## MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY TRIHALOMETHANE REPORT (FORM #8B.3)

I PWS INFORMATION: 1. PWS ID#: 4122000				2 C:+./Tarr	II			
3. PWS Name: _Ha	nover Water De	 nt		2. City/Town	: Hanover (circle one)	COM N	TNC NC	
5. Source ID# A: <u>/0.365</u>	6. Sample Locat H.F.D.	tion 7. Date 1/21	7. Date Collected1/21/98		(circle one)	COM NTNC NC 8. Collected by R. Sides		
B:								
D:								
10. Routine [X] Special Notes:		•						
II LABORATORY ANAL Lab Name:ANALYTI Subcontracted? Yes [ ] Sub. Lab Name: Notes:	CAL BALANC No [X ]	RMATION: EE CORP.			Lab Cer	t.#: _ <b>M-MA</b> b Cert. #	022	
	MCL	Detection	Results (μg/L)					
	(μg/L)	Limit (µg/L)	A		В	С	D	
Lab sample ID			00538-	8				
Date Analyzed			2/2/98					
Analytical Method			502.2					
Bromoform	***	0.5	1.4					
Chloroform		0.5	36.0					
Bromodichloromethane	••••	0.5	11.9					
Dibromochloromethane		0.5	2.1					
Total Trihalomethanes	100.0		51.4					
Surrogate Recoveries (as	required by EPA	1 method 524.2):						
		% F	Recovered			QC Limits (%)		
2-Bromo-1-Chloropropar	ne		99		80-120			
The QA/QC required matrix spike san  Laboratory Director Signa		ile at our office	65	0	1 4 Fe	6, 1998		
Attention: Mail <u>TWO</u> cop 10 days after the end of the			gional Offic	e within 30	days of receip	ot of results a	nd no later than	
For DEP/DWS use only: P	lease initial and	date as complete	d.					
Accepted:	Disappro	oved: Data entered			nto WQTS:			
Comments:								

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I PWS INFORMATION:  1. PWS ID#: _4122000_  3. PWS Name:Hanove  5. Source ID#  A: _ / O 3 6 \$  B:  C:  D:  10. Routine [ X] Special	6. Sample Locati Hanover HFI	on 7. Date D #26/-	4. Collected 8/98	PWS Clas		EOM N 8. Collected R. Sides		
10. Routine [ X] Special Notes:  II LABORATORY ANAL' Lab Name:ANALYTIC Subcontracted? Yes [ ] I Sub. Lab Name:Notes:	YTICAL INFOR CAL BALANCI No [X]	MATION: E CORP.	_		Lab Cert	i.#: _ <b>M-MA</b> o Cert. #		
	MCL	Detection Limit (µg/L)	Results (µg/L)					
	(μg/L)		A		3	С	D	
Lab sample ID			04665					
Date Analyzed			6/22/98					
Analytical Method			502.2					
Bromoform		0.5	9.4					
Chloroform		0.5	ND					
Bromodichloromethane		0.5	1.2					
Dibromochloromethane		0.5	3.8					
Total Trihalomethanes	100.0		14.4					
Surrogate Recoveries (as a	required by EPA	method 524.2):						
Compound		% Recovered			QC Limits (%)		%)	
2-Bromo-1-cholorpropane		108			80-120			
The QA/QC required matrix spike sam  Laboratory Director Signal  Attention: Moil TWO coni	ture and Date	A	to S	<b>1</b>	/	Tune (298		
Attention: Mail <u>TWO</u> copi 10 days after the end of the			ionai Oilice	within 30°C	ays of receip	i of results a	nd no later than	
For DEP/DWS use only: P	lease initial and	date as completed	d					
Accepted:	Disapprov				ntered into WQTS:			
Comments:								

## MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY TRIHALOMETHANE REPORT (FORM #8B.3)

I PWS INFORMATION: 1. PWS ID#: 4122000			2	City/Town	Hamarian		
3. PWS Name:Hano	ver Water Dept.	<del></del>	4	. City/Town: PWS Class (circle	le one) COM	ITNC NC	
5. Source ID# 6 A: 10 3 6 5	6. Sample LocationFire Sta. #2		Collected 15/98		8. Collected		
B:							
D:					<del>- · · · · · · · · · · · · · · · · · · ·</del>		
Notes:							
II LABORATORY ANALY Lab Name:ANALYTIC Subcontracted? Yes [ ] N Sub. Lab Name:	TICAL INFOR CAL BALANC Io [X]	MATION: E CORP.		L	ab Cert.#: _ <b>M-MA</b> ub. Lab Cert. #		
Notes:							
j	MCL (μg/L)	Detection Limit (μg/L)	_		lts (µg/L)		
			<u>A</u>	B	C	D	
Lab sample ID			08343				
Date Analyzed			9/18/98				
Analytical Method			502.2				
Bromoform		0.5	3.1				
Chloroform		0.5	0.7				
Bromodichloromethane		0.5	0.8				
Dibromochloromethane		0.5	2.3				
Total Trihalomethanes	100.0		6.9				
Surrogate Recoveries (as r	equired by EPA	method 524,2):					
Compound		% Recovered			QC Limits (%)		
2-Bromo-1-chloropropane	2-Bromo-1-chloropropane		89		80-120		
The QA/QC required matrix spike samp	le information in on fi	le at our office.	7.				
Laboratory Director Signat	ure and Date	K.	VE )	3/	1 25 Sept.	1798	
Attention: Mail <u>TWO</u> copie 10 days after the end of the			gional Office	e within 30 days of	receipt of results a	nd no later than	
For DEP/DWS use only: Pl	ease initial and	date as completed	d				
Accepted:	Disapprov	ved:	D	ata entered into Wo	QTS:		
Comments:							

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I PWS INFORMATION:			2	City/Taxxxx	11		
1. PWS ID#: _4122000_	r Water Dent	<del></del>	2. 4	. City/Town: . PWS Class (circ			
1. PWS ID#: _4122000_ 3. PWS Name: _Hanover 5. Source ID# A: _10365	6. Sample Locat Hanover HFD	ion 7. Date	Collected /10/98	. 1 WO Class (Circle	8. Collect		
В:							
C:	<del></del>	<del></del>		<del></del>			
D:							
II LABORATORY ANAL Lab Name: _ ANALYTI Subcontracted? Yes [ ] Sub. Lab Name: Notes:	CAL BALANC No [X ]	RMATION: E CORP.		L	ab Cert.#: _ <b>M-N</b> ub. Lab Cert. # _	1A022	
	MCL Detection Results (μg/L)						
<u> </u>	(μg/L)	Limit (µg/L)	A	В	C	D	
Lab sample ID			10295				
Date Analyzed			11/17/98				
Analytical Method			502.2				
Bromoform		0.5	9.0				
Chloroform		0.5	1.3				
Bromodichloromethane		0.5	2.5				
Dibromochloromethane		0.5	6.7				
Total Trihalomethanes	100.0		19.5				
Surrogate Recoveries (as	required by EPA	method 524.2):					
Compound		% R	% Recovered		QC Limits (%)		
2-Bromo-1-chloropropen	e		103		80-120		
The QA/QC required matrix spike san  Laboratory Director Signa		le at our office.		57	7 24 N	1 ov. 1998	
Attention: Mail <u>TWO</u> copthan 10 days after the end of			ional Office	within 30 days of	receipt of results	and no later	
For DEP/DWS use only: P	lease initial and	date as completed	d	/			
Accepted:	Disappro	ved:	Da	nta entered into Wo	QTS:		
Comments:							