



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

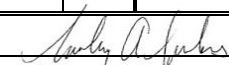
Result Qualifier	Result Qualifier Description

#	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	12/9/2024	1	12/16/2024	0.0022		12/16/2024	0.296		D4L1288-01
2	Nurses Station	12/9/2024	1	12/16/2024	0.0013		12/16/2024	0.411		D4L1288-02
3	MS Room 122	12/9/2024	1	12/16/2024	0.0015		12/16/2024	0.546		D4L1288-03
4	MS Room 126	12/9/2024	1	12/16/2024	ND		12/16/2024	0.604		D4L1288-04
5	Cafeteria HS	12/9/2024	1	12/16/2024	ND		12/16/2024	0.51		D4L1288-05
6	HS Room 111 Sp. Ed. Room	12/9/2024	1	12/16/2024	ND		12/16/2024	0.924		D4L1288-06
7	HS 1st Floor Bubblers	12/9/2024	1	12/16/2024	ND		12/16/2024	0.689		D4L1288-07
8	HS Room 117 Gater St.	12/9/2024	1	12/16/2024	ND		12/16/2024	0.262		D4L1288-08
9	HS Booster Room, 1st Floor	12/9/2024	1	12/16/2024	ND		12/16/2024	0.212		D4L1288-09
10	HS Science Prep #219	12/9/2024	1	12/16/2024	0.002		12/16/2024	0.508		D4L1288-10
11	HS 2nd Floor Bubblers	12/9/2024	1	12/16/2024	0.002		12/16/2024	0.48		D4L1288-11
12	MS 2nd Floor Bubblers	12/9/2024	1	12/16/2024	ND		12/16/2024	0.299		D4L1288-12
13	HS 1st Floor North Hall	12/9/2024	1	12/16/2024	ND		12/16/2024	0.54		D4L1288-13
14	HS 1st Floor outside	12/9/2024	1	12/16/2024	ND		12/16/2024	0.756		D4L1288-14
15	HS 2nd Floor Science Room	12/9/2024	1	12/16/2024	ND		12/16/2024	0.528		D4L1288-15
16	Littleville Cafeteria Hand Sink	12/9/2024	1	12/16/2024	ND		12/16/2024	0.636		D4L1288-16
17	Littleville Fine Art Room	12/9/2024	1	12/16/2024	ND		12/16/2024	0.166		D4L1288-17
18	Littleville Rm. 146	12/9/2024	1	12/16/2024	ND		12/16/2024	0.715		D4L1288-18
19	Littleville Nurses Room	12/9/2024	1	12/16/2024	ND		12/16/2024	0.68		D4L1288-19
20	Littleville Room 103 Pre-K	12/9/2024	1	12/16/2024	ND		12/16/2024	0.192		D4L1288-20

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: **12-18-2024**

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 _____	