

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY
TRIHALOMETHANE REPORT
(FORM #8B.3)**

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I PWS INFORMATION:

1. PWS ID#: 4122000 2. City/Town: Hanover
 3. PWS Name: Hanover Water Department 4. PWS Class (circle one) **COM** NTNC NC
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by
 A: 10365 Fire Station #2 06/02/97 R. Sides
 B: _____
 C: _____
 D: _____
 10. Routine [] Special [] (explain below)
 Notes: _____

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022
 Subcontracted? Yes [] No []
 Sub. Lab Name: _____ Sub. Lab Cert. # _____
 Notes: _____

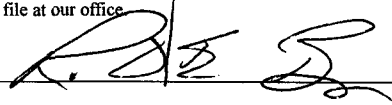
	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	C	D
Lab sample ID			97-06-4153			
Date Analyzed			06/09/97			
Analytical Method			502.2			
Bromoform	-----	0.5	7.7			
Chloroform	-----	0.5	ND			
Bromodichloromethane	-----	0.5	0.9			
Dibromochloromethane	-----	0.5	3.5			
Total Trihalomethanes	100.0	-----	12.1			

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
2-Bromo-1-chloropropane	102	80-120

The QA/QC required matrix spike sample information is on file at our office.

Laboratory Director Signature and Date

 16 June 1997

Attention: Mail TWO copies of this report to your **DEP Regional Office** within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

For DEP/DWS use only: Please initial and date as completed.

Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

