## MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

## TRIHALOMETHANE REPORT (FORM #8A.0)

3. PWS Name:  4. Source ID#  8. Routine [x] Special [ 9. Status: Active [] Backton Notes:	5. Sample I Hanover Fi	Location re Dept.			eted by
8. Routine [x] Special [ 9. Status: Active [] Backt	Hanover Fi	re Dept.			
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LABORATORY ANALYTI	CAL INFORMA	ATION:			
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Lab Name: _ ANALYTICA	L BALANCE C	<b>ORP</b> La	b Cert.#: M-1	MA022	
					<del></del>
Lab Sample ID#:	95-08- <del>6</del>	5154			
Notes:					
Notes.					
	D14 (/I )	MOL (mall)	Datastian Limit	A11	
	Result (μg/L)	MCL (μg/L)	Detection Limit	Analytical Method	Date
			(μg/L)	Method	Analyzed
Bromoform	5.9		0.5	502.2	08/17/95
Chloroform	ND	•••••	0.5	502.2	08/17/95
Bromodichloromethane	0.6		0.5	502.2	08/17/95
Dibromochloromethane	2.6		0.5	502.2	08/17/95
Total Trihalomethanes	9.1	100.0			
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urrogate Recoveries, Duplica	ate and Spike An	alyses, as required	by EPA method:		
bromo-1-chloropropane:		•	-• .		
uplicate recovery:9					
oike Recovery:1.	0 - 14.4_%		-		
aboratory Director Signature	and Date	7-XV	£ 551	1 100	21 95
acoratory Director Signature	and Date			5-121	1744p.13
attention: Mail <u>TWO</u> copies of	of this report to D	DEP/DWS; 1 Winter	r Street: 9th Floor, Bost	on, MA/02108: At	tention: WOA
AMP; within 30 days of recei	ipt of results and	no later than 10 day	ys after the end of the	reporting period.	tontion: WQII
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COR DEP/DWS USE ONLY: Accepted: Rejected:	041				