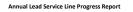
DEP\_10-S\_00027.2 04/2024



New Jersey Department of Environmental Protection Division of Water Supply and Geoscience - Water System Operations Element



Forms must be submitted to the Water Supply Mailbox with a subject line that includes Water System Name, PWSID and Form Number.

I. System Information	ormation		II. Contact Information for		
Water System Name:	Deptford Twp. MUA		Contact Name:	Michael J. Cusick	
PWSID Number:	0802001		Contact Title:	Executive Directo	f
Accurate as of:	7/8/2024		Contact Phone:	856-415-1111	
		-	Contact Email:	dtmua-mc@deptford-	nj.org

## III. Inventory Information

	Lead	Galvanized	Lead Gooseneck only		# of unknown found as lead or galvanized	# unknown found as non-lead			
# of LSLs replaced 07/22/2021-06/30/2022:		0		# of Unknowns identified 07/22/2021-06/30/2022:		0	# of non-lead service lines later identified	to be lead 07/22/2021-06/30/2022:	
# of LSLs replaced 07/01/2022-06/30/2023:		0		# of Unknowns identified 07/01/2022-06/30/2023:		0	# of non-lead service lines later identified	to be lead 07/01/2022-06/30/2023:	
# of LSLs replaced 07/01/2023-06/30/2024:		0		# of Unknowns identified 07/01/2023-06/30/2024:		33	# of non-lead service lines later identified	to be lead 07/01/2023-06/30/2024:	
# of LSLs replaced 07/01/2024-06/30/2025:		0		# of Unknowns identified 07/01/2024-06/30/2025:		0	# of non-lead service lines later identified	to be lead 07/01/2024-06/30/2025:	
# of LSLs replaced 07/01/2025-06/30/2026:				# of Unknowns identified 07/01/2025-06/30/2026:			# of non-lead service lines later identified		
# of LSLs replaced 07/01/2026-06/30/2027:				# of Unknowns identified 07/01/2026-06/30/2027:			# of non-lead service lines later identified	to be lead 07/01/2026-06/30/2027:	
# of LSLs replaced 07/01/2027-06/30/2028:				# of Unknowns identified 07/01/2027-06/30/2028:			# of non-lead service lines later identified	to be lead 07/01/2027-06/30/2028:	
# of LSLs replaced 07/01/2028-06/30/2029:				# of Unknowns identified 07/01/2028-06/30/2029:			# of non-lead service lines later identified	to be lead 07/01/2028-06/30/2029:	
# of LSLs replaced 07/01/2029-06/30/2030:				# of Unknowns identified 07/01/2029-06/30/2030:			# of non-lead service lines later identified	to be lead 07/01/2029-06/30/2030:	
# of LSLs replaced 07/01/2030-06/30/2031:				# of Unknowns identified 07/01/2030-06/30/2031:			# of non-lead service lines later identified	to be lead 07/01/2030-06/30/2031:	
Total # of service lines replaced by material type:	0	0	0	Total# of Unknowns identified:	0	33	Total# of Unknowns identified:		
Total # of service lines replaced:		0	o O						
							Partial replacements? If yes, how many?		
							Optional Questions		
							Filter and instruction distribution		-
							program?		G
							If yes, how many distributed?		
								Manufacturer	Model #
Customer Contact to Offer Replacement		Replacement '	Rate Statement	1					
f refusals		✓ Wem	net the replacement rate	specified in our lead service line replacement plan			If yes, what is/are the		
		144.5	Columnation of the second second	nent rate specified in our lead service line replacement pla	2	1	manufacturer(s) and model		
f non-responses 110		weak	not meet the replacen						
		we di	iid not meet the replacen	tent rate specified in our lead service line replacement plat	1	_	number(s)		
f non-responses 110		we di	lid not meet the replacen	ient rate specified in our lead service line replacement pla	1	3	number(s)		

## IV. 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, as well as the following: 1) We have implemented a lead service line replacement program in accordance with N.J.S.A. § 58:12A-44, 2) We submitted all lead analytical results from samples collected in accordance with N.J.S.A. § 58:12A-12.9.					
Michael J. cusick	7/8/2024	Executive Director			
Water System Owner or Licensed Operator Name	Date	Title (if WS Owner)			
dtmua-mc@deptford-nj.org	856-415-1111	657417			
Email	Phone Number	License Number (if LO)			

\*This form must be submitted by the Water System Owner or its Licensed Operator of Record.\*

