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| **Important:** When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.  keys  For information on brass service lines see MassDEP LCRR Q&A question #15 and #16 at <https://mass.gov/doc/frequently-asked-questions-about-the-lead-and-copper-rule-revisions-lcrr/>. | **Background and Instructions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form was developed in response to Community (COM) and Non transient Non-Community (NTNC) public water suppliers preparing for the Lead and Copper Rule Revisions (LCRR) requesting a process to certify that their system has no lead service lines. MassDEP may request this information per 310 CMR 22.03(15).   * All Public Water Systems (PWS) subject to the Lead and Copper Revisions (LCRR) must submit an initial service line inventory by October 16, 2024, including systems without lead service lines (LSL) which can be documented and includes unknown and galvanized requiring replacements (GRR).   + Note: lead lined steel service lines are a form of lead service lines. * If a PWS can demonstrate and certify that it has no lead service lines, no galvanized requiring replacement and no service lines of unknown material, the PWS may complete and submit this LCRR-NONLSL-CERT form to MassDEP for review and approval. * The LCRR-NONLSL-CERT Form must be completed by the primary distribution operator of the system or an approved PWS representative and submitted to MassDEP Drinking Water Program no later than October 16, 2024 at [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov) from the email account listed in section E and/or F. Email Subject Line: [City/Town]-[PWS ID#]–NONLSL-CERT. * Please note, for PWS without LSL, GRR, or unknown service lines that are interested in continuing reduced monitoring under the LCRR, the completion, submittal, and MassDEP’s approval of a LCRR-NONLSL-CERT is one of the eligibility criteria. For more information on maintaining reduced monitoring in 2025 see <https://www.mass.gov/doc/monitoring-frequency-guide-for-systems-subject-to-the-lcrr/>.   APPROVED PWS’ LCRR-NONLSL-CERT   * When MassDEP approves a PWS’ LCRR-NONLSL-CERT, the PWS will still be required to do the following:   + By October 16, 2024, have a “NONLSL Statement” publicly accessible, declaring that it has no LSL, GRR, or unknown service lines and explaining the sources used to make that determination.   + Share the “NONLSL Statement” with all consumers in a manner approved by MassDEP that is reasonably calculated to reach all persons served by the system.   + Use two or more of the following methods to share the statement to consumers:     - Web posting, hand or direct delivery, posting in conspicuous locations, local newspaper, radio, television, reverse 911 phone calls, email, social media postings and other methods approved by MassDEP, since the statement must be provided in a manner reasonably calculated to reach all persons served   + For Systems that serve more than 50,000 persons: post the “NONLSL Statement” online.   + For all systems required to provide a CCR Include the “NONLSL Statement”, or instructions to access the “NONLSL Statement”, in the Consumer Confidence Report (CCR).   + If the LCRR-NONLSL-CERT is approved by MassDEP the PWS will not be required to make the inventory publicly accessible online and provide routine inventory updated to the State or to the public but will be required to post the NONLSL Statement as noted above.   + If in the future, after MassDEP approves a LCRR-NONLSL-CERT, a PWS finds a lead service line or GRR within its distribution system, the PWS must notify MassDEP within 30 days of discovery and submit an updated inventory on a schedule established by MassDEP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A.** | **Public Water System (PWS) Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | System Class: | | | | | COM (Community) | | | | | | | | | | | NTNC (Non-Transient Non-Community) | | | | | | | | | | | | | | | | |
| PWS NAME | | | | | | | | | | | PWS ID # | | | | | | | | | | | CITY/TOWN | | | | | | | | | | |
| **B.** | **Inventory Verification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **1.** | | When did your Public Water System finalize the verification of its service line inventory? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **2.** | | Provide a link to the completed service line inventory\* or attach the CSV file described in the [MassDEP Instructions for use of the Service Line Inventory Excel Workbook](https://www.mass.gov/media/2480886/download) located at <https://www.mass.gov/media/2480886/>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* Service line inventories must be provided as described in the Instructions for Use of the Service Line Inventory Excel Workbook which can be found on the mass.gov website at <https://www.mass.gov/media/2480886/>.  Please note that some CWSs and NTNC PWSs may not have an extensive distribution system, such as those with a direct connection from a well to a single building. Systems must report the material from the well to the building inlet for their inventory. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | | Select and check R below all verification methods used to develop your system’s Service Line Inventory. For each method selected explain in detail the records or tools used to verify the inventory. See EPA’s Guidance for Developing and Maintaining a Service Line Inventory for more information at <https://www.epa.gov/system/files/documents/2022-08/Inventory%20Guidance_August%202022_508%20compliant.pdf>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Records Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Inspection by PWS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer Self-Identification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statistical Analysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sequential Monitoring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other MassDEP-Approved Method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | What is your overall level of confidence in the inventory? | | | | | | | | | | | | | | | | | | | Low | | | | Medium | | | | | High | | |
| **Explain your rationale for the selected confidence level:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | | Does your system’s inventory consist of all Non-Lead Service Lines, determined through an evidence-based record, method, or technique not to be lead or galvanized requiring replacement? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| **6.** | | Does your system contain any service lines where the entire service line is classified\* as “Lead Status Unknown”?  *\*This classification is found in the “Entire Service Line Classification” Column of the* [*MassDEP SLI Workbook*](https://www.mass.gov/doc/service-line-inventory-excel-workbook-template-for-systems-with-split-ownership-of-service-lines-version-103/download)*.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| **7.** | | Did your community/town ban lead service lines? | | | | | | | | | | | | | | | | | Yes | | | | | No | | I Do Not Know | | | | | | |
