



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.

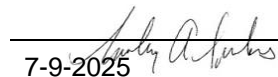
LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description

#	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	6/20/2025	1	7/2/2025	ND		7/2/2025	0.677		D5F3183-01
2	Nurses Station	6/20/2025	1	7/2/2025	ND		7/2/2025	0.367		D5F3183-02
3	MS Room 122	6/20/2025	1	7/2/2025	ND		7/2/2025	0.182		D5F3183-03
4	MS Room 126	6/20/2025	1	7/2/2025	0.0018		7/2/2025	0.324		D5F3183-04
5	Cafeteria HS	6/20/2025	1	7/2/2025	0.0026		7/2/2025	0.447		D5F3183-05
6	HS Room 111 Sped Room	6/20/2025	1	7/2/2025	0.0012		7/2/2025	0.581		D5F3183-06
7	HS 1st Floor Bubblers	6/20/2025	1	7/2/2025	0.0013		7/2/2025	0.484		D5F3183-07
8	HS Room 117 Gater St.	6/20/2025	1	7/2/2025	ND		7/2/2025	0.476		D5F3183-08
9	HS Booster Room, 1st Floor	6/20/2025	1	7/2/2025	ND		7/2/2025	0.237		D5F3183-09
10	HS Science Prep #219	6/20/2025	1	7/2/2025	ND		7/2/2025	0.256		D5F3183-10
11	HS 2nd Floor Bubblers	6/20/2025	1	7/2/2025	ND		7/2/2025	0.144		D5F3184-01
12	MS 2nd Floor Bubblers	6/20/2025	1	7/2/2025	ND		7/2/2025	0.155		D5F3184-02
13	HS 1st Floor North Hall	6/20/2025	1	7/2/2025	0.002		7/2/2025	0.699		D5F3184-03
14	HS 1st Floor outside	6/20/2025	1	7/2/2025	0.002		7/2/2025	0.556		D5F3184-04
15	HS 2nd Floor Science Room	6/20/2025	1	7/2/2025	ND		7/2/2025	0.081		D5F3184-05
16	Littleville Cafeteria Hand Sink	6/20/2025	1	7/2/2025	0.0018		7/2/2025	0.452		D5F3184-06
17	Littleville Fine Art Room	6/20/2025	1	7/2/2025	ND		7/2/2025	0.327		D5F3184-07
18	Littleville Rm. 146	6/20/2025	1	7/2/2025	ND		7/2/2025	0.359		D5F3184-08
19	Littleville Nurses Room	6/20/2025	1	7/2/2025	0.0016		7/2/2025	0.366		D5F3184-09
20	Littleville Room 103 Pre-K	6/20/2025	1	7/2/2025	ND		7/2/2025	0.613		D5F3184-10

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: **7-9-2025**

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 _____	