



Lead and Copper Analysis Report doc rev 12/2020

I. PWS INFORMATION: Please refer to your MassDEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **1143003** City / Town: **HUNTINGTON**
 PWS Name: **Gateway Regional School** PWS Class: **COM** **NTNC**

Routine or Special Samples	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	6-22-2022

SAMPLE COMMENTS

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)

Primary Lab MA Cert. #: **M-00851** Primary Lab Name: **Howard Laboratories, Inc.** Subcontracted? (Y/N) **Y**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.0010	0.0010	M-CT008	Microbac laboratories, Inc.
Copper:	1.3	EPA 200.8	0.0010	0.0010	M-CT008	Microbac laboratories, Inc.

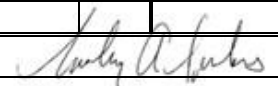
LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description

#	MassDEP Approved LCR Plan Sample Location	Collection Date	Dilution Factor	LEAD		Result Qualifier	COPPER		Result Qualifier	Primary Lab Sample ID# & Analysis Lab Sample ID#
				Date Analyzed	Result (mg/L)		Date Analyzed	Result (mg/L)		
1	1st Floor Faculty Room	12/19/2023	1	12/28/2023	ND		12/28/2023	0.49		D3L1908-01
2	Nurses Station	12/19/2023	1	12/28/2023	ND		12/28/2023	0.197		D3L1908-02
3	MS Room 122	12/19/2023	1	12/28/2023	ND		12/28/2023	0.612		D3L1908-03
4	MS Room 126	12/19/2023	1	12/28/2023	ND		12/28/2023	0.372		D3L1908-04
5	Cafateria HS	12/19/2023	1	12/28/2023	ND		12/28/2023	0.357		D3L1908-05
6	HS Room 111 Sped Room	12/19/2023	1	12/28/2023	ND		12/28/2023	0.149		D3L1908-06
7	HS 1st Floor Bubblers	12/19/2023	1	12/28/2023	ND		12/28/2023	0.475		D3L1908-07
8	HS Room 117 Gater St.	12/19/2023	1	12/28/2023	ND		12/28/2023	0.23		D3L1908-08
9	HS Booster Room, 1st Floor	12/19/2023	1	12/28/2023	ND		12/28/2023	0.713		D3L1908-09
10	HS Science Prep #219	12/19/2023	1	12/28/2023	ND		12/28/2023	0.174		D3L1908-10
11	HS 2nd Floor Bubblers	12/19/2023	1	12/28/2023	ND		12/28/2023	0.264		D3L1911-01
12	MS 2nd Floor Bubblers	12/19/2023	1	12/28/2023	ND		12/28/2023	0.307		D3L1911-02
13	HS 1st Floor North Hall	12/19/2023	1	12/28/2023	ND		12/28/2023	0.263		D3L1911-03
14	HS 1st Floor outside	12/19/2023	1	12/28/2023	ND		12/28/2023	0.316		D3L1911-04
15	HS 2nd Floor Science Room	12/19/2023	1	12/28/2023	ND		12/28/2023	0.106		D3L1911-05
16	Littleville Cafeteria Hand	12/19/2023	1	12/28/2023	0.0016		12/28/2023	0.436		D3L1911-06
17	Littleville Fine Art Room	12/19/2023	1	12/28/2023	ND		12/28/2023	0.558		D3L1911-07
18	Littleville Rm. 146	12/19/2023	1	12/28/2023	0.0016		12/28/2023	0.516		D3L1911-08
19	Littleville Nurses Room	12/19/2023	1	12/28/2023	ND		12/28/2023	0.311		D3L1911-09
20	Littleville Room 103 Pre-K	12/19/2023	1	12/28/2023	0.0015		12/28/2023	0.604		D3L1911-10

Report SCHOOL RESULTS (250 ml) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations.

1										
2										
3										
4										

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: 
 Date: **1-2-2024**

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

COM & NTNC public water suppliers must submit forms **LCR-D** or **LCR-E** with this form to the appropriate MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	