



**CITY  
OF**

Service Address: \_\_\_\_\_ Name: \_\_\_\_\_

Owner     Tenant     Property Manager     Other \_\_\_\_\_

Phone Number: (optional) \_\_\_\_\_ Email Address: (optional) \_\_\_\_\_

Location is a:  Single Family  Multi Family  School/Childcare  Business  Medical  Other

Age of structure, if known: \_\_\_\_\_

Year water lines were established in the structure, if known: \_\_\_\_\_

Size of line, if known:  1/2 Inch     3/4 Inch     1-Inch     1 1/4 Inch  
 1-1/2 Inch     2-Inch     3-Inch     4-Inch

Service line material at the point of entry (inlet) to your home:

Lead     Copper Galvanized     Other \_\_\_\_\_  
(Plastic/PVC/Pex/Etc.)

**Signature of person filling out form.**

PIPE MATERIAL	SCRATCH COLOR	DOES MAGNET STICK?
<b>LEAD</b>	<b>SHINY SILVER</b>	<b>NO</b>
<b>COPPER</b>	<b>ORANGE (PENNY)</b>	<b>NO</b>
GALVANIZED STEEL	DULL GRAY	YES
<b>PLASTIC</b>	<b>N/A</b>	<b>NO</b>

Has the line from the water meter to your home/facility been replaced?  Yes     No

If yes, please provide the date and material used for replacement: \_\_\_\_\_

Return this form to the office by mail, in person or via email. Optional: Email a photo of the water line entering your home from the meter to: [sharon@cityofstover.net](mailto:sharon@cityofstover.net) (Please include your service address with the photo.) **The City of Stover will give a \$20.00 credit to your utility account if this Form is completed and returned with a picture (optional) within 30 days.** Please contact us if you need assistance with this request.

Thank you for helping our utility meet compliance with the EPA regulation.

PO Box 370 - 107 W 2<sup>nd</sup> St  
 Stover, MO 65078  
 Phone - (573) 377-4510 EXT. 3 OR EXT.4 Fax – (573) 377-2521  
[sharon@cityofstover.net](mailto:sharon@cityofstover.net)