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

I PWS INFORMATION:			2 (3:	tr./Torren	I I om oven		
1. PWS ID#: _4122000_ 3. PWS Name: _Hanove	r Water Dent			ty/Town: WS Class (circle	one) COM N	NTNC NC	
5. Source ID#	6. Sample Locat	ion 7. Date	Collected	Wo Class (Chele	8. Collected		
A: 10365	HFD #2		3/15/00				
B:					···		
C:							
D:	II] (explain h	pelow)	 		- 11 12 12 11 11 11 11 11 11 11 11 11 11 		
Notes:	· [] (op						
I LABORATORY ANALYTICAL INFORMATION: Lab Name: _ ANALYTICAL BALANCE CORP Subcontracted? Yes [] No [X]				Lab Cert.#: _ M-MA022			
Sub. Lab Name:Notes:				Sub	o. Lab Cert. #		
	MCL	Detection Limit (μg/L)		Results (μg/L)			
	(μg/L)		A	В	С	D	
Lab sample ID			0010583-1				
Date Analyzed			03/15/00				
Analytical Method			EPA 524.2				
Bromoform		0.5	ND			<u></u>	
Chloroform		0.5	39.1				
Bromodichloromethane		0.5	9.8	<u> </u>			
Dibromochloromethane		0.5	1.8			<u> </u>	
Total Trihalomethanes	100.0		50.7	<u> </u>			
Surrogate Recoveries (as	required by EPA	method 524.2):	· · · · · · · · · · · · · · · · · · ·				
Compound %			Recovered	 	QC Limits (%)		
1,2 - Dichlorobenzene-d ₄	1			80-120			
4-Bromofluorobenzene			86		80-120		
e QA/QC required matrix spike san	nple information in on fi	ile at our office.	- 4	γ	, ,		
aboratory Director Signa	ature and Date	100/5		14	21 March 'C	00	
Attention: Mail <u>TWO</u> cop an 10 days after the end			gional Office wi	thin 30 days of r	eceipt of results a	nd no later	
or DEP/DWS use only: I	Please initial and	date as complete	<u>d.</u>		·		
Accepted:	Disappro	ved:	Data e	entered into WQ	TS:		
Comments:							

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

I PWS INFORMATION: 1. PWS ID#: 4122000 3. PWS Name: <u>Hanover</u>	Water Dent	-	2. City/Town:		DM NITNIC	NC	
5. Source ID# 6. Sample Loca A: 10365 HFD H2 B:		7. Date Collected 6/13/00		_	8. Collected R.E. Lima		
D:	[] (explain b	elow)					
I LABORATORY ANALYTIC Lab Name:ANALYTIC Subcontracted? Yes [] N Sub. Lab Name: Notes:	CAL BALANCI	E CORP			Cert.#: _ M-MA Lab Cert. #		
	MCL	Detection Limit (µg/L)	Results (μg/L)				
	(μg/L)		A	В	С	D	
Lab sample ID			G0013390				
Date Analyzed			6/13/00				
Analytical Method			EPA 524.2				
Bromoform		0.5	6.7				
Chloroform		0.5	17.4				
Bromodichloromethane		0.5	6.1				
Dibromochloromethane		0.5	4.1				
Total Trihalomethanes	100.0		34.3				
Surrogate Recoveries (as r	equired by EPA	method 524.2):					
			ecovered		QC Limits (%)		
1,2 - Dichlorobenzene-d ₄		96			80-120		
4-Bromofluorobenzene			91		80-120		
ne QA/QC required matrix spike samp		e at our office	5 IV.	7_10	I June 100)	
Attention: Mail <u>TWO</u> copion and 10 days after the end o			ional Office with	in 30 days of red	ceipt of results a	nd no later	
For DEP/DWS use only: Pl			d. (
Accepted:	Disapprov	pproved: Data entered into WQTS:					

