains _____</li> <li>• Sinks with Bubblers _____</li> <li>• Kitchen/Food Prep Taps _____</li> <li>• Ice Makers _____</li> <li>• Other Drinking Water Outlets _____</li> </ul> Describe:	
<b>8.</b> If the system has drinking water fountains, are any on EPA's recall list <sup>2</sup> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>9.</b> Are any of the drinking water outlets located outside <sup>3</sup> ? <i>If Yes, state how many and their locations.</i> Number: Locations:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>10.</b> Are brass fittings, faucets or valves used in your drinking water system? (Note: most faucets are brass on the inside)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>11.</b> Do the plumbing materials in your facility contain plastic pipes which contain lead plasticizers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<sup>1</sup> Drinking water outlets are taps typically used for human consumption and include drinking water fountains, kitchen faucets, food preparation faucets, sinks with bubblers, nurse's office faucets, etc. Any faucet in which there is known consumption use must be identified.

<sup>2</sup> EPA's recall list is available at <https://nepis.epa.gov/Exe/ZyPDF.cgi?Dockey=30005UJU.txt>.

<sup>3</sup> Note that per 40 C.F.R. 141.86(b)(2) first-draw samples from a nonresidential building shall be collected at an interior tap from which water is typically drawn for consumption.

<p><b>12.</b> Do you have pressure/storage tanks? <i>If Yes, what material are these tanks made of?</i> Material:</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>13.</b> Is point of use (POU) treatment being used? <i>Point of Use treatment is any treatment device located within the distribution system only serving individual and/or select fixtures.</i>  <i>If Yes, provide the type and location - If facility is a school and a filter profile was completed in accordance with the Board of Education regulations, submit a copy of the completed and updated filter profile document.</i> Location(s): Type:</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>14.</b> Do all of the drinking water outlets have accessible screens or aerators? (Standard faucets usually have screens and many fountains and bubblers also have screens.) <i>If No, note the locations.</i> Location(s):</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>15.</b> Does the facility have a screen or aerator maintenance program? <i>If Yes, attach copy of written maintenance plan. If Yes, who is responsible for the program?</i>  Responsible entity:</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      N/A <input type="checkbox"/></p>
<p><b>16.</b> Are there signs of corrosion, such as frequent leaks or rust-colored water? <i>If Yes, note the locations.</i> Locations:</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>17.</b> Have there been any complaints about bad (metallic) taste? <i>If Yes, note the locations.</i> Locations:</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>18.</b> Is any electrical equipment grounded to water pipes? <i>If Yes, note the locations.</i> Locations:</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>

**19. Certification**

***I have verified and certify the information listed in this form is true and accurate to the best of my knowledge and belief:***

Water System Name: \_\_\_\_\_ PWSID # \_\_\_\_\_

Owner/Executive  
Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Licensed Operator  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Additional page for completion of charts 1-4. Include additional pages as necessary.

**1. Building Construction Information** (Use additional pages as needed.)

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		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
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**2. Plumbing Alterations** (Use additional pages as needed.)

Building/Wing:	Year of alteration:	Description of alteration:	Lead-free solder used?
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			Yes <input type="checkbox"/> / No <input type="checkbox"/>
			Yes <input type="checkbox"/> / No <input type="checkbox"/>

**3. Planned Alterations/Renovations** (Use additional pages as needed.)

Building/Wing:	Planned alteration details:	Planned year of completion:

**4. Water Flow** (Continue flow of water following the last building noted on page 2. Use additional pages as needed.)

#	Building/Wing:	Notes (Additional treatment, unique set-up. etc.)