



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	12/1/2025	1	12/1/2025	ND		12/1/2025	0.110		D5L0548-01
2	Nurses Station	12/1/2025	1	12/1/2025	ND		12/1/2025	0.344		D5L0548-02
3	MS Room 122	12/9/2025	1	12/17/202	0.0014		12/17/202	0.285		D5L1203-04
4	MS Room 126	12/1/2025	1	12/1/2025	ND		12/1/2025	0.380		D5L0548-03
5	Cafeteria HS	12/1/2025	1	12/1/2025	ND		12/1/2025	0.198		D5L0548-04
6	HS Room 111 Sped Room	12/1/2025	1	12/1/2025	ND		12/1/2025	0.116		D5L0548-05
7	HS 1st Floor Bubblers	12/1/2025	1	12/1/2025	ND		12/1/2025	0.225		D5L0548-06
8	HS Room 117 Gater St.	12/1/2025	1	12/1/2025	ND		12/1/2025	0.103		D5L0548-07
9	HS Booster Room, 1st Floor	12/1/2025	1	12/1/2025	0.0011		12/1/2025	0.417		D5L0548-08
10	HS Science Prep #219	12/1/2025	1	12/1/2025	ND		12/1/2025	0.193		D5L0548-09
11	HS 2nd Floor Bubblers	12/1/2025	1	12/1/2025	ND		12/1/2025	0.507		D5L0550-01
12	MS 2nd Floor Bubblers	12/1/2025	1	12/1/2025	0.0018		12/1/2025	0.651		D5L0550-02
13	HS 1st Floor North Hall	12/1/2025	1	12/1/2025	ND		12/1/2025	0.202		D5L0550-03
14	HS 1st Floor outside	12/1/2025	1	12/1/2025	0.0016		12/1/2025	0.468		D5L0550-04
15	HS 2nd Floor Science Room	12/1/2025	1	12/1/2025	ND		12/1/2025	0.402		D5L0550-05
16	Littleville Cafeteria Hand Sink	12/1/2025	1	12/1/2025	ND		12/1/2025	0.238		D5L0550-06
17	Littleville Fine Art Room	12/1/2025	1	12/1/2025	ND		12/1/2025	0.321		D5L0550-07
18	Littleville Rm. 146	12/1/2025	1	12/1/2025	ND		12/1/2025	0.683		D5L0550-08
19	Littleville Nurses Room	12/1/2025	1	12/1/2025	ND		12/1/2025	0.242		D5L0550-09
20	Littleville Room 103 Pre-K	12/1/2025	1	12/1/2025	0.0014		12/1/2025	0.356		D5L0550-10

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: **12-18-2025**

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 _____	