

Massachusetts Department of Environmental Protection - Drinking Water Program

THM

Total Trihalomethanes Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000 City/Town: Hanover  
 PWS Name: Hanover Water Dept. PWS Class: COM X NTNC TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King St.	X Yes	02/23/2010	T. Ferry
B 10383	Fire Station #3	X Yes	02/23/2010	T. Ferry
C 10385	70 Ponderosa	X Yes	02/23/2010	T. Ferry
D		X Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A <input type="checkbox"/> _x_ <input type="checkbox"/> _RS_ <input type="checkbox"/> _SS	<input type="checkbox"/> _x_ Original <input type="checkbox"/> _ Resubmitted <input type="checkbox"/> _ Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	
B <input type="checkbox"/> _x_ <input type="checkbox"/> _RS_ <input type="checkbox"/> _SS	<input type="checkbox"/> _x_ Original <input type="checkbox"/> _ Resubmitted <input type="checkbox"/> _ Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	
C <input type="checkbox"/> _x_ <input type="checkbox"/> _RS_ <input type="checkbox"/> _SS	<input type="checkbox"/> _x_ Original <input type="checkbox"/> _ Resubmitted <input type="checkbox"/> _ Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	
D <input type="checkbox"/> _RS_ <input type="checkbox"/> _SS	<input type="checkbox"/> _ Original <input type="checkbox"/> _ Resubmitted <input type="checkbox"/> _ Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	

Sample notes - (Such as manifold/multiple sample, list any sources that were on line during collection)

A
B
C
D

II. Analytical Laboratory Information:  
 Primary Lab MA Cert. # M-MA022 Primary Lab Name: Analytical Balance Corp. Subcontracted? \_Y\_ \_N  
 Analysis Lab MA Cert. # M-MA022 Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	28.7	46.4	41.4	
Bromoform		0.5	4.7	2.0	0.8	
Chloroform		0.5	9.0	23.5	21.0	
Bromodichloromethane		0.5	7.0	13.5	13.1	
Dibromochloromethane		0.5	8.0	7.4	6.5	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			03/01/2010	03/01/2010	03/01/2010	
Lab Sample ID			23859-01	23859-02	23859-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		100%	96%	90%	%
Surrogate # 2	4-bromofluorobenzene		97%	95%	93%	%

Report results as a number greater than 0 or ND (not a <MDL value)

Lab sample notes:

A
B
C
D

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature: 

Date: 10 Mar 10

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	_____ WQTS data entered
------------------------------------------------------------------------	-----------------	-------------------------

# Massachusetts Department of Environmental Protection - Drinking Water Program

## Total Trihalomethanes Report

**THM**

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000 City/Town: Hanover  
 PWS Name: Hanover Water Dept. PWS Class: COM X NTNC TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X Yes	06/08/2010	T. Flynn
B 10383	Fire Station #3	X Yes	06/08/2010	T. Flynn
C 10385	70 Ponderosa	X Yes	06/08/2010	T. Flynn
D		X Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
B <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
C <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
D <input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	

**Sample notes - (Such as manifold/multiple sample, list any sources that were on line during collection)**

A
B
C
D

**II. Analytical Laboratory Information:**  
 Primary Lab MA Cert. # M-MA022 Primary Lab Name: Analytical Balance Corp. Subcontracted?  Y  N  
 Analysis Lab MA Cert. # M-MA022 Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	36.4	50.1	84.5	
Bromoform		0.5	7.9	2.9	1.0	
Chloroform		0.5	8.4	22.3	49.8	
Bromodichloromethane		0.5	9.1	15.2	25.4	
Dibromochloromethane		0.5	11.0	9.7	8.3	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			06/10/2010	06/10/2010	06/10/2010	
Lab Sample ID			26922-01	26922-02	26922-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		95%	92%	96%	%
Surrogate # 2	4-bromofluorobenzene		91%	93%	100%	%

Report results as a number greater than 0 or ND (not a <MDL value)

Lab sample notes:
A
B
C Sample #26922-03 exceed the MCL for trihalomethanes.
D

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature:

Date: 25 June 10

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner

DEP REVIEW STATUS (Initial & date) Accepted <input type="checkbox"/> Disapproved <input type="checkbox"/>	Review comments	WQTS data entered
--------------------------------------------------------------------------------------------------------------	-----------------	-------------------

