

TRICHALOMETHANE REPORT
(FORM #8A.0)

I PWS INFORMATION:

1. PWS ID#: 4122000 2. City/Town: Hanover
3. PWS Name: Hanover Water Department
4. Sample ID#/Source Code 4122000-01D 5. Sample Location HFD-2 6. Date Collected 9/14/93 7. Collected by Allan C. Allan

8. Routine ☒ Special ☐ (explain below)

9. Status: Active [] Backup [] (Check one)

Notes: _____

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: Oliveira Laboratories Lab Cert.#: MA022Lab Sample ID#: 93-09-4081

Notes: _____

	Result ug/L	MCL ug/L	Detection Limit ug/L	Analytical Method	Date Analyzed
Bromoform	ND	--	0.5	501.1	9/15/93
Chloroform	19.2	--	0.5	501.1	9/15/93
Bromodichloro- methane	13.2	--	0.5	501.1	9/15/93
Dibromochloro- methane	5.90	--	0.5	501.1	9/15/93
Total Trihalomethanes	38.3	100.0	---	-----	-----

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

Surrogate Recovery (2-Bromo-1-chloropropane) 108%

Duplicate Analysis RPD(s): 0.0 - 1.9

Spike Analyssi Recoveries: 88 - 112 %

Laboratory Director Signature and Date

 9/17/93

Attention: Mail TWO copies of this report to DEP/DWS; 1 Winter Street; 9th Floor;
Boston, MA 02108; Attention: WQA-SAMP; 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:

Accepted: _____ Rejected: _____ Other: _____

Date: _____ DWS Staff: _____

Computer Data Entered: _____

hf-a:\forms\trihal-a.wp 12/7/92