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**MASSACHUSETTS DEP DIVISION OF WATER SUPPLY
TRICHALOMETHANE REPORT**

PWS ID <u>4122000</u>	PWS Name <u>Hanover Water Dept.</u>	Town <u>Hanover</u>
Sample Location <u>HFD #2</u>		
Lab Sample ID <u>4696</u>		
Date Collected <u>7/19/91</u>	Routine <input checked="" type="checkbox"/>	
Collected By <u>R. Sides</u>	Special <input type="checkbox"/>	explain below
Month/Year <u>July 1991</u>		

Lab Name Oliveira Laboratories Lab Cert. # MA022
 Sample: Ground ☒ Surface ☐ Active ☐ Inactive ☐
 Notes _____

	Result µg/l	MCL µg/l	Detection Limit µg/l	Analytical Method	Date Analyzed
Bromoform	ND	--	0.5	501.1	7/23/91
Chloroform	ND	--	0.5	"	"
Bromodichloro- methane	ND	--	0.5	"	"
Dibromochloro- methane	ND	--	0.5	"	"
Total Trihalomethanes	ND	100.0	---	---	---

ND = Not Detected

Surrogate Recoveries, Duplicate and Spike Analyses, as required by EPA method:

Surrogate (2-Bromo-1-chloropropane) Recovery 97%

QC Analyses percent recoveries 80-103%

Duplicate Analysis not applicable

Laboratory Director Signature and Date

[Signature] 8/2/91

Please mail **TWO** copies of this report to your regional DEP office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.