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

I PWS INFORMATION: 1. PWS ID#:4122000_			2. City	/Town:Han	iover		
3. PWS Name: Hanov	er Water Dep	artment		S Class (circle one		NC NC	
5. Source ID# 6.	0# 6. Sample Location 7. Date		Pate Collected 8. Collected by				
B:							
C:							
D:] (explain	below)		The state of the s			
LABORATORY ANALY Lab Name: _ ANALYTIC Subcontracted? Yes [] No Sub. Lab Name: Notes:	AL BALANC	CE CORP	_		ert.#: _ M-MA0 ab Cert. #		
				Results (μ	Results (µg/L)		
	(μg/L)	Limit (μg/L)	A	В	С	D	
Lab sample ID			01286				
Date Analyzed	1987		02/20/99				
Analytical Method	aratika 🏄 🖟	Emiso :	502.2				
Bromoform		0.5	7.2				
Chloroform		0.5	0.7				
Bromodichloromethane	****	0.5	1.4				
Dibromochloromethane		0.5	4.2				
Total Trihalomethanes	100.0		13.5				
Surrogate Recoveries (as re	quired by EPA	A method 524.2):					
Compound		% R	ecovered QC Limits		QC Limits (%	6)	
2-Bromo-1-chloropropane			92	2 80-120			
ne QA/QC required matrix spike sample	information in an	Sile at our office		<u> </u>			
aboratory Director Signatu		and all our office.	15	· 2	24 Fob. 12	77	
Attention: Mail <u>TWO</u> copies an 10 days after the end of			ional Office with	in 30 days of rece	ipt of results an	d no later	
or DEP/DWS use only: Ple	ase initial and	l date as complete	<u>d.</u>		\(\frac{1}{2}\)		
Accepted:	Disappro	oved:	Data en	tered into WQTS:			
Comments:							
*							

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

I PWS INFORMATION: 1. PWS ID#: 4122000			2. Cit	ty/Town:	Hanover		
3. PWS Name:Hanover 5. Source ID# 6.	S Name: Hanover Water Dept.		4. PV	WS Class (circle one) COM NTNC N 8. Collected by			
B:							
D:] (explain t	pelow)					
LABORATORY ANALY Lab Name: _ ANALYTIC Subcontracted? Yes [] N	AL BALANC			Lab	Cert.#: _ M-MA	.022	
Sub. Lab Name:Notes:		<u>,</u>		Sub	. Lab Cert. #		
	MCL	Detection					
	(μg/L) —————	Limit (μg/L)	A	В	С	D	
Lab sample ID		programmer com	02960				
Date Analyzed	The state of the s	k, liga	04/28/99				
Analytical Method	A Property of the Control of the Con	100	502.2				
Bromoform		0.5	6.7				
Chloroform		0.5	ND				
Bromodichloromethane		0.5	1.0				
Dibromochloromethane		0.5	4.3				
Total Trihalomethanes	100.0		12.0				
Surrogate Recoveries (as re	equired by EPA	method 524.2):					
Compound		% F	Recovered		QC Limits (%)		
2-Bromo-1-chloropropane	-Bromo-1-chloropropane		105		80-120		
he QA/QC required matrix spike sample Laboratory Director Signatu		10	55	3-/	3 May 192	99	
Attention: Mail <u>TWO</u> copie han 10 days after the end of			gional Office wi	thin 30 days of re	eceipt of results a	nd no later	
For DEP/DWS use only: Ple			****				
Accepted:	Disappro	ved:	Data e	entered into WQTS:			
Comments:							

massachusetts dep/division of water supply trihalomethane report (FORM #8B.3)

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I PWS INFORMATION 1: PWS ID#:41220	•	•	2.	City/Town:	Hanover			
3. PWS Name:Han 5. Source ID# A:	6. Sample Loca HFD #2	tion 7. Date			(circle one) COM NTNC NC 8. Collected by 			
B:						· · · · · · · · · · · · · · · · · · ·		
C:					·			
0. Routine [X] Specia	al [] (explain	below)						
LABORATORY ANALYI Subcontracted? Yes []	TCAL BALANC	CE CORP.			Cort.#: _ M-ML			
Sub. Lab Name: Notes:				Sub	. Lab Cert. #			
	MCL	Detection		Results (µg/L)				
	(µg/L)	Limit (ug/L)	A	В	С	D		
ab sample ID			05851					
ate Analyzed			07/16/99					
nalytical Method			502.2					
romoform		0.5	- 3.5			<u> </u>		
hloroform		0.5	ND					
romodichloromethane	****	0.5	0.6					
ibromochloromethane	•	0.5	1.9					
otal Trihalomethanes	100.0		6.0		<u> </u>	<u> </u>		
rrogate Recoveries (as		method 524.2):			· · · · · · · · · · · · · · · · · · ·			
Compound		% R	Recovered QC Limits (%)			(%)		
-Brome-1-chloropropane			102		80-120			
QAVQC required meetic spilor sur	who information in on t	ie at our office.		1				
			<u> </u>	1 .	ann al	16.		
boratory Director Signi	erring these	m	MARINE	for the	(2) 411	4/79		
ention: Mail <u>TWO</u> cop a 10 days after the end			ional Office	within 30 days of re	ceipt of results (and no later		
DEP/DWS use only: !	Please initial and	date as completed	t.					
ccepted:	Disappro			a entered into WQT	'S :			
xmments:	Back N	l* Fax Note	7074					
			7671 Dute C	राडमावव विकास				
	Co./Dep	DOUG BILLING		MARIE				
	Phone (nanuvek di	Phone	ANALYTICAL .	PATANAE			
	Fax # 7	741 0 17	CLE FAX					

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

I PWS INFORMATION: 1. PWS ID#:412200			2. City	Town:	Hanover			
3. PWS Name: _Hanove	er Water Dept		4. PW		one) COM N	NTNC NC		
5. Source ID# A:		tion 7. Date	te Collected 8. Collected by					
B:								
C:								
D:	1.5 1 (1-1-1	1		_				
10. Routine [X] Specia Notes:								
LABORATORY ANAL Lab Name: _ ANALYT Subcontracted? Yes []	ICAL BALANC			Lab	Cert.#: _ M-MA	.022		
Sub. Lab Name: Notes:				Sub	o. Lab Cert. #			
	MCL	Detection		Results (μg/L)				
	(μg/L)	Limit (µg/L)	A	В	C	D		
Lab sample ID	A STORES	Penger Surviva	9906250-1					
Date Analyzed	14 5 7 AG	1275	10/20/99					
Analytical Method	the fact of the second		EPA 524.2					
Bromoform		0.5	5.6					
Chloroform		0.5	0.7					
Bromodichloromethane		0.5	0.9	 				
Dibromochloromethane		0.5	2.9	E				
Total Trihalomethanes	100.0		10.1					
Surrogate Recoveries (as	required by EPA	A method 524.2):						
Compound		% F	Recovered	QC Limits (%		<u>%)</u>		
1,2 - Dichlorobenzene-d ₄			96	80-120				
4-Bromofluorobenzene the QA/QC required matrix spike sample information in on file at our office.			83	_	80-120			
Laboratory Director Signa	•		25		28 Oct.	1929		
Attention: Mail <u>TWO</u> copnan 10 days after the end			gional Office with	in 30 days of re	eceipt of results a	nd no later		
For DEP/DWS use only: I	Please initial and	l date as complete	d	<u>l</u>				
Accepted:	Disappro	ved:	Data en	a entered into WQTS:				
Comments:								