

**NTNC 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:	Collier Services
PWSID Number:	NJ 1328300

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

Contact Name:	Kevin Gaskill
Contact Title:	Facilities Supervisor
Contact Phone:	732-946-4771 ext.247
Contact Email:	<a href="mailto:kgaskill@collieryouthservices.org">kgaskill@collieryouthservices.org</a>

**III. Inventory Information**

	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"/>	6						
<table border="0" style="width:100%"> <tr> <td align="right"># of LSLs to be replaced/identified:</td> <td align="center">0</td> <td></td> </tr> <tr> <td align="right">Total # of service lines in PCWS:</td> <td align="center">6</td> <td align="right"># of known LSLs <span style="float:right">0</span></td> </tr> </table>			# of LSLs to be replaced/identified:	0		Total # of service lines in PCWS:	6	# of known LSLs <span style="float:right">0</span>
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**IV. Inventory Availability**

*This inventory has been made publicly accessible by:*

<input type="checkbox"/>	<b>If 50,000 customers or greater:</b> Posting the inventory on my water system's website	Website: <a href="https://www.collieryouthservices.org/water-testing">https://www.collieryouthservices.org/water-testing</a>
<input checked="" type="checkbox"/>	<b>If under 50,000 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.*

Kevin Gaskill	3/10/2026	Facilities Supervisor
Water System Owner or Licensed Operator Name	Date	Title (if WS Owner)
<a href="mailto:kgaskill@collieryouthservices.org">kgaskill@collieryouthservices.org</a>	732-946-4771 ext. 247	License Number (if LO)
Email	Phone Number	

