|  | Massachusetts Department of Environmental Protection  Bureau of Water Resources – Drinking Water Program  Lead and Copper Rule Testing Waiver Application  for Schools and Childcare Facilities | **LCR-SCH-Waiver** | |
| --- | --- | --- | --- |
| PWS ID# | |
| Date | |
| Email application to [Program.Director-DWP@mass.gov](mailto:Program.Director-DWP@mass.gov) Subject : PWSID#\_PWSName\_LCRWaiverApp  Please scan your completed/signed application into a PDF format using the standard naming convention *of PWSID#\_PWSName\_LCRWaiverApp*  Include any additional documents at the end of the application. | Instructions  Community public water systems (PWS) must submit this application to request a waiver  from the public education and lead monitoring requirements of the Lead and Copper Rule Improvements (LCRI) at schools and licensed childcare facilities in their service area. The required waiver components are described in the LCRI.  MassDEP may grant a full or a partial waiver. A partial waiver may be granted if the monitoring  program covers only a subset of schools and childcare facilities served by the PWS (e.g., public schools only).  If granted, the duration of the waiver may not exceed the time period covered by the PWS mandatory or voluntary sampling and will automatically expire at the end of any 12-month period during which sampling is not offered at the required percentage of schools or childcare facilities.  The PWS must attach to this application   * The current compiled lists of all schools and childcare facilities served by your PWS that were constructed and did not have full plumbing replacement before January 1, 2014 and/or are served by a lead, galvanized requiring replacement, or unknown service line.   + The list of schools must be compiled from the [DESE School Profile](https://profiles.doe.mass.edu/) search tool.   + The list of childcare facilities must be compiled from licensed childcare information available on the [DEEC Licensed Child Care](https://eeclead.force.com/EEC_ChildCareSearch) search tool.   + Documentation of your outreach and monitoring of schools and childcare facilities including     - Date(s) and type(s) of outreach     - Number and names of schools and childcare facilities sampled     - Number and names of elementary schools and childcare facilities that declined sampling     - Number and names of elementary schools and childcare facilities that were non-responsive after at least 2 separate outreach attempts   NOTE:   * Starting November 1, 2027, once every five years, you must certify in writing that either there have been no changes to your list of schools and childcare facilities served by your system or submit a revised list to MassDEP DWP. * Starting November 1, 2027, at least once a year, you must contact all applicable schools and childcare facilities to provide information about the health risks from lead in drinking water   The PWS must contact the MassDEP Drinking Water Program at [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov), Subject Line: LCRI School Waiver, prior to any changes to the approved waiver program to determine continued waiver applicability.  The requirements for receiving a waiver are described in 40 CFR §141.92. | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | A. Public Water Supply Information | | | |
| PWS Name PWS ID # | | | |
| PWS Mailing Address    City (bars 24) | | | |
| PWS Location (if different)    Zip Code (bars 24) | | | |
| Contact Person Name Phone Number Email Address | | | |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **B.** |  | **Lead Testing Program Components** | | |  |  | |  |  | My PWS has       schools based on DESE information collected on      . My list is attached*. Number Date* | | | | | |  |  |  | | | | | |  |  | My PWS has       childcare facilities based on DEEC information collected on      . My list is attached. Number Date | | | | | |  | 1 | Offers and conducts testing at a minimum of 20 percent of elementary schools and childcare facilities served by my PWS per year over a 5-year period until all applicable elementary schools and childcare facilities have been sampled once, declined, or are non-responsive, and upon request thereafter | | Y N N/A | | | |  | 2 | Offers and conducts testing at secondary schools, upon request | | Y N N/A | | | |  | 3 | For schools: Tests at least two drinking water fountains, one kitchen faucet used for drinking or cooking, one classroom faucet or other outlet used to provide water for human consumption, and one nurse’s office faucet, as available, for a total of five samples | | Y N  N/A | | | | For childcare facilities: Tests at least one drinking water fountain and one of either a kitchen faucet used for drinking or cooking, or one classroom faucet or other outlet used to provide water for human consumption, for a total of two samples **OR** | | Y N N/A | | | | 1. Collects samples at all outlets used for human consumption at schools or facilities with fewer than the required number of outlets | | Y N N/A | | | | 1. Collects samples at outlets with POU devices at schools or facilities with POU devices on all outlets used to provide water for human consumption, or has fewer than the required number of outlets | | Y N N/A | | | | 1. Collects samples at outlets typically used to provide water for human consumption at schools or facilities without the required outlet types | | Y N N/A | | | |  | 4 | When sampling, allows the water to remain stationary in the plumbing system of the sampling site for at least 8 but no more than 18 hours before sample collection | | Y N N/A | | | |  | 5 | Collects program samples from the outlets’ cold-water tap | | Y N N/A | | | |  | 6 | Collects first draw samples | | Y N N/A | | | |  | 7 | Collects samples that are 250-mL in volume | | Y N N/A | | | |  | 8 | Has samples analyzed at a laboratory certified to properly perform lead analysis by conducting acidification and one or more of the following analytical methods. (Check all that apply) | Atomic Absorption; Furnace EPA Method 200.8 EPA Method 200.9  Differential Pulse Anodic Stripping Voltammetry Other | | | | |  | 9 | Performs sample collection by PWS, school, or childcare facility personnel, or other appropriately trained individuals. Other: | | Y N N/A | | | |  | 10 | Provides the analytical results and information on remediation options to the school or childcare facility as soon as practicable and no later than 30 days after receipt from the laboratory | | Y N N/A | | | |  | 11 | Provides the analytical results to the applicable local board of health, the Department of Public Health, and MassDEP annually | | Y N N/A | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 12 | Includes the following remediation actions (check all that apply) | Disconnection of affected fixtures  Replacement of affected fixtures with fixtures certified as lead free  Installation and maintenance of POU devices ANSI certified to reduce lead | | |  | 13 | IF APPLICABLE: The sampling does not meet the LCRI requirements for sample size and/or stagnation time in #s 4 and 7 above but is coupled with one or more of the remediation actions listed above in #12 | Y N N/A | | |  | 14 | IF APPLICABLE: The sampling is coupled with one or more of the remediation actions listed above in #12 and schools and childcare facilities served by my PWS are resampled at a frequency of every: (check applicable resampling period) | Four years  Three years  Two years  One year  Other | | |  | 15 | The schools and childcare facilities sampled maintain POU devices ANSI certified to reduce lead on all outlets used to provide water for human consumption | | Y N N/A | |  | 16 | My program is conducted under a WIINs supported grant awarded under Section 1464(d) of the SDWA, such as through the MassDEP’s Water-Smart Pilot Program for PWS | | Y N N/A |   **C. Certification**  “I certify under penalty of perjury that all information submitted in support of this waiver application is true to the best extent of my knowledge.” | | |  |
| Name |  | Signature |
| Position/Title |  |  |
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| **MassDEP Use Only** |
| “I certify, under penalty of perjury, that all information submitted in support of the application for a monitoring waiver is true to the best of my knowledge.” |
| Approve Full Waiver  Approve Partial Waiver  Disapproved See cover letter for details |
| Name Date  Email application to [Program.Director-DWP@mass.gov](mailto:Program.Director-DWP@mass.gov) Subject: *PWSID#\_PWSName\_LCRIWaiverApp* Please scan your completed/signed application into a PDF format using the standard naming convention *of PWSID#\_PWSName\_LCRIWaiverApp*. Include any additional documents at the end of the application.  N ame |