

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC  
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by  
 A: 4122000 10365 Hanover Fire Dept. #2 2/06/2002 R. Sides  
 B: \_\_\_\_\_  
 C: \_\_\_\_\_  
 D: \_\_\_\_\_  
 9. Routine / Special (explain) 10. Notes:  
 A: x or \_\_\_\_\_  
 B: \_\_\_\_\_ or \_\_\_\_\_  
 C: \_\_\_\_\_ or \_\_\_\_\_  
 D: \_\_\_\_\_ or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:


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

	MCL (µg/L)	Detection Limit (µg/L)	Results (µg/L)			
			A	B	C	D
Lab sample ID			32556			
Date Analyzed			2/07/2002			
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	9.3			
Chloroform	----	0.5	ND			
Bromodichloromethane	----	0.5	1.3			
Dibromochloromethane	----	0.5	5.5			
Total Trihalomethanes	80.0	----	16.1			

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
4-bromofluorobenzene	98	70-130
i,2-dichlorobenzene d <sub>4</sub>	97	70-130

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

Laboratory Director Signature and Date:  2/15/02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER \_\_\_\_\_ YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_

Total number of TTHM Samples collected during the monitoring period: \_\_\_\_\_

Average result for ALL locations sampled during the monitoring period (µg/L): \_\_\_\_\_

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): \_\_\_\_\_

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.

Primary Certified Operator Signature and Date: \_\_\_\_\_

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:		

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC  
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by  
 A: 4122000 HFD #3 3/25/2002 R. Sides  
 B: 4122000 70 Ponderosa Drive 3/25/2002 R. Sides  
 C: 4122000 HFD #1 3/25/2002 R. Sides  
 D: 4122000 Hanover Mall Office 3/25/2002 R. Sides

9. Routine / Special (explain) 10. Notes:  
 A:   x   or \_\_\_\_\_  
 B:   x   or \_\_\_\_\_  
 C:   x   or \_\_\_\_\_  
 D:   x   or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022  
 Subcontracted? Yes [ ] No [ x ]  
 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			33776-05	33776-06	33776-07	33776-08
Date Analyzed			3/27/2002	3/27/2002	3/27/2002	3/27/2002
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	1.3	ND	ND	ND
Chloroform	----	0.5	41.5	55.3	51.7	59.3
Bromodichloromethane	----	0.5	14.4	20.1	18.6	21.6
Dibromochloromethane	----	0.5	4.1	4.6	4.0	4.9
Total Trihalomethanes	80.0	----	61.3	80.0	74.3	85.8

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene $d_4$	93, 93, 93, 92	70-130
4-bromofluorobenzene	76, 76, 76, 74	70-130

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

Laboratory Director Signature and Date: [Signature] 19 April '02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_

Total number of TTHM Samples collected during the monitoring period: 8

Average result for ALL locations sampled during the monitoring period ( $\mu\text{g/L}$ ): 49

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ( $\mu\text{g/L}$ ): 23.3

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.

Primary Certified Operator Signature and Date: [Signature] 6/25/02

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:		

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC  
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by  
 A: 4122000 HFD #2 3/25/2002 R. Sides  
 B: 4122000 Myrtle's Country Store 3/25/2002 R. Sides  
 C: 4122000 Town Hall 3/25/2002 R. Sides  
 D: 4122000 HFD #6 3/25/2002 R. Sides  
 9. Routine / Special (explain) 10. Notes:  
 A:  x  or \_\_\_\_\_  
 B:  x  or \_\_\_\_\_  
 C:  x  or \_\_\_\_\_  
 D:  x  or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:

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

	MCL (µg/L)	Detection Limit (µg/L)	Results (µg/L)			
			A	B	C	D
Lab sample ID			33776-01	33776-02	33776-03	33776-04
Date Analyzed			3/27/2002	3/27/2002	3/27/2002	3/27/2002
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	3.3	4.4	6.3	13.3
Chloroform	----	0.5	ND	ND	17.6	8.4
Bromodichloromethane	----	0.5	0.9	1.2	7.2	5.3
Dibromochloromethane	----	0.5	2.9	3.7	6.7	9.4
Total Trihalomethanes	80.0	----	7.1	9.3	37.8	36.4

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	91, 92, 94, 93	70-130
4-bromofluorobenzene	79, 78, 79, 77	70-130

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

Laboratory Director Signature and Date: [Signature] 19 Apr. 02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER  YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_

Total number of TTHM Samples collected during the monitoring period: 8

Average result for ALL locations sampled during the monitoring period (µg/L): 49

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 23.3

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.

Primary Certified Operator Signature and Date: [Signature] 6/25/02

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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Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) COM NTNC  
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by  
 A: 4122000 HFD #3 5/07/2002 R. Sides  
 B: 4122000 70 Ponderosa Dr. 5/07/2002 R. Sides  
 C: 4122000 HFD #1 5/07/2002 R. Sides  
 D: 4122000 Hanover Mall Office 5/07/2002 R. Sides  
 9. Routine / Special (explain) 10. Notes:  
 A: x or \_\_\_\_\_  
 B: x or \_\_\_\_\_  
 C: x or \_\_\_\_\_  
 D: x or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:

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

	MCL (µg/L)	Detection Limit (µg/L)	Results (µg/L)			
			A	B	C	D
Lab sample ID			35056-05	35056-06	35056-07	35056-08
Date Analyzed			5/10/2002	5/10/2002	5/10/2002	5/10/2002
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	2.5	0.6	ND	ND
Chloroform	----	0.5	32.7	83.2	62.3	104
Bromodichloromethane	----	0.5	8.9	22.2	18.5	24.9
Dibromochloromethane	----	0.5	3.9	4.4	3.8	4.2
Total Trihalomethanes	80.0	----	48.0	110	84.6	133.1

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	88, 89, 87, 87	70-130
4-bromofluorobenzene	82, 81, 81, 79	70-130

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

Laboratory Director Signature and Date: [Signature] 5 June 02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_

Total number of TTHM Samples collected during the monitoring period: 8

Average result for ALL locations sampled during the monitoring period (µg/L): 58.5

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 36

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.

