

Village of St. Johnsville Lead Service Line Replacement Program

Date: _____

Inspector: _____

House Address: _____

Basement Condition: Finished

Unfinished

Other: _____

Connection Location: _____

Issues accessing Connection: Yes

No

If yes, please explain

Connection Material: Lead

Copper

Galvanized Steel

Other: _____

Other Observations: _____

PLEASE RETURN THIS EITHER IN PERSON, WITH YOUR WATER/SEWER BILL
PAYMENT, OR BY MAIL TO 16 WASHINGTON STREET, SAINT JOHNSTVILLE, NY
13452 AS SOON AS POSSIBLE. THANK YOU!