## TRIHALOMETHANE REPORT (FORM \#8B.2)

I PWS INFORMATION:

1. PWS ID\#: 4122000 $\qquad$ 2. City/Town: $\qquad$ Hanover
2. PWS Name: __Hanover Water Department $\qquad$ 4. PWS Class (circle one)
COM NTNC NC
3. Source ID\#
4. Sample Location
A: 4122000-01D
\#2 HFD
B: $\qquad$
D: $\qquad$
5. Routine [ x ] Special [ ] (explain below)
Notes:
6. Date Collected 03/25/96
$\qquad$
7. Collected by R. Sides
$\qquad$

II LABORATORY ANALYTICAL INFORMATION: Lab Name: ANALYTICAL BALANCE CORP. Subcontracted? Yes [ ] No [ x ]
Sub. Lab Name: $\qquad$
$\qquad$ Lab Cert.\#: _M-MA022 $\qquad$ Sub. Lab Cert. \#

Notes:


Surrogate Recoveries (as required by EPA method 524.2):

| Compound | \% Recovered | QC Limits (\%) |
| :---: | :---: | :---: |
| 2-Bromo-1-chloropropane | $93 \%$ | $80-120$ |

The $\mathrm{QA} / \mathrm{QC}$ required matrix spike sample information in on file at our office.
Duplicate Recovery: __1.0-9.0 \%
Spike Recovery: $\qquad$ 95-116\%


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Laboratory Director Signature and Date
$\qquad$
)
$\qquad$ at

Attention: Mail TWO copies of this report to DEP/DWS, 1 Winter Street, $9^{\text {th }}$ Floor, Boston, MA 02108; Attention: WQASAMP; 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: Please initial and date as completed.

| Accepted: | Disapproved: | Data entered into WQTS: |
| :--- | :--- | :--- |
| Comments: |  |  |

# TRIHALOMETHANE REPORT <br> (FORM \#8B.2) 

I PUS INFORMATION:

10. Routine [ ] Special [ ] (explain below)

Notes: $\qquad$

II LABORATORY ANALYTICAL INFORMATION:
Lab Name: _ ANALYTICAL BALANCE CORP $\qquad$ Lab Cert.\#: _M-MA022 $\qquad$
Subcontracted? Yes [ ] No [ ]
Sub. Lab Name: $\qquad$ Sub. Lab Cert. \# $\qquad$


Surrogate Recoveries (as required by EPA method 524.2):

| Compound | \% Recovered | QC Limits (\%) |
| :---: | :---: | :---: |
| 2-Bromo-1-chloropropane | 100 | $80-120$ |

The QA/QC required matrix spike sample information in on file at our office.
Duplicate Recovery:
RPD's: 3.1-9.2\%
Spike Recovery: $\qquad$ $90-102 \%$

Laboratory Director Signature and Date

$\qquad$
Attention: Mail TWQ copies of this report to DEP/DWS, 1 Winter Street, $9^{\text {th }}$ Floor, Boston, MA 02108; Attention: WQASAMP; 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: Please initial and date as completed.

| Accepted: | Disapproved: | Data entered into WQTS: |
| :--- | :--- | :--- |
| Comments: |  |  |

## I PW INFORMATION:



II LABORATORY ANALYTICAL INFORMATION:
Lab Name: _ANALYTICAL BALANCE CORP. __ Lab Cert.\#:_ M-MA022 ___
Subcontracted? Yes [ ] No [X]
Sub. Lab Name: $\qquad$ Sub. Lab Cert. \# $\qquad$
Notes:


Surrogate Recoveries (as required by EPA method 524.2):

| Compound | $\%$ Recovered | QC Limits (\%) |
| :--- | :---: | :---: |
| 2-Bromo-1-chloropropane | 112 | $80-120$ |

The $\mathrm{QA} / \mathrm{QC}$ required matrix spike sample information in on file at our office.

Laboratory Director Signature and Date


$$
18 \operatorname{Jan}, 97
$$

Attention: Mail TWO copies of this report to your DEP Regional Office 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: Please initial and date as completed.

| Accepted: | Disapproved: | Data entered into WQTS: |
| :--- | :--- | :--- |
| Comments: |  |  |

