

## MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

THM

TRICHALOMETHANE REPORT  
(FORM #8A.0)

## I PWS INFORMATION:

1. PWS ID#: 4122000 2. City/Town: Hanover  
3. PWS Name: Hanover Water Department  
4. Source ID# 4122000-01D 5. Sample Location HFD #2 6. Date Collected 8/9/94 7. Collected by A. Allen

8. Routine ☒ Special ☐ (explain below)

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

Notes: \_\_\_\_\_

## II LABORATORY ANALYTICAL INFORMATION:

Lab Name: Oliveira Laboratories Lab Cert.#: M-MA022Lab Sample ID#: 94-08-6000

Notes: \_\_\_\_\_

	Result ug/L	MCL ug/L	Detection Limit ug/L	Analytical Method	Date Analyzed
Bromoform	ND	--	0.5	502.2	8/12/94
Chloroform	19.0	--	0.5	502.2	8/12/94
Bromodichloro- methane	7.1	--	0.5	502.2	8/12/94
Dibromochloro- methane	2.4	--	0.5	502.2	8/12/94
Total Trihalomethanes	28.5	100.0	---	----	-----

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

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

Duplicate Analysis RPD(s): 4.6 - 11.4

Spike Analysis Recoveries: 88 - 102 %

Laboratory Director Signature and Date *João Oliveira* 8/16/94

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: \_\_\_\_\_

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