

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

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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: 4122000-10383 HFD # 3 02/07/06 A. Allen
 B: 4122000-10385 70 Ponderosa Dr. 02/07/06 A. Allen
 C: 4122000-10380 Bleeder @ Hanson Line 02/07/06 A. Allen
 D:
 9. Routine / Special (explain) 10. Notes:
 A: X or
 B: X or
 C: X 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			80735-01	80735-02	80735-03	
Date Analyzed			02/08/06	02/08/06	02/08/06	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	0.7	0.5	ND	
Chloroform	-----	0.5	22.1	22.4	ND	
Bromodichloromethane	-----	0.5	9.6	10.6	ND	
Dibromochloromethane	-----	0.5	3.2	3.7	ND	
Total Trihalomethanes	80.0	-----	35.6	37.2	ND	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d ₄	100,99,99	70-130
4-bromofluorobenzene	97,97,96	70-130

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

Laboratory Director Signature and Date: [Signature] 2/11/06

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: 3

Average result for ALL locations sampled during the monitoring period (µg/L): 24.27

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 37.5

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] 3/30/06

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:		

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: 4122000-10380 640 King St. 05/01/06 A. Allen
 B: 4122000-10383 HFD # 3 05/01/06 A. Allen
 C: 4122000-10385 70 Ponderosa 05/01/06 A. Allen
 D:
 9. Routine / Special (explain) 10. Notes:
 A: X or
 B: X or
 C: X 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			82887-01	82887-02	82887-03	
Date Analyzed			05/10/06	05/10/06	05/10/06	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	ND	ND	ND	
Chloroform	-----	0.5	ND	16.9	17.8	
Bromodichloromethane	-----	0.5	ND	7.7	10.4	
Dibromochloromethane	-----	0.5	ND	2.1	4.0	
Total Trihalomethanes	80.0	-----	ND	26.7	32.2	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d ₄	99,99,98	70-130
4-bromofluorobenzene	102,103,102	70-130

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

Laboratory Director Signature and Date: [Signature] 12 May 06

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: 3

Average result for ALL locations sampled during the monitoring period (µg/L): 19.63

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 31.69

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] 6/22/06

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:		

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: 4122000-10385 _____ 70 Ponderosa _____ 08/14/06 _____ A. Allen _____
 B: 4122000-10380 _____ King Street _____ 08/14/06 _____ A. Allen _____
 C: 4122000-10383 _____ HFD # 3 _____ 08/14/06 _____ A. Allen _____
 D: _____
 9. Routine / Special (explain) 10. Notes:
 A: X or _____
 B: X or _____
 C: X 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			86453-01	86453-02	86453-03	
Date Analyzed			08/15/06	08/15/06	08/15/06	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	1.3	13.6	0.7	
Chloroform	----	0.5	45.7	5.2	24.4	
Bromodichloromethane	----	0.5	19.0	6.7	10.8	
Dibromochloromethane	----	0.5	6.6	12.0	3.7	
Total Trihalomethanes	80.0	----	72.6	37.5	39.6	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d ₄	100,98,97	70-130
4-bromofluorobenzene	103,104,101	70-130

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

Laboratory Director Signature and Date: [Signature] 28 Aug 06

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: 3
 Average result for ALL locations sampled during the monitoring period (µg/L): 49.90
 Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 30.70

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] 9/22/06

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**

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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: 4122000-10380 640 King Street _____ 11/29/06 _____ T. Flynn _____
 B: 4122000-10383 Fire Station # 3 _____ 11/29/06 _____ T. Flynn _____
 C: 4122000-10385 70 Ponderosa _____ 11/29/06 _____ T. Flynn _____
 D: _____

9. Routine / Special (explain) 10. Notes:
 A: X or _____
 B: X or _____
 C: X 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 ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	C	D
Lab Sample ID			89853-01	89853-02	89853-03	
Date Analyzed			11/30/06	11/30/06	11/30/06	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	8.4	1.2	0.9	
Chloroform	-----	0.5	7.8	28.4	38.8	
Bromodichloromethane	-----	0.5	6.3	12.2	14.5	
Dibromochloromethane	-----	0.5	7.5	3.8	4.3	
Total Trihalomethanes	80.0	-----	30.0	45.6	58.5	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d_4	108,108,108	70-130
4-bromofluorobenzene	107,105,107	70-130

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

Laboratory Director Signature and Date: [Signature] 11 Dec. 08

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: 3

Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 44.70

Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 34.63

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] 12/19/06

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Accepted:	Disapproved:	Data entered into WQTS:
Comments:		