I PWS INFORMATION: I 1. PWS ID#: _4122000 3. PWS Name: Hanover 5. Source ID# A: 4122000 -/03 & \(\) B: 4122000 -/03 & \(\) C: 4122000 /03 & \(\) 9. Routine / Special (example) A: _x_ or B: _x_ or C: _x_ or D: _x_ or	Water Dept. 6. Sample Locati HFD #1 HFD #2 HFD #3 HFD #6 explain) 10. Notes	ur DEP Water Qu	2. C 4. P 7. <u>D</u> 3 3 3 3	Schedul ity/Tow WS Cla ate Coll /02/200 /02/200 /02/200 /02/200	n: _Hano ss (circle ected 4 4 4 4	one) COM 8. Coll R. S R. S R. S	NTNC ected by Sides Sides Sides Sides
II LABORATORY ANALY Lab Name: _ ANALYTI Subcontracted? Yes [] I Sub. Lab Name:	CAL BALANCI No [x]	E CORP	_			Cert.#: _ M-M A	
Notes:	MOL	Detection			D1/	/ M	
	MCL (μg/L)	Detection Limit (μg/L)				(μg/L)	
T 1 1 10			A		B	C	D
Lab sample ID			56673-01		73-02	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	7.6	8.3	6.2
Total Trihalomethanes	80.0		54.5	3	7.8	40.7	53.0
Surrogate Recoveries (as 1	required by EPA				l		
Compound		% F	Recovered			QC Limits (%)
1,2-dichlorobenzene d ₄		89,	90, 89, 90			70-130	
4-bromofluorobenzene	1-1-6		74, 77, 73			70-130	
The QA/QC required matrix spike sam Laboratory Director Signa	-	e at our office	4 IV	7_	7	11 March	.04
III. DBPR Compliance Real TTHM Monitoring Frequer 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 reprocess of the property of the propert	mples collected of attainers sampled de Average of this that I am the personal belief. For Signature and the personal belief.	during the monitor uring the monitor quarter and three authorized to fill d Date: to your DEP Resembled.	e prior consecution this form and gional Office wi	YEA L): ve quart the infor	48.90 erly aver mation co	3 YEARS ages (µg/L): ntained herein is in the second sec	38,10 rue, accurate and complet
Comments:	Бізарріотец	·	Bata CII	.orea mio	., 710.		

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY TRIHALOMETHANE REPORT

I PWS INFORMATION: I 1. PWS ID#: _4122000_ 3. PWS Name: <u>Hanover</u> 5. <u>Source ID#</u> A: <u>4122000 - 1038 5</u> B: C: D: 9. Routine / Special (example) A:x or B: or C: or D: Or C: or	Water Dept. 6. Sample Locati 70 Ponderosa xplain) 10. Notes	on Drive	2. C 4. P 7. <u>D</u> 3	ity/Towr	n: _Hano ss (circle ected	ver one) <u>COM</u> 8. <u>Coll</u>		
II LABORATORY ANAL Lab Name: _ ANALYTI Subcontracted? Yes [] I Sub. Lab Name:	CAL BALANCI No [x]	E CORP.	_			Cert.#: _ M-M A	A022	
Notes:	MCL	Detection			Results	(µg/L)		
	(μg/L)	Limit (µg/L)	A	l _E		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):						l
Compound		%]	Recovered			QC Limits	(%)	
1,2-dichlorobenzene d ₄			88			70-130		·
4-bromofluorobenzene	1		74				ı	
The QA/QC required matrix spike sam Laboratory Director Signa		e at our office.	85 S	37_	1	11 March.	o4 ======	
III. DBPR Compliance R 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 Operat Attention: Mail TWO cop days after the end of the re For DEP/DWS use only: Please i	mples collected of eations sampled de = Average of this that I am the perso and belief. tor Signature and pies of this report porting period.	during the monitor uring the monitor quarter and three authorized to fill d Date:	TER pring period: ring period (μg/ e prior consecuti out this form and	YEAL):	R 48.96 erly averanation co.	3 YEARS ages (μg/L): ntained herein is 4/29	38, 10 true, accurate and c	comple
Accepted:	Disapproved	:	Data en	tered into	WQTS:			
Comments:								

3. PWS Name: Hanover Water Dept. 4. PWS Class (circle one) COM NTO	I PWS INFORMATION:	Please refer to yo	ur DEP Water Qu				ection.			
5. Source IDE 6. Sample Location 7. Date Collected 8. Collected by At 122000 /0357 640 King Street 3.162004 R. Sides R. 122000 /0357 640 King Street 3.162004 R. Sides R. Sides R. 122000 /0358 Cedar St. School 2.162004 R. Sides R	1. PWS ID#: _4122000_ 3. PWS Name: Hanover	Water Dent					NTNC			
A: 412200			on							
B: 412200 / 0.38 Cedar St. School 3/16/2004 R. Sides D: D										
Property	B: 4122000 10381	Cedar St. Scho								
2.	C:									
A: x or B: x or C:	D:			_						
B: x or C: or D: o		xpiain) 10. Notes	:							
C: or D: or										
D			.,							
Lab Name: _ANALYTICAL BALANCE CORP Lab Cert.#: _M-Ma022	D: or									
Lab Name: ANALYTICAL BALANCE CORP. Sub. Lab Name: Sub. Lab Cert. # Sub. Lab Cert. # Sub. Lab Cert. # Sub. Lab Cert. # Sub. Lab Name: Sub. Lab Cert. # Sub. Lab Cert.	== ===================================									
Sub. Lab Name: Notes: MCL					т.1	- C				
Sub. Lab Name: Sub. Lab Cert. # Notes: Sub. Lab Cert. # Notes: Notes: Sub. Lab Cert. # Notes: Sub. Lab Cert. # Sub. Lab Cert.			E CORP.	_	Lai	Cert.#: _ M-MA	A022			
Notes: MCL					Sul	Lah Cert #				
Limit (µg/L) A B C D Sab sample ID Date Analyzed Analytical Method EPA 524.2 EPA 524.2 EPA 524.2 EPA 524.2 EPA 524.2 Brownform O.5 3.8 ND Chloroform O.5 14.3 34.5 Browndichloromethane O.5 10.6 15.8 Compound Obtromochloromethane Oibromochloromethane	Notes:				54). Lab CCI (. #				
Limit (µg/L) A B C D Date Sample ID Date Analyzed 3/24/2004 3		MCL	Detection		Results (ug/L)					
Analyzical Method EPA 524.2 EPA		(μg/L)	Limit (µg/L)	A	В	С	D			
Analytical Method Bromoform O.5 3.8 ND Chloroform O.5 14.3 34.5 Bromodichloromethane O.5 10.6 15.8 Chloroform O.5 O.5 O.5 O.5 O.5 O.5 O.5 O.	Lab sample ID			57085-01	57085-02					
Bromoform	Date Analyzed			3/24/2004	3/24/2004					
Chloroform — 0.5 14.3 34.5 Gromodichloromethane — 0.5 10.6 15.8 Dibromochloromethane — 0.5 6.5 5.2 Total Trihalomethanes 80.0 — 35.2 55.5 Distringate Recoveries (as required by EPA method 524.2): Compound % Recovered QC Limits (%) 1.2-dichlorobenzene d ₄ 101, 101 70-130 Dibromofluorobenzene 2 100, 94 70-130 Dibromofluorobenzene 3 100, 94 70-130 Dibromofluorobenzene 4 101, 101 70-130 Dibromofluorobenzene 5 100, 94 70-130 Dibromofluorobenzene 6 100, 94 70-130 Dibromofluorobenzene 7 100, 94 70-130 Dibromofluorobenzene 8 100, 94 70-130 Dibromofluorobenzene 9 100, 94 70-130 Dibromofluorobenzene 9 100, 94 70-130 Dibromofluorobenzene 100, 94 70-130 Dibromofl	Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2			
Bromodichloromethane 0.5 10.6 15.8 Dibromochloromethane 0.5 6.5 5.2 Fotal Trihalomethanes 80.0 35.2 55.5 Burrogate Recoveries (as required by EPA method 524.2): Compound % Recovered QC Limits (%) 1.2-dichlorobenzene d. 101, 101 70-130 1-bromofluorobenzene 100, 94 70-130 1-bromofluorob	Bromoform		0.5	3.8	ND					
Dibromochloromethane O.5 6.5 5.2 Cotal Trihalomethanes 80.0 O.5 Compound Compo	Chloroform			14.3	34.5					
Total Trihalomethanes 80.0 35.2 55.5 Surrogate Recoveries (as required by EPA method 524.2): Compound % Recovered QC Limits (%) 1.2-dichlorobenzene d4 101, 101 70-130 1-bromofluorobenzene 100, 94 70-130 1-bromofluorobenzen				10.6						
Compound **Recovered **QC Limits (%) **Jedichlorobenzene d4 **Joint of 101, 101 **Joint of 100, 94 *					<u> </u>					
Compound % Recovered QC Limits (%) 1.2-dichlorobenzene d4 101, 101 70-130 1-bromofluorobenzene 100, 94 70-130			l	35.2	55.5					
101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94 101, 101 100, 94	Surrogate Recoveries (as	required by EPA	method 524.2):							
Aboratory Director Signature and Date: DBPR Compliance Reporting: This section mandatory for Public Water Systems regulated under 310CMR 22.07E.] THM Monitoring Frequency: (choose one) QUARTER YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