Primary Certified Operator Signature and Date: [Signature] 6/25/02

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:		

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) COM NTNC  
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by  
 A: 4122000 HFD #2 5/07/2002 R. Sides  
 B: 4122000 Town Hall 5/07/2002 R. Sides  
 C: 4122000 Myrtle's Country Store 5/07/2002 R. Sides  
 D: 4122000 HFD #6 5/07/2002 R. Sides  
 9. Routine / Special (explain) 10. Notes:  
 A:  or \_\_\_\_\_  
 B:  or \_\_\_\_\_  
 C:  or \_\_\_\_\_  
 D:  or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:

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

	MCL (µg/L)	Detection Limit (µg/L)	Results (µg/L)			
			A	B	C	D
Lab sample ID			35056-01	35056-02	35056-03	35056-04
Date Analyzed			5/10/2002	5/10/2002	5/10/2002	5/10/2002
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	6.6	3.5	4.3	9.0
Chloroform	----	0.5	ND	17.0	ND	14.6
Bromodichloromethane	----	0.5	1.3	6.0	1.5	6.4
Dibromochloromethane	----	0.5	4.7	4.3	4.2	8.9
Total Trihalomethanes	80.0	----	12.6	30.8	10.0	38.9

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	90, 89, 90, 89	70-130
4-bromofluorobenzene	82, 81, 83, 82	70-130

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

Laboratory Director Signature and Date: [Signature] 5 June 02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER  YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_

Total number of TTHM Samples collected during the monitoring period: 8

Average result for ALL locations sampled during the monitoring period (µg/L): 58.5

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 36

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.

Primary Certified Operator Signature and Date: [Signature] 6/25/02

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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Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC  
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by  
 A: 4122000 HFD #2 9/10/2002 R. Sides  
 B: 4122000 HFD #3 9/10/2002 R. Sides  
 C: 4122000 HFD #6 9/10/2002 R. Sides  
 D: 4122000 70 Pondersoa 9/10/2002 R. Sides

9. Routine / Special (explain) 10. Notes:  
 A: x or \_\_\_\_\_  
 B: x or \_\_\_\_\_  
 C: x or \_\_\_\_\_  
 D: x or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022  
 Subcontracted? Yes [ ] No [ x ]  
 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			39711-01	39711-02	39711-03	39711-04
Date Analyzed			9/12/2002	9/12/2002	9/12/2002	9/12/2002
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	5.6	3.4	19.0	1.2
Chloroform	-----	0.5	ND	17.4	1.2	37.8
Bromodichloromethane	-----	0.5	1.1	9.6	3.2	23.4
Dibromochloromethane	-----	0.5	4.0	6.0	10.7	10.1
Total Trihalomethanes	80.0	-----	10.7	36.4	34.1	72.5

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene $d_4$	92, 91, 92, 91	70-130
4-bromofluorobenzene	86, 83, 85, 83	70-130

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

Laboratory Director Signature and Date: [Signature] 4 Oct. 02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_  
 Total number of TTHM Samples collected during the monitoring period: 4  
 Average result for ALL locations sampled during the monitoring period ( $\mu\text{g/L}$ ): 38.4  
 Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ( $\mu\text{g/L}$ ): 40.9  
 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.

Primary Certified Operator Signature and Date: [Signature] 10/10/02

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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Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
TRIHALOMETHANE REPORT**

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover  
3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC

5. Source ID#	6. Sample Location	7. Date Collected	8. Collected by
A: <u>4122000</u>	<u>HFD #2</u>	<u>11/26/2002</u>	<u>R. Sides</u>
B: <u>4122000</u>	<u>HFD #3</u>	<u>11/26/2002</u>	<u>R. Sides</u>
C: <u>4122000</u>	<u>HFD #6</u>	<u>11/26/2002</u>	<u>R. Sides</u>
D: <u>4122000</u>	<u>70 Pondersoa</u>	<u>11/26/2002</u>	<u>R. Sides</u>

9. Routine / Special (explain) 10. Notes:

A:  x or \_\_\_\_\_  
B:  x or \_\_\_\_\_  
C:  x or \_\_\_\_\_  
D:  x or \_\_\_\_\_

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022

Subcontracted? Yes [ ] No [ x ]

Sub. Lab Name: \_\_\_\_\_ Sub. Lab Cert. # \_\_\_\_\_

Notes:

	MCL (µg/L)	Detection Limit (µg/L)	Results (µg/L)			
			A	B	C	D
Lab sample ID			42261-01	42261-02	42261-03	42261-04
Date Analyzed			12/06/2002	12/06/2002	12/06/2002	12/06/2002
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	3.4	3.6	10.1	ND
Chloroform	-----	0.5	ND	39.5	13.7	67.5
Bromodichloromethane	-----	0.5	1.0	9.9	5.0	16.6
Dibromochloromethane	-----	0.5	3.0	3.5	6.0	3.0
Total Trihalomethanes	80.0	-----	7.4	56.5	34.8	87.1

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	77, 77, 80, 78	70-130
4-bromofluorobenzene	76, 73, 75, 74	70-130

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

Laboratory Director Signature and Date: [Signature] 12 Dec. 02

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER  YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_

Total number of TTHM Samples collected during the monitoring period: 4

Average result for ALL locations sampled during the monitoring period (µg/L): 46.45

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 48.1

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.

Primary Certified Operator Signature and Date: [Signature] 12/24/02

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:		