I PWS INFORMATION:			2				
1. PWS ID#:4122000_	- Water Departm		<i>1</i> 1	City/Town:Hanov PWS Class (circle one)		TNC NC	
3. PWS Name: Hanover 5. Source ID# 6	5. Sample Locati	7. Date Collected 2/24/97		WS Class (Chercone)	8. Collecte		
A: <u>10365</u>	_HFD_#2					es	
B:			*				
ν							
10. Routine [] Special Notes:							
II LABORATORY ANALY Lab Name:ANALYTIC Subcontracted? Yes [] N Sub. Lab Name:	TICAL INFOR CAL BALANCI 10 [X]	MATION: E CORP.		Lab (Cert.#: _ M-M	A022	
Notes:							
	MCL	Detection		Results (µg/L)			
	(μg/L)	Limit (µg/L)	A	В	C	D	
Lab sample ID			1399				
Date Analyzed			3/3/97		·		
Analytical Method			502.2				
Bromoform		0.5	5.6				
Chloroform		0.5	2.3				
Bromodichloromethane		0.5	1.5				
Dibromochloromethane		0.5	3.8				
Total Trihalomethanes	100.0		13.2				
Surrogate Recoveries (as re	equired by EPA	method 524.2):					
Compound		<u>% R</u>	Recovered		QC Limits (%)		
2-Bromo-1-chloropropane The QA/QC required matrix spike sample information in on file at our office			97		80-120		
Laboratory Director Signat		e at our omce	12	2 - 1 7	March 19	97	
Attention: Mail <u>TWO</u> copie 10 days after the end of the	es of this report treport treporting period	to your DEP Reg .	ional Office	e within 30 days of rec	eipt of results	and no later than	
For DEP/DWS use only: Pl	ease initial and	date as completed	1				
Accepted:	Disapprov	red:	D	ata entered into WQTS	ed into WQTS:		
Comments:							

I PWS INFORMATION			2 G''	/T C	**		
1. PWS ID#: 3. PWS Name:	4122000 Hanaver Water D	anartment	2. Cit	y/Town: Class (circle one)		NC NC	
5. Source ID#	Hanover water D	eparument	4. rws Collected	Class (circle one)	8. Collected		
A: 10365	Fire Station #	2 (06/02/97			les	
B:			,0,0=,,				
B:							
D							
10. Routine [X] Special Notes:			97 - 97 H F 100 - 11				
II LABORATORY ANA Lab Name: _ ANALYT	ΓICAL BALANC		_	Lab C	ert.#: _ M-MA	022	
Subcontracted? Yes [Sub. Lab Name: Notes:				Sub. L	ab Cert.#		
	MCL	MCL Detection			Results (μg/L)		
	(μg/L)	Limit (μg/L)	A	В	С	D	
Lab sample ID			97-06-4153				
Date Analyzed			06/09/97				
Analytical Method			502.2				
Bromoform		0.5	7.7				
Chloroform		0.5	ND				
Bromodichloromethane		0.5	0.9				
Dibromochloromethane		0.5	3.5				
Total Trihalomethanes	100.0		12.1				
Surrogate Recoveries (a	s required by EPA	1 method 524.2):					
Compound		% R	% Recovered		QC Limits (%)		
	2-Bromo-1-chloropropane le QA/QC required matrix spike sample information in on file at our office			102		80-120	
Laboratory Director Sign		tle at our office	55		16 June 19	197	
Attention: Mail <u>TWO</u> co 10 days after the end of the			cional Office wit	hin 30 days of rece	ipt of results a	nd no later thar	
For DEP/DWS use only:	Please initial and	l date as completed	<u>d.</u>				
Accepted:	Disappro	pproved: Data entered into WQTS:					
Comments:							

I PWS INFORMATION:							
1. PWS ID#:4 3. PWS Name: I	4122000		2	2. City/Town:	_Hanover		
3. PWS Name:F	Hanover Water De	partment		PWS Class (circle on			
5. Source ID# A: <u>/0365</u>	6. Sample Locali	on /. Date	18/25/97		8. Collected	des	
B:			00123171			ucs	
B:							
D:							
D:	I[] (explain be	low)	······································				
II LABORATORY ANAL Lab Name: _ ANALYT Subcontracted? Yes [] Sub. Lab Name: Notes:	LYTICAL INFOR ICAL BALANCI No [X]	E CORP	_	Lab C	ert.#: _ M-M .A.ab Cert. #	A022	
	MCL	Detection	Results (μg/L)				
	(μg/L)	Limit (μg/L)	A	В	С	D	
Lab sample ID			7114-1				
Date Analyzed			08/27/9	7			
Analytical Method			502.2				
Bromoform		0.5	3.2		····		
Chloroform		0.5	ND				
Bromodichloromethane		0.5	0.5				
Dibromochloromethane		0.5	2.2				
Total Trihalomethanes	100.0		5.9				
Surrogate Recoveries (as	required by EPA	method 524.2):					
Compound % I		Recovered		QC Limits (%)			
2-Bromo-1-chloropropa	1-chloropropane 106 uired matrix spike sample information in on file at our office.			80-120			
Laboratory Director Sign		e at our office.	到至	Dry:	29 Aug. 19	97	
Attention: Mail <u>TWO</u> cop 10 days after the end of the	pies of this report the reporting period	to your DEP Reg	gional Offic	e within 30 days of rece	v cipt of results a	ind no later than	
For DEP/DWS use only:	Please initial and c	date as completed	d				
Accepted:	Disapprov	ed:	D	Data entered into WQTS:			
Comments:							

emple Location # 2		4. PW Collected	y/Town: _Hanover_ VS Class (circle one	e) <u>COM</u> N7 8. Collected b	by	
	low)					
AL INFORM BALANCE	CORP.		Lab Co			
MCL (μg/L)	Detection Limit (µg/L)	Results (µg/L)				
(MB 2)	Dilling (1.8-)	A	В	C	D	
		97-11-9793-2				
		11/20/97				
		502.2				
	0.5	4.5				
	0.5	ND				
	0.5	0.7				
	0.5	2.0				
100.0		7.2				
red by EPA n	nethod 524.2):					
	% Recovered		QC Limits (%)			
	104		80-120			
			80-120			
rmation in on file a	t our office.		D_12	12 Nov. 199	テ	
this report to g period.	your DEP Regio	nal Office within	30 days of receipt	of results and no	alater than 10	
initial and d	ate as completed.			·		
Disapprov	ed:	Data er	ntered into WQTS:			
	MCL (µg/L) 100.0 red by EPA m mation in on file a and Date this report to g period. initial and data	MCL (μg/L) Limit (μg/L) 0.5 0.5 0.5 100.0 red by EPA method 524.2): // With the second	MCL (μg/L) Limit (μg/L) A 97-11-9793-2 11/20/97 502.2 0.5 4.5 0.5 ND 0.5 0.7 0.5 2.0 100.0 7.2 red by EPA method 524.2): // Recovered 104 mation in on file at our office. this report to your DEP Regional Office within g period. initial and date as completed.	Sub. L MCL	Sub. Lab Cert. #	