|  | | | | | | | | | | | | | | Not Applicable, PWS was Constructed after 1986 | | | | | | | | | | | | | | | | | | |
|  | | **If yes**, identify the state or local ordinance that banned the use of lead in the system and provide a link to the information or attach a PDF to your response. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | | Does your system have lead goosenecks, pigtails, or connectors in the distribution system? | | | | | | | | | | | | | | | | | Yes | | | | | No | | I Do Not Know | | | | | | |
| **If yes, or do not know,** is your system removing or have a plan for removing any lead goosenecks, lead pigtails, or lead connectors encountered during maintenance or construction? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |
|  |  |  | | **If yes,** describe the plan: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **C.** | **NONLSL Written Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For an example of NONLSL Statement see <https://www.mass.gov/media/2587281/>. |  | **1.** | | | System Size: | | | | Less than 50,000 | | | | | | | | Equal to or more than 50,000 | | | | | | | | | | | | | | | | | |
|  | **2.** | | | PWS must ensure that their NONLSL Statement is **always** publicly accessible in some fashion. Please review the options below and select which option(s) your PWS will be utilizing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Available by mail | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | Available by in-person review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Post in a location accessible for public viewing at PWS office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Where in the office: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Posted online\* | | | | | | | | | | | | | | Web URL: | | | | | | | | | | | | | | | |
|  |  | | | *\*This option is required for PWS serving 50,000 or more people* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Other | | | Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **3.** | | | How will your PWS alert consumers on how to access the **NONLSL Statement** after it has been posted? **Two or more methods are required**. Please check all methods to be used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Mailing | | | | | | | | | Radio | | | | | | | | Television | | | | | | | | | | | | |
|  |  |  | | | Phone Calls | | | | | | | | | Email | | | | | | | | Hand or Direct Delivery | | | | | | | | | | | | |
|  |  |  | | | Reverse 911 Phone Calls | | | | | | | | | | Local Newspaper | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Web Posting | | | | | Web URL: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Social Media Posting | | | | | | | Social Media Account: | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Posting in Conspicuous Locations | | | | | | | | | | | | | Locations Chosen: | | | | | | | | | | | | | | | | |
|  |  | ***Community PWS should note that instructions on how to access the NONLSL statement, or the statement itself, must be provided in the Consumer Confidence Report (CCR).*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **D.** | | **List of Attachments** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | My system has attached the following PDF documents to this form using the following naming convention: “[City/Town]- [PWS ID#]- [Program or Form]- [Name of Attached Document],” e.g., Boston-3035000-LCRR-NONLSL-CERT-MyFileName.pdf | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **E.** | | **Submission of Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Please chose the applicable scenario for your PWS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | My PWS’s Service Line Inventory and related documents have been submitted by the person authorized to fill out and submit forms on behalf of the PWS, **who has been listed in section F of this form.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | My PWS’s Service Line Inventory and related documents have been submitted on behalf of the person listed in section F, and my PWS certifies that the **person listed below** has been given permission to submit these items on our behalf. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Full Name of Person Submitting this Form | | | | | | | | | | | | | | | Email Address of Person Submitting this Form | | | | | | | | | | | | | | | | |
|  |  | | *If the person submitting this form has completed section F below, completing the information fields above is not required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note, any forms submitted using an email address other than the one in Section F will NOT be accepted, unless section E is completed.**  If you have any questions, please contact the MassDEP Drinking Water Program at [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov) or (617) 292-5843. | **F.** | | **Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | My signature below indicates that 1) I am certifying under penalties of law that the information contained herein is true, accurate, and complete to the best extent of my knowledge, 2) I am the person authorized to fill out and submit this form to the Massachusetts Department of Environmental Protection, 3) My PWS does not have any lead service lines (LSL), galvanized requiring replacement (GRR), or unknown service lines, 4) My PWS has reviewed all available records, 5) My PWS has provided MassDEP with a service line inventory demonstrating no LSL, GRR, or unknowns exist in the system, and 6) My PWS understands that if MassDEP approves this **Lead & Copper Rule Revisions (LCRR) – Certification of Non-Lead Service Lines** Request for Approval, and any LSL or GRR are found in the course of routine work after this approval, my PWS shall report them to MassDEP within 30-days of discovery by submitting an updated service line inventory. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | Job Title | | | | | | | | | | | | | | |
| Phone Number | | | | | | | | | | | | | | | | | Email Address of individual identified in Full Name of this section F (form and attachments must be submitted from this email address, unless section E is completed). | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | |
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| **F.** | | **MassDEP/DWP Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Approved | | | | | | | | Denied | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MassDEP/DWP Staff Name | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | |