

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover
 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
 A: 4122000-10382 HFD #1 3/02/2004 R. Sides
 B: 4122000-10365 HFD #2 3/02/2004 R. Sides
 C: 4122000-10383 HFD #3 3/02/2004 R. Sides
 D: 4122000-10384 HFD #6 3/02/2004 R. Sides
 9. Routine / Special (explain) 10. Notes:
 A: x or _____
 B: x or _____
 C: x or _____
 D: x or _____

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 | | | 56673-01 | 56673-02 | 56673-03 | 56673-04 |
| Date Analyzed | | | 3/03/2004 | 3/03/2004 | 3/03/2004 | 3/03/2004 |
| Analytical Method | | | EPA 524.2 | EPA 524.2 | EPA 524.2 | EPA 524.2 |
| Bromoform | ---- | 0.5 | ND | 3.2 | 6.6 | 0.8 |
| Chloroform | ---- | 0.5 | 29.7 | 14.7 | 15.1 | 28.4 |
| Bromodichloromethane | ---- | 0.5 | 18.5 | 12.3 | 10.7 | 17.6 |
| Dibromochloromethane | ---- | 0.5 | 6.3 | 7.6 | 8.3 | 6.2 |
| Total Trihalomethanes | 80.0 | ---- | 54.5 | 37.8 | 40.7 | 53.0 |

Surrogate Recoveries (as required by EPA method 524.2):

| Compound | % Recovered | QC Limits (%) |
|----------------------------------|----------------|---------------|
| 1,2-dichlorobenzene d_4 | 89, 90, 89, 90 | 70-130 |
| 4-bromofluorobenzene | 70, 74, 77, 73 | 70-130 |

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

Laboratory Director Signature and Date: [Signature] 11 March 04

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR _____ 3 YEARS _____Total number of TTHM Samples collected during the monitoring period: 7Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 48.96Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 38.10

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator Signature and Date: [Signature] 4/29/04Attention: 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: | | |

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover
 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
 A: 4122000 - 10385 70 Ponderosa Drive 3/02/2004 R. Sides
 B: _____
 C: _____
 D: _____
 9. Routine / Special (explain) 10. Notes:
 A: x or _____
 B: _____ or _____
 C: _____ or _____
 D: _____ or _____

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 | | | 56673-05 | | | |
| Date Analyzed | | | 3/03/2004 | | | |
| Analytical Method | | | EPA 524.2 | EPA 524.2 | EPA 524.2 | EPA 524.2 |
| Bromoform | ----- | 0.5 | ND | | | |
| Chloroform | ----- | 0.5 | 37.4 | | | |
| Bromodichloromethane | ----- | 0.5 | 21.5 | | | |
| Dibromochloromethane | ----- | 0.5 | 7.1 | | | |
| Total Trihalomethanes | 80.0 | ----- | 66.0 | | | |

Surrogate Recoveries (as required by EPA method 524.2):

| Compound | % Recovered | QC Limits (%) |
|----------------------------------|-------------|---------------|
| 1,2-dichlorobenzene d_4 | 88 | 70-130 |
| 4-bromofluorobenzene | 74 | 70-130 |

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

Laboratory Director Signature and Date: [Signature] 11 March 04

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR _____ 3 YEARS _____Total number of TTHM Samples collected during the monitoring period: 7Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 48.96Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 38.10

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator Signature and Date: [Signature] 4/29/04Attention: 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: | | |

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover
 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
 A: 4122000 -10380 640 King Street 3/16/2004 R. Sides
 B: 4122000 10381 Cedar St. School 3/16/2004 R. Sides
 C: _____
 D: _____
 9. Routine / Special (explain) 10. Notes:
 A: x or _____
 B: x or _____
 C: _____ or _____
 D: _____ or _____

II LABORATORY ANALYTICAL INFORMATION:

Lab Name: ANALYTICAL BALANCE CORP.
 Subcontracted? Yes [] No [x]
 Sub. Lab Name: _____
 Notes: _____

