Massachusetts Department of Environmental Protection - Drinking Water Program **LCR-D**

Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

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

PWS ID #:	1143003	**City / Town:**	Huntington
PWS Name:	Gateway Regional High School	**PWS Class:**	COM ☒ NTNC ☐

Sampling Frequency: (choose one)		
	☒ FIRST SEMI-ANNUAL SAMPLING PERIOD	☐ REDUCED - EVERY THREE YEARS
	☐ SECOND SEMI-ANNUAL SAMPLING PERIOD	☐ LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	☐ REDUCED – ANNUAL	☐ DEMONSTRATION

Step 1: Place lead results in ascending order (from lowest to highest value) with lowest value at # 1, in the table below. Repeat for *copper* results. Please report results that are ND or less than (<) the laboratory's reported detection limit (MDL) as zero. Results at or above the laboratory's detection limit (MDL) but below 0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as measured or may be reported as 0.0025 mg/L for lead or 0.025 mg/L for copper.

Step 2: Multiply the total number of samples collected by 0.9 (this is your 90th percentile sample number). Round to the nearest whole number, if necessary.

Step 3: Compare the sample result at the 90th percentile sample number against the corresponding action level. If the 90th percentile value is higher than the action level, then you have an exceedance and are required to contact MassDEP as soon as possible for information on compliance actions.

Note: Do not include school results on this form unless the PWS is a school. Remember, within 30 days of receipt, you must send individual results to the persons served at each sampled location as per 310 CMR 22.06B(6)(c)[1].

LEAD RESULTS (mg/L)

#	Results	#	Results	#	Results	#	Results
1*	0	16	0.00169	31		46	
2	0	17	0.00181	32		47	
3	0	18	0.00223	33		48	
4	0	19	0.00234	34		49	
5	0	20	0.00420	35		50	
6	0	21		36		51	
7	0	22		37		52	
8	0	23		38		53	
9	0	24		39		54	
10	0	25		40		55	
11	0.00102	26		41		56	
12	0.00120	27		42		57	
13	0.00127	28		43		58	
14	0.00142	29		44		59	
15	0.00144	30		45		60	

COPPER RESULTS (mg/L)

#	Results	#	Results	#	Results	#	Results
1*	0.165	16	0.449	31		46	
2	0.204	17	0.459	32		47	
3	0.292	18	0.484	33		48	
4	0.304	19	0.516	34		49	
5	0.307	20	0.569	35		50	
6	0.311	21		36		51	
7	0.312	22		37		52	
8	0.329	23		38		53	
9	0.330	24		39		54	
10	0.336	25		40		55	
11	0.342	26		41		56	
12	0.351	27		42		57	
13	0.363	28		43		58	
14	0.376	29		44		59	
15	0.397	30		45		60	

***Lowest Value**

My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 This number is my system's 90th percentile sample #.

Circle the 90th percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

0.00223 (Lead result at 90th percentile sample#)	Compared to **0.015 mg/L** (The lead action level)	**00484** (Copper result at 90th percentile sample#)	Compared to **1.3 mg/L** (The copper action level)

II. CERTIFICATION:

Check and complete the correct statement for lead as determined by the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

☒ My system was **at or below** the lead action level.

☐ My system **exceeded** the lead action level and _____ (Insert # of samples) **sampling sites exceeded** the lead action level.

Check and complete the correct statement for copper as determined from the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

☒ My system was **at or below** the copper action level.

☐ My system **exceeded** the copper action level and _____ (Insert # of samples) **sampling sites exceeded** the copper action level.

My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP, and both the sites and sampling procedures used comply with 310 CMR 22.06B(7). I certify under penalty 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 of my knowledge and belief.

Title _____ Signature of PWS or Owner's Representative _____ Date _____

Please submit Form LCR-C along with this form.

Rev. 02- 2019

[1] The Consumer notification form template is available at: https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-

Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

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
☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ 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	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA	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
	M6	Matrix spike recovery is outside of acceptable limits. The analyte concentration is more than 4X the spiking level

#	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)		
	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									
1	1st Floor Faculty Room	6/10/2026	1	6/16/2026	ND		6/16/2026	0.376	M6	D6F1459-01
2	Nurses Station	6/10/2026	1	6/16/2026	ND		6/16/2026	0.342		D6F1459-02
3	MS Room 122	6/10/2026	1	6/16/2026	0.00127		6/16/2026	0.292		D5L1459-03
4	MS Room 126	6/10/2026	1	6/16/2026	0.0012		6/16/2026	0.351		D6F1459-04
5	HS Room 111 Sped Room	6/10/2026	1	6/16/2026	ND		6/16/2026	0.329		D6F1459-05
6	HS 1st Floor Bubbler	6/10/2026	1	6/16/2026	0.00223		6/16/2026	0.449		D6F1459-06
7	HS Room 117 Gater St.	6/10/2026	1	6/16/2026	ND		6/16/2026	0.569		D6F1459-07
8	HS Booster Room, 1st Floor	6/10/2026	1	6/16/2026	0.00169		6/16/2026	0.516		D6F1459-08
9	HS Science Prep #219	6/10/2026	1	6/16/2026	ND		6/16/2026	0.204		D6F1459-09
10	HS 2nd Floor Bubbler	6/10/2026	1	6/16/2026	0.00102		6/16/2026	0.312		D6F1459-10
11	MS 2nd Floor Bubbler	6/10/2026	1	6/16/2026	ND		6/16/2026	0.336	M6	D6F1459-11
12	HS 1st Floor North Hall	6/10/2026	1	6/16/2026	ND		6/16/2026	0.307		D6F1459-12
13	HS 1st Floor outside	6/10/2026	1	6/16/2026	0.00181		6/16/2026	0.165		D6F1459-13
14	HS 2nd Floor Science Room	6/10/2026	1	6/16/2026	ND		6/16/2026	0.311		D6F1459-14
15	Littleville Cafeteria Hand Sink	6/10/2026	1	6/16/2026	0.00142		6/16/2026	0.459		D6F1459-15
16	Littleville Fine Art Room	6/10/2026	1	6/16/2026	0.00144		6/16/2026	0.363		D6F1459-16
17	Littleville Rm. 146	6/10/2026	1	6/16/2026	0.0042		6/16/2026	0.397		D6F1459-17
18	Littleville Nurses Room	6/10/2026	1	6/16/2026	ND		6/16/2026	0.484		D6F1459-18
19	Littleville Room 103 Pre-K	6/10/2026	1	6/16/2026	ND		6/16/2026	0.304		D6F1459-19
20	Cafeteria HS	6/12/2026	1	6/16/2026	0.00234		6/16/2026	0.33		D6F1654-01

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: [signature]

Date: 6-22-2026

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	
☐ Accepted _____ ☐ Disapproved _____		