

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

**T**

**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 HFD #2 03/15/00 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			0010583-1			
Date Analyzed			03/15/00			
Analytical Method			EPA 524.2			
Bromoform	-----	0.5	ND			
Chloroform	-----	0.5	39.1			
Bromodichloromethane	-----	0.5	9.8			
Dibromochloromethane	-----	0.5	1.8			
Total Trihalomethanes	100.0	-----	50.7			

**Surrogate Recoveries (as required by EPA method 524.2):**

Compound	% Recovered	QC Limits (%)
1,2 - Dichlorobenzene- $\text{d}_4$	90	80-120
4-Bromofluorobenzene	86	80-120

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

Laboratory Director Signature and Date [Signature] 21 March '00

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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 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 HFD H2 6/13/00 R.E. Lima  
 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			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 required by EPA method 524.2):**

Compound	% Recovered	QC Limits (%)
1,2 - Dichlorobenzene- $\text{d}_4$	96	80-120
4-Bromofluorobenzene	91	80-120

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

Laboratory Director Signature and Date  21 June 00

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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 9/21/00 8. Collected by           
A: 4122000-10365 HFD #          R. Sides           
B:           
C:           
D:           
10. Routine ☒ Special ☐ (explain below)  
Notes:         

II LABORATORY ANALYTICAL INFORMATION:

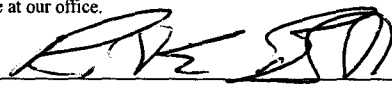
Lab Name: ANALYTICAL BALANCE CORP. Lab Cert.#: M-MA022  
Subcontracted? Yes ☐ No ☒  
Sub. Lab Name:          Sub. Lab Cert. #           
Notes:         

	MCL ( $\mu\text{g/L}$ )	Detection Limit ( $\mu\text{g/L}$ )	Results ( $\mu\text{g/L}$ )			
			A	B	C	D
Lab sample ID			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	% Recovered	QC Limits (%)
1,2 - Dichlorobenzene-d <sub>4</sub>	96.0	80-120
4-Bromofluorobenzene	95.0	80-120

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

Laboratory Director Signature and Date  28 Sept. 00

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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**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: 4122000 ~10365 HFD #2 11/14/00 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			18908-01			
Date Analyzed			11/23/00			
Analytical Method			EPA 502.2	EPA 502.2	EPA 502.2	EPA 502.2
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	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: \_\_\_\_\_

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