Lab Cert.#: M-MA022

Sub. Lab Cert. # _____

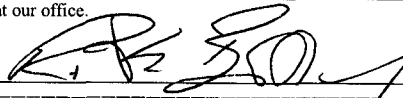
| | MCL ($\mu\text{g/L}$) | Detection Limit ($\mu\text{g/L}$) | Results ($\mu\text{g/L}$) | | | |
|-----------------------|----------------------------|--|-----------------------------|-----------|-----------|-----------|
| | | | A | B | C | D |
| Lab sample ID | | | 57085-01 | 57085-02 | | |
| Date Analyzed | | | 3/24/2004 | 3/24/2004 | | |
| Analytical Method | | | EPA 524.2 | EPA 524.2 | EPA 524.2 | EPA 524.2 |
| Bromoform | ----- | 0.5 | 3.8 | ND | | |
| Chloroform | ----- | 0.5 | 14.3 | 34.5 | | |
| Bromodichloromethane | ----- | 0.5 | 10.6 | 15.8 | | |
| Dibromochloromethane | ----- | 0.5 | 6.5 | 5.2 | | |
| Total Trihalomethanes | 80.0 | ----- | 35.2 | 55.5 | | |

Surrogate Recoveries (as required by EPA method 524.2):

| Compound | % Recovered | QC Limits (%) |
|----------------------------------|-------------|---------------|
| 1,2-dichlorobenzene d_4 | 101, 101 | 70-130 |
| 4-bromofluorobenzene | 100, 94 | 70-130 |

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

Laboratory Director Signature and Date: _____

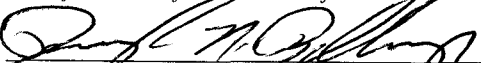
 7 April 04

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR _____ 3 YEARS _____Total number of TTHM Samples collected during the monitoring period: 4896Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 48.96Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 38.10

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator Signature and Date: _____

 4/29/04
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: | | |

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 41220002. City/Town: Hanover3. PWS Name: Hanover Water Dept.4. PWS Class (circle one) COM NTNC

5. Source ID# 6. Sample Location

7. Date Collected

8. Collected by

A: 4122000-10380 Bleeder End of line @ King St.6/02/2004R. SidesB: 4122000-10383 #3 Fire Dept.6/02/2004R. SidesC: 4122000-10385 70 Ponderosa6/20/2004R. Sides

D: _____

9. Routine / Special (explain) 10. Notes:

A: x or _____B: x or _____C: x or _____

D: _____ or _____

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 | | | 59625-01 | 59625-02 | 59625-03 | |
| Date Analyzed | | | 6/02/2004 | 6/02/2004 | 6/04/2004 | |
| Analytical Method | | | EPA 524.2 | EPA 524.2 | EPA 524.2 | EPA 524.2 |
| Bromoform | ----- | 0.5 | 17.2 | 2.5 | 1.4 | |
| Chloroform | ----- | 0.5 | 6.9 | 51.5 | 71.3 | |
| Bromodichloromethane | ----- | 0.5 | 6.2 | 18.5 | 23.4 | |
| Dibromochloromethane | ----- | 0.5 | 9.9 | 6.6 | 6.4 | |
| Total Trihalomethanes | 80.0 | ----- | 40.2 | 79.1 | 103 | |

Surrogate Recoveries (as required by EPA method 524.2):

| Compound | % Recovered | QC Limits (%) |
|----------------------------------|-------------|---------------|
| 1,2-dichlorobenzene d_4 | 90, 92, 90 | 70-130 |
| 4-bromofluorobenzene | 89, 86, 85 | 70-130 |

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

Laboratory Director Signature and Date: [Signature] 15 June 04

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one)

QUARTER V

YEAR _____

3 YEARS _____

Total number of TTHM Samples collected during the monitoring period: 3Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 74.10Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 48.04

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator Signature and Date: [Signature] 7/1/04Attention: 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: | | |

