



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 High 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	

SAMPLE COMMENTS

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

Primary Lab MA Cert. #: **M-00851** Primary Lab Name: **Howad 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	0.00001	0.001	M-CT008	Microbac Laboratories, Inc.
Copper:	1.3	EPA 200.8	0.00002	0.001	M-CT008	Microbac Laboratories, Inc.

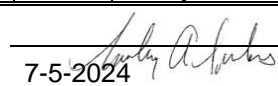
LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description

#	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	6/26/2024	1	7/1/2024	0.0012		7/1/2024	0.460		D4F2592-01
2	Nurses Station	6/26/2024	1	7/1/2024	0.0016		7/1/2024	0.999		D4F2592-02
3	MS Room 122	6/26/2024	1	7/1/2024	0.0016		7/1/2024	0.998		D4F2592-03
4	MS Room 126	6/26/2024	1	7/1/2024	0.0048		7/1/2024	0.844		D4F2592-04
5	Cafeteria HS	6/26/2024	1	7/1/2024	0.0013		7/1/2024	0.458		D4F2592-05
6	HS Room 111 Sped Room	6/26/2024	1	7/1/2024	ND		7/1/2024	0.134		D4F2592-06
7	HS 1st Floor Bubblers	6/26/2024	1	7/1/2024	ND		7/1/2024	0.857		D4F2592-07
8	HS Room 117 Gater St.	6/26/2024	1	7/1/2024	0.0046		7/1/2024	0.781		D4F2592-08
9	HS Booster Room, 1st Floor	6/26/2024	1	7/1/2024	0.0018		7/1/2024	0.495		D4F2592-09
10	HS Science Prep #219	6/26/2024	1	7/1/2024	0.002		7/1/2024	0.533		D4F2597-10
11	HS 2nd Floor Bubblers	6/26/2024	1	7/1/2024	ND		7/1/2024	0.727		D4F2597-01
12	MS 2nd Floor Bubblers	6/26/2024	1	7/1/2024	0.0049		7/1/2024	0.750		D4F2597-02
13	HS 1st Floor North Hall	6/26/2024	1	7/1/2024	ND		7/1/2024	0.278		D4F2597-03
14	HS 1st Floor outside	6/26/2024	1	7/1/2024	ND		7/1/2024	0.730		D4F2597-04
15	HS 2nd Floor Science Room	6/26/2024	1	7/1/2024	0.0045		7/1/2024	0.569		D4F2597-05
16	Littleville Cafeteria Hand Sink	6/26/2024	1	7/1/2024	0.0013		7/1/2024	0.612		D4F2597-06
17	Littleville Fine Art Room	6/26/2024	1	7/1/2024	ND		7/1/2024	0.603		D4F2597-07
18	Littleville Rm. 146	6/26/2024	1	7/1/2024	ND		7/1/2024	0.382		D4F2597-08
19	Littleville Nurses Room	6/26/2024	1	7/1/2024	0.0012		7/1/2024	0.493		D4F2597-09
20	Littleville Room 103 Pre-K	6/26/2024	1	7/1/2024	0.0018		7/1/2024	0.848		D4F2597-10

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: 7-5-2024

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 _____	