MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

9. Routine / Special (A: _x_ or B: _x_ or C: _x or D: _x_ or II LABORATORY ANAI	r Water Dept. 6. Sample Loca HFD #2 HFD #3 HFD #6 70 Ponderso explain) 10. Note	ation a Drive es: RMATION:	2. C 4. I 7. <u>I</u>	g Schedule to help City/Town: Hand PWS Class (circle Date Collected 3/04/2003 1/04/2003 3/04/2003	over e one) <u>COM</u> 8. <u>Col</u> <u>I</u> <u>I</u>	NTNC Hected by R. Sides R. Sides R. Sides R. Sides			
Lab Name: _ ANALYT Subcontracted? Yes [] Sub. Lab Name: Notes:	No [x]				Cert.#: _ M-M	A022			
110003.	MCL (μg/L)	Detection Limit (µg/L)	Results (μ g/L)						
			A	В	С	D			
Lab sample ID			44778-01	44778-02	44778-03	44778-04			
Date Analyzed			3/12/2003	3/12/2003	3/12/2003	3/12/2003			
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2			
Bromoform		0.5	ND	ND	5.5	ND			
Chloroform		0.5	16.6	20.1	10.1	44.0			
Bromodichloromethane		0.5	4.3	7.4	4.6	17.5			
Dibromochloromethane		0.5	0.8	2.1	3.9	4.6			
Total Trihalomethanes	80.0	••	21.7	29.6 24.1 66.1					
Surrogate Recoveries (as	required by EPA	method 524.2):				33.1			
Compound		<u>%</u>]	Recovered		QC Limits (%)			
1,2-dichlorobenzene d ₄	1,2-dichlorobenzene d ₄ 91, 92, 92, 92				70-130				
4-bromofluorobenzene					102 70-130				
The QA/QC required matrix spike sam Laboratory Manager Sign		_	Pos of	3/17/03					
III. DBPR Compliance R TTHM Monitoring Freque: Total number of TTHM Sa Average result for ALL loc Running Annual Average = I certify under penalty of law to the best of my knowledge at Primary Certified Operat Attention: Mail TWO cop	ncy: (choose one amples collected a cations sampled of Average of this that I am the persond belief. tor Signature and seles of this report	during the monitor during the monitor during the monitor of quarter and three on authorized to fill and Date:	oring period: ring period (µg/ e prior consecuti out this form and	YEAR	3 YEARS_ ages (µg/L): 4 ntained herein is t	4,7 rue, accurate and com			
days after the end of the re For DEP/DWS use only: Please i		mpleted.							
Accepted:	Disapproved		Data entered into WQTS:						
Comments:									

${\bf MASSACHUSETTS\ DEP/DIVISION\ OF\ WATER\ SUPPLY}$

TRIHALOMETHANE REPORT

1. PWS ID#: _4122000_ 3. PWS Name: <u>Hanover V</u> 5. <u>Source ID#</u> A: <u>4122000</u> /0365 B: <u>4122000</u> /0383 C: <u>4122000</u> /0384 D: <u>4122000</u> /0385	3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) COM NTNC 5. Source ID# 6. Sample Location 7. Date Collected 8. Collected by 8. 4122000 /0 3 6 5 HFD #2 4/15/2003 R. Sides 8. 4122000 /0 3 8 3 HFD #3 4/15/2003 R. Sides C: 4122000 /0 3 8 4 HFD #6 4/15/2003 R. Sides D: 4122000 /0 3 8 5 70 Pondersoa Drive 4/15/2003 R. Sides 9. Routine / Special (explain) 10. Notes: 8. Sides P. Sides 9. Routine / Special (explain) 10. Notes: C: x or								
II LABORATORY ANAL' Lab Name:ANALYTI Subcontracted? Yes [] I Sub. Lab Name: Notes:	CAL BALANCI No [x]	E CORP.	_			Cert.#: _ M-MA	\022		
11000.	MCL	Detection			Results	(μg/L)			
	(μg/L)	Limit (μg/L)	A			C	D		
Lab sample ID			45994-01		94-02	45994-03	45994-04		
Date Analyzed			4/20/2003	4/20	/2003	4/20/2003	4/20/2003		
Analytical Method			EPA 524.2	EPA	524.2	EPA 524.2	EPA 524.2		
Bromoform		0.5	3.2	N	ND	11.6	ND		
Chloroform		0.5	ND	2:	9.8	1.4	50.2		
Bromodichloromethane		0.5	0.8	8	3.9	2.0	15.4		
Dibromochloromethane		0.5	2.8	1	1.9	6.2	3.2		
Total Trihalomethanes	80.0	*****	6.8	40.6 21.2 68.8					
Surrogate Recoveries (as	required by EPA	method 524.2):	· · · · · · · · · · · · · · · · · · ·						
Compound % Recovered QC Limits (%)									
1,2-dichlorobenzene d ₄ 83, 80, 85, 84 70-130									
4-bromofluorobenzene 73, 73, 79, 75 70-130									
The QA/QC required matrix spike sam Laboratory Director Signa	-	e at our office.	511.		21 Ap	-:/ '03			
III. DBPR Compliance Re TTHM Monitoring Frequent Total number of TTHM Sa Average result for ALL loc Running Annual Average I certify under penalty of law to the best of my knowledge at Primary Certified Operate Attention: Mail TWO cop days after the end of the refor DEP/DWS use only: Please in Accepted:	mples collected of materials and the personal belief. cor Signature and this report porting period.	QUAR during the monitor uring the monitor quarter and three authorized to fill d Date to your DEP Republic down manufactured.	oring period: pring period (µ) prior consecution this form are gional Office	YEA 2(L): 3 tive quart the infor within 30	Y, 35 erly aver mation co	3 YEARS_ages (µg/L): _3 ntained herein is t	38.65 rue, accurate and comple		
Comments:	Disapproved		Data	entered into	wQTS:				