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 _____ 2. City/Town: Hanover _____
 3. PWS Name: Hanover Water Department _____ 4. PWS Class (circle one) **COM** NTNC
 5. Source ID# _____ 6. Sample Location _____ 7. Date Collected _____ 8. Collected by _____
 A: 4122000 -10380 End Line Bleeder - King St. 08/17/04 R. Sides _____
 B: 4122000 -10383 HFD #3 08/17/04 R. Sides _____
 C: 4122000 -10385 70 Ponderosa Dr. 08/17/04 R. Sides _____
 D: _____
 9. Routine / Special (explain) 10. Notes:
 A: X or _____
 B: X or _____
 C: X or _____
 D: _____ or _____

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 | | | 62612-01 | 62612-02 | 62612-03 | |
| Date Analyzed | | | 08/18/04 | 08/18/04 | 08/18/04 | |
| Analytical Method | | | EPA 524.2 | EPA 524.2 | EPA 524.2 | EPA 524.2 |
| Bromoform | ---- | 0.5 | 19.3 | 2.9 | 2.1 | |
| Chloroform | ---- | 0.5 | 7.7 | 22.9 | 31.7 | |
| Bromodichloromethane | ---- | 0.5 | 8.8 | 16.0 | 20.4 | |
| Dibromochloromethane | ---- | 0.5 | 12.7 | 8.5 | 9.1 | |
| Total Trihalomethanes | 80.0 | ---- | 48.5 | 50.3 | 63.3 | |

Surrogate Recoveries (as required by EPA method 524.2):

| Compound | % Recovered | QC Limits (%) |
|----------------------------------|-------------|---------------|
| 1,2-dichlorobenzene d_4 | 92,96,88 | 70-130 |
| 4-bromofluorobenzene | 87,87,85 | 70-130 |

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

Laboratory Director Signature and Date: _____

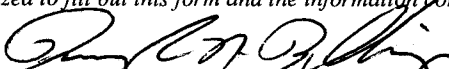
 1 Sept 04

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR _____ 3 YEARS _____Total number of TTHM Samples collected during the monitoring period: 3Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 54.03Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 54.63

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator Signature and Date: _____

 9/7/04

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: | | |

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

I PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section.

1. PWS ID#: 4122000 2. City/Town: Hanover
 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
 A: 4122000 Bleeder End of Line @ King St. 10/19/2004 R. Sides
 B: 4122000 #3 Fire Dept. 10/19/2004 R. Sides
 C: 4122000 70 Ponderosa Dr. 10/19/2004 R. Sides
 D: _____
 9. Routine / Special (explain) 10. Notes:
 A: x or _____
 B: x or _____
 C: x or _____
 D: _____ or _____

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 | | | 65152-01 | 65152-02 | 65152-03 | |
| Date Analyzed | | | 10/19/2004 | 10/19/2004 | 10/19/2004 | |
| Analytical Method | | | EPA 524.2 | EPA 524.2 | EPA 524.2 | EPA 524.2 |
| Bromoform | ---- | 0.5 | 10.5 | 4.0 | 1.3 | |
| Chloroform | ---- | 0.5 | 9.4 | 34.4 | 42.5 | |
| Bromodichloromethane | ---- | 0.5 | 8.0 | 18.6 | 20.0 | |
| Dibromochloromethane | ---- | 0.5 | 9.4 | 8.4 | 6.8 | |
| Total Trihalomethanes | 80.0 | ---- | 37.3 | 65.4 | 70.6 | |

Surrogate Recoveries (as required by EPA method 524.2):

| Compound | % Recovered | QC Limits (%) |
|----------------------------------|-------------|---------------|
| 1,2-dichlorobenzene d_4 | 83, 83, 83 | 70-130 |
| 4-bromofluorobenzene | 78, 76, 80 | 70-130 |

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

Laboratory Director Signature and Date: _____

III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]

TTHM Monitoring Frequency: (choose one) QUARTER X YEAR _____ 3 YEARS _____Total number of TTHM Samples collected during the monitoring period: 3Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 57.8Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 58.71

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator Signature and Date: _____ 12/2/04

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: | | |