# Massachusetts Department of Environmental Protection - Drinking Water Program

## Total Trihalomethanes Report

**THM**

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000 City/Town: Hanover  
 PWS Name: Hanover Water Dept. PWS Class: COM  NTNC  TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X Yes	08/10/2010	T. Flynn
B 10383	Fire Station #3	X Yes	08/10/2010	T. Flynn
C 10385	70 Ponderosa	X Yes	08/10/2010	T. Flynn
D		X Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
B <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
C <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
D <input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	

**Sample notes - (Such as manifold/multiple sample, list any sources that were on line during collection)**

A
B
C
D

**II. Analytical Laboratory Information:**

Primary Lab MA Cert. # M-MA022 Primary Lab Name: Analytical Balance Corp. Subcontracted?  Y  N  
 Analysis Lab MA Cert. # M-MA022 Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results <sup>1</sup> (µg/L)			
			A	B	C	D
Total THMs	80	----	42.6	72.6	68.7	
Bromoform		0.5	8.3	4.7	2.6	
Chloroform		0.5	12.6	35.8	29.0	
Bromodichloromethane		0.5	10.5	19.1	22.4	
Dibromochloromethane		0.5	11.2	13.0	14.7	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			08/13/2010	08/13/2010	08/13/2010	
Lab Sample ID			29178-01	29178-02	29178-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		94%	93%	98%	%
Surrogate # 2	4-bromofluorobenzene		98%	97%	98%	%

<sup>1</sup> Report results as a number greater than 0 or ND (not a <MDL value).

Lab sample notes
A
B
C
D

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature: 

Date: 20 Aug 2010

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	____ WQTS data entered
------------------------------------------------------------------------	-----------------	------------------------

# Massachusetts Department of Environmental Protection - Drinking Water Program

## Total Trihalomethanes Report

**THM**

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000 City/Town: Hanover  
 PWS Name: Hanover Water Dept. PWS Class: COM X NTNC TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X Yes	11/02/2010	T. Flynn
B 10383	Fire Station #3	X Yes	11/02/2010	T. Flynn
C 10385	70 Ponderosa Drive	X Yes	11/02/2010	T. Flynn
D		X Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A <input type="checkbox"/> _x_RS <input type="checkbox"/> _SS	<input type="checkbox"/> _x_Original <input type="checkbox"/> _Resubmitted <input type="checkbox"/> _Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	
B <input type="checkbox"/> _x_RS <input type="checkbox"/> _SS	<input type="checkbox"/> _x_Original <input type="checkbox"/> _Resubmitted <input type="checkbox"/> _Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	
C <input type="checkbox"/> _x_RS <input type="checkbox"/> _SS	<input type="checkbox"/> _x_Original <input type="checkbox"/> _Resubmitted <input type="checkbox"/> _Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	
D <input type="checkbox"/> _RS <input type="checkbox"/> _SS	<input type="checkbox"/> _Original <input type="checkbox"/> _Resubmitted <input type="checkbox"/> _Confirmation	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	

**Sample notes - (Such as manifold/multiple sample, list any sources that were on line during collection).**

A
B
C
D

**II. Analytical Laboratory Information:**  
 Primary Lab MA Cert. # M-MA022 Primary Lab Name: Analytical Balance Corp. Subcontracted? \_Y \_N  
 Analysis Lab MA Cert. # M-MA022 Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	41.2	80.3	93.6	
Bromoform		0.5	6.8	2.3	0.8	
Chloroform		0.5	12.7	47.3	61.4	
Bromodichloromethane		0.5	11.0	21.7	24.0	
Dibromochloromethane		0.5	10.7	9.0	7.4	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			11/04/2010	11/04/2010	11/04/2010	
Lab Sample ID			31877-01	31877-02	31877-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		113%	111%	114%	%
Surrogate # 2	4-bromofluorobenzene		107%	111%	110%	%

Report results as a number greater than 0 or ND (not a <MDL value).

Lab sample notes:
A
B Sample #31877-02 exceeds the MCL for trihalomethanes.
C Sample #31877-03 exceeds the MCL for trihalomethanes.
D

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature:

Date: 22 Nov 10

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted <input type="checkbox"/> Disapproved <input type="checkbox"/>	Review comments	WQTS data entered
--------------------------------------------------------------------------------------------------------------	-----------------	-------------------