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY TRIHALOMETHANE REPORT

1. PWS INFORMATION:			2 Cii	tv/Town	· Hanove	r		
3. PWS Name: Hanover W	nt	City/Town: Hanover PWS Class (circle one) COM NTNC NC						
5 C ID#		1 7 4	7. Date Collected 8. Collected by					
A: 4122000 10 36 5 HFD #2			07/01/03 R. Sides					
B: 4122000 10383	93 07/01/03							
C: 4122000 10384	HFD #6		07/01/03					
B: 4122000 /0383 C: 4122000 /0384 D: 4122000 /0385	70 Pond	lerosa Dr	07/01/03			D 0'1		
9. Routine / Special (exp	plain) 10. Notes	•						
A: _X or								
B: _X or								
C: _X or								
D: _X or	-							
I LABORATORY ANALY Lab Name: _ ANALYTIC Subcontracted? Yes [] N Sub. Lab Name: Notes:	CAL BALANCI o[x]	E CORP	-			Cert.#: _ M-M .A.		
Notes.	MCL	Detection	Results (μg/L)					
	(μg/L)	Limit (μg/L)	A	В		С	D	
Lab sample ID			48870-01	48870-02		48870-03	48870-04	
Date Analyzed			07/02/03	07/02/03		07/02/03	07/02/03	
Analytical Method			524.2	524.2		524.2	524.2	
Bromoform	many TAL School	0.5	3.7	2.1		13.2	0.8	
Chloroform		0.5	ND	11.2		3.4	35.9	
Bromodichloromethane		0.5	0.8	2.5		3.5	14.4	
Dibromochloromethane	••••	0.5	3,1	1	.9	10.1	4.1	
Total Trihalomethanes	80.0		7.6	1'	7.7	30.2	55.2	
Surrogate Recoveries (as re	equired by EPA	method 524.2):						
Compound		% R	ecovered			QC Limits (%)	
Compound								
1,2-dichlorobenzene d ₄	88,9	3,93,91,91			70-130	70-130		
4-bromofluorobenzene			37,86,86			70-130		
The QA/QC required matrix spike sample Laboratory Director Signati		e at our office	150	7_	119	75ept.03		
II. DBPR Compliance Repart Monitoring Frequent THM Monitoring Frequent Total number of TTHM San Average result for ALL local Running Annual Average for the best of my known Primary Certified Operator Attention: Mail TWO copied lays after the end of the republic of the property of the property of the republic of the property of the p	cy: (choose one pples collected of tions sampled de Average of this nat I am the perso pledge and belief. or Signature and es of this report	during the monitor during the monitor quarter and three authorized to fill d Date:	TER Ving period: Ving period (µg/prior consecution this form and	YEAL):ve quart	AR	3 YEARS _ages (μg/L):	36.0 rue, accurate an	
OF DEFIDING use only. Flease ini			Data entered into WQTS:					
Accepted:	Disapproved	·	Data on	tered into	WOTS.			

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

1. PWS ID#: 4122000_ 3. PWS Name: Hanover 5. Source ID#	2. City/Town: Hanover 4. PWS Class (circle one) COM NTNC 7. Date Collected 8. Collected by 10/14/03 R. Sides R. Sides R. Sides									
D:4122000 1030)	9. Routine / Special (explain) 10. Notes:				10/14/03 R. Sides R.					
B: X or C: X or D: X or										
II LABORATORY ANAL Lab Name: _ ANALYT Subcontracted? Yes [] Sub. Lab Name:	ICAL BALANCI No [x]	MATION: E CORP.			 Lab	Cert.#: _ M-MA Lab Cert. #	.022			
Notes:	MCL	Detection	Results (μg/L)							
	(μg/L)	Limit (μg/L)	A	В		C	D			
Lab sample ID			52918-01	52918-02		52918-03	52918-04			
Date Analyzed			10/17/03	10/17/03		10/17/03	10/17/03			
Analytical Method			EPA 524.2	EPA 524.2		EPA 524.2	EPA 524.2			
Bromoform		0.5	ND	1.2		9.1	ND			
Chloroform		0.5	ND	33.2		14.9	37.9			
Bromodichloromethane		0.5	ND	18.2		9.7	20.1			
Dibromochloromethane		0.5	ND	7.0		7.7	6.7			
Total Trihalomethanes	80.0		ND	59.6		41.4	64.7			
Surrogate Recoveries (as	required by EPA	method 524.2):								
Compound		% F	Recovered			QC Limits (%)			
1,2-dichlorobenzene d ₄ 90			94,92,88			70-130				
4-bromofluorobenzene 88,94,94,86 70-130										
The QA/QC required matrix spike sar Laboratory Director Signa		e at our office.		/	7 3 3 (Det. 03				
III. DBPR Compliance RTHM Monitoring Freque Total number of TTHM Sa Average result for ALL lo Running Annual Average I certify under penalty of law complete to the best of my known Primary Certified Opera Attention: Mail TWO condays after the end of the results.	ency: (choose one amples collected of cations sampled of eather ampled of this that I am the person couledge and belief, ator Signature ampies of this report	QUAR during the monito during the monito quarter and three in authorized to fill ad Date:	ering period: pring period (µg/ prior consecution out this form and	YEA 4 L): 4 ve quarte the inform	R	3 YEARS_ ages (μg/L): _3 ntained herein is t	34,74 rue, accurate and			
For DEP/DWS use only: Please	initial and date as co									
Accepted:	Disapproved	1:	Data entered into WQTS:							
Comments:										