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

I PWS INFORMATION: 1. PWS ID#: _4122000_			2 Cit	ty/Town: Hanove	er		
3. PWS Name: Hanover 5. Source ID# A: 4122000 -/0365 B: C: D: 10. Routine [X] Specia	VS Name: Hanover Water Dept. Durce ID# 6. Sample Location 22000 - 10365 HFD #2 Dutine [X] Special [] (explain be		4. Pviion 7. Date Collected 9/21/00		one) COM 1 8. Collected R. Sides		
Notes: I LABORATORY ANAL Lab Name: _ ANALYTI Subcontracted? Yes [] Sub. Lab Name: Notes:	= LYTICAL INFOR ICAL BALANC No[X]	RMATION: E CORP.	_		Cert.#: _ M-MA . Lab Cert. #		
	MCL	Detection Limit (µg/L)					
	(μg/L)		A	В	С	D	
Lab sample ID			17188-01				
Date Analyzed			9/25/00				
Analytical Method			EPA 524.2				
Bromoform		0.5	ND				
Chloroform		0.5	ND				
Bromodichloromethane		0.5	ND				
Dibromochloromethane		0.5	ND				
Total Trihalomethanes	100.0		ND				
Surrogate Recoveries (as	required by EPA	method 524.2):					
Compound %1			Recovered		QC Limits (%)		
1,2 - Dichlorobenzene-d ₄			96.0		80-120		
4-Bromofluorobenzene			95.0		80-120		
he QA/QC required matrix spike san	ature and Date	EV	2	7)	28 Sept. 0		
Attention: Mail <u>TWO</u> cop han 10 days after the end			gional Office wit	thin 30 days of re	eceipt of results a	nd no later	
For DEP/DWS use only: F	Please initial and	date as completed	<u>d.</u>				
Accepted:	Disappro	ved:	Data e	entered into WQ7	TS:		
Comments:							

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

A: 4122000 - 10365 HFD #2 11/14/00 R B:	8. Collected by R. Sides #: _ M-MA022 Cert. #		
5. Source ID# 6. Sample Location 7. Date Collected 8 A: 4122000 ~ 10365 HFD #2 11/14/00 R B:	8. Collected by R. Sides #: _ M-MA022 Cert. #		
B:	#: _ M-MA022 Cert. #		
C:	Cert. #		
II LABORATORY ANALYTICAL INFORMATION: Lab Name: _ ANALYTICAL BALANCE CORP. Lab Cert.# Subcontracted? Yes [] No [x] Sub. Lab Name: Sub. Lab 0	Cert. #		
II LABORATORY ANALYTICAL INFORMATION: Lab Name: _ ANALYTICAL BALANCE CORP Lab Cert.# Subcontracted? Yes [] No [x] Sub. Lab Name: Sub. Lab O	Cert. #		
	L)		
MCL Detection Results (μg/I	C D		
$(\mu g/L) \qquad \text{Limit } (\mu g/L) \qquad \qquad B \qquad \qquad B$			
Lab sample ID 18908-01			
Date Analyzed 11/23/00			
Analytical Method EPA 502.2 EPA 502.2 EPA	PA 502.2 EPA 50)2.2	
Bromoform 0.5 ND			
Chloroform 0.5 ND			
Bromodichloromethane 0.5 ND			
Dibromochloromethane 0.5 ND			
Total Trihalomethanes 100.0 ND			
Surrogate Recoveries (as required by EPA method 524.2):			
Compound % Recovered C	QC Limits (%)		
2-bromo-1chloropropane 96	80-120		
The QA/QC required matrix spike sample information in on file at our office. Laboratory Director Signature and Date:	Dec.08		
Attention: Mail <u>TWO</u> copies of this report to your DEP Regional Office within 30 days of receipt 10 days after the end of the reporting period. For DEP/DWS use only: Please initial and date as completed.		er tha	
Accepted: Disapproved: Data entered into WQTS:			
Comments:			