

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

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I PWS INFORMATION:

1. PWS ID#: 4122000
 2. City/Town: Hanover
 3. PWS Name: Hanover Water Dept.
 4. PWS Class (circle one) **COM** NTNC NC
 5. Source ID#
 6. Sample Location
 7. Date Collected
 8. Collected by
 A: 10365 H.F.D. 1/21/98
 B:
 C:
 D:
 10. Routine [X] Special [] (explain below)
 Notes:

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP.
 Subcontracted? Yes [] No [X]
 Sub. Lab Name:
 Lab Cert.#: M-MA022
 Sub. Lab Cert. #
 Notes:

	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	C	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 method 524.2):

Compound	% Recovered	QC Limits (%)
2-Bromo-1-Chloropropane	99	80-120

The QA/QC required matrix spike sample information in on file at our office.

Laboratory Director Signature and Date  4 Feb. 1998

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:		

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1. PWS ID#: 4122000 2. City/Town: Hanover
3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) COM NTNC NC
5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by
A: 10365 Hanover HFD #2 6/8/98 R. Sides
B: _____
C: _____
D: _____
10. Routine [X] Special [] (explain below)
Notes: _____

II LABORATORY ANALYTICAL INFORMATION:


Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022
Subcontracted? Yes [] No [X]
Sub. Lab Name: _____ Sub. Lab Cert. # _____
Notes: _____

	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	C	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 required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
2-Bromo-1-chloropropane	108	80-120

The QA/QC required matrix spike sample information is on file at our office.

Laboratory Director Signature and Date  26 June 1998

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.

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1. PWS ID#: 4122000 2. City/Town: Hanover
 3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC NC
 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by
 A: 10365 Fire Sta. #2 9/15/98 R. Sides
 B: _____
 C: _____
 D: _____
 10. Routine ☒ Special ☐ (explain below)
 Notes: _____

II LABORATORY ANALYTICAL INFORMATION:

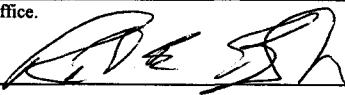
Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022
 Subcontracted? Yes ☐ No ☒
 Sub. Lab Name: _____ Sub. Lab Cert. # _____
 Notes: _____

	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	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 required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
2-Bromo-1-chloropropane	89	80-120

The QA/QC required matrix spike sample information is on file at our office.

Laboratory Director Signature and Date  25 Sept. 1998

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.

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3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) **COM** NTNC NC
5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by
A: 10365 Hanover HFD #2 11/10/98 R. Sides
B: _____
C: _____
D: _____
10. Routine ☒ Special ☐ (explain below)
Notes: _____

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022
Subcontracted? Yes ☐ No ☒
Sub. Lab Name: _____ Sub. Lab Cert. # _____
Notes: _____

	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	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	% Recovered	QC Limits (%)
2-Bromo-1-chloropropene	103	80-120

The QA/QC required matrix spike sample information is on file at our office.

Laboratory Director Signature and Date  24 Nov. 1998

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.

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