

**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 HFD #2 3/04/2003 R. Sides  
 B: 4122000 10383 HFD #3 3/04/2003 R. Sides  
 C: 4122000 10384 HFD #6 3/04/2003 R. Sides  
 D: 4122000 10385 70 Pondersoa Drive 3/04/2003 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			44778-01	44778-02	44778-03	44778-04
Date Analyzed			3/12/2003	3/12/2003	3/12/2003	3/12/2003
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	ND	ND	5.5	ND
Chloroform	----	0.5	16.6	20.1	10.1	44.0
Bromodichloromethane	----	0.5	4.3	7.4	4.6	17.5
Dibromochloromethane	----	0.5	0.8	2.1	3.9	4.6
Total Trihalomethanes	80.0	----	21.7	29.6	24.1	66.1

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	91, 92, 92, 92	70-130
4-bromofluorobenzene	100, 100, 100, 102	70-130

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

Laboratory Manager Signature and Date: [Signature] 3/17/03

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 (µg/L): 35.4  
 Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 44.7  
 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.

Primary Certified Operator Signature and Date: [Signature] 4/8/03

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 10365 HFD #2 4/15/2003 R. Sides  
 B: 4122000 10383 HFD #3 4/15/2003 R. Sides  
 C: 4122000 10384 HFD #6 4/15/2003 R. Sides  
 D: 4122000 10385 70 Pondersoa Drive 4/15/2003 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			45994-01	45994-02	45994-03	45994-04
Date Analyzed			4/20/2003	4/20/2003	4/20/2003	4/20/2003
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	3.2	ND	11.6	ND
Chloroform	-----	0.5	ND	29.8	1.4	50.2
Bromodichloromethane	-----	0.5	0.8	8.9	2.0	15.4
Dibromochloromethane	-----	0.5	2.8	1.9	6.2	3.2
Total Trihalomethanes	80.0	-----	6.8	40.6	21.2	68.8

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	83, 80, 85, 84	70-130
4-bromofluorobenzene	73, 73, 79, 75	70-130

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

Laboratory Director Signature and Date: [Signature] 21 Apr 1 2003

**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 (µg/L): 34.35  
 Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.65  
 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] 6/6/03

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:		

Resubmit

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY
TRIHALOMETHANE REPORT

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: 4122000 10365 HFD #2 07/01/03 R. Sides
B: 4122000 10383 HFD #3 07/01/03 R. Sides
C: 4122000 10384 HFD #6 07/01/03 R. Sides
D: 4122000 10385 70 Ponderosa Dr. 07/01/03 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:

Table with 7 columns: Lab sample ID, MCL (µg/L), Detection Limit (µg/L), Results (µg/L) A, B, C, D. Rows include Bromoform, Chloroform, Bromodichloromethane, Dibromochloromethane, and Total Trihalomethanes.

Surrogate Recoveries (as required by EPA method 524.2):

Table with 3 columns: Compound, % Recovered, QC Limits (%). Rows include 1,2-dichlorobenzene d4 and 4-bromofluorobenzene.

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

Laboratory Director Signature and Date:

Handwritten signature and date: 17 Sept. 03

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

TTHM Monitoring Frequency: (choose one) QUARTER [checked] 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): 27.8

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 36.0

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:

Handwritten signature and date: 9/19/03

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.

Table with 3 columns: Accepted, Disapproved, Data entered into WQTS. Includes a Comments section below.

**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 Department     | 4. PWS Class (circle one) <b>COM</b> NTNC |
| 5. <u>Source ID#</u>                      | 6. <u>Sample Location</u>                 |
| A: 4122000 <u>#D365</u>                   | HFD #2 _____                              |
| B: 4122000 <u>10383</u>                   | HFD #3 _____                              |
| C: 4122000 <u>10384</u>                   | HFD #6 _____                              |
| D: 4122000 <u>10385</u>                   | 70 Ponderosa Dr.                          |
| 7. <u>Date Collected</u>                  | 8. <u>Collected by</u>                    |
| 10/14/03 _____                            | R. Sides _____                            |
| 10/14/03 _____                            | R. Sides _____                            |
| 10/14/03 _____                            | R. Sides _____                            |
| 10/14/03 _____                            | R. Sides _____                            |
| 9. Routine / Special (explain) 10. Notes: |   |
| A: <u>X</u> or _____                      | _____                                     |
| B: <u>X</u> or _____                      | _____                                     |
| C: <u>X</u> or _____                      | _____                                     |
| D: <u>X</u> 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			52918-01	52918-02	52918-03	52918-04
Date Analyzed			10/17/03	10/17/03	10/17/03	10/17/03
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	ND	1.2	9.1	ND
Chloroform	-----	0.5	ND	33.2	14.9	37.9
Bromodichloromethane	-----	0.5	ND	18.2	9.7	20.1
Dibromochloromethane	-----	0.5	ND	7.0	7.7	6.7
Total Trihalomethanes	80.0	-----	ND	59.6	41.4	64.7

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d <sub>4</sub>	90,94,92,88	70-130
4-bromofluorobenzene	88,94,94,86	70-130

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

Laboratory Director Signature and Date: [Signature] 23 Oct. 03

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): 41.43

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 34.74

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] 1/8/04

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:		