

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

T

I PWS INFORMATION:

1. PWS ID#: 4122000 2. City/Town: Hanover
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC NC
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by
 A: 10365 HFD #2 04/20/99 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			02960			
Date Analyzed			04/28/99			
Analytical Method			502.2			
Bromoform	----	0.5	6.7			
Chloroform	----	0.5	ND			
Bromodichloromethane	----	0.5	1.0			
Dibromochloromethane	----	0.5	4.3			
Total Trihalomethanes	100.0	----	12.0			

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
2-Bromo-1-chloropropane	105	80-120

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

Laboratory Director Signature and Date  3 May 1999

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:		

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 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC NC
 5. Source ID# _____ 6. Sample Location _____ 7. Date Collected _____ 8. Collected by _____
 A: HFD #2 07/15/99 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			05851			
Date Analyzed			07/16/99			
Analytical Method			502.2			
Bromoform	----	0.5	3.5			
Chloroform	----	0.5	ND			
Bromodichloromethane	----	0.5	0.6			
Dibromochloromethane	----	0.5	1.9			
Total Trihalomethanes	100.0	----	6.0			

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 *Marie Hallinori* 7/24/99

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: _____		

Post-# Fax Note	7671	Date	9/24/99	# of Pages	1
To	DOUG HALLINORI	From	MARIE		
Co./Dept.	HANOVER DPW	Co.	ANALYTICAL BALANCE		
Phone #		Phone #			
Fax #	(781) 826-8915	Fax #			

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 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by
 A: _____ HFD #2 10/19/99 R. Sides
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 10. Routine [] Special [] (explain below)
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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			9906250-1			
Date Analyzed			10/20/99			
Analytical Method			EPA 524.2			
Bromoform	-----	0.5	5.6			
Chloroform	-----	0.5	0.7			
Bromodichloromethane	-----	0.5	0.9			
Dibromochloromethane	-----	0.5	2.9			
Total Trihalomethanes	100.0	-----	10.1			

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2 - Dichlorobenzene-d ₄	96	80-120
4-Bromofluorobenzene	83	80-120

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

Laboratory Director Signature and Date  28 Oct. 1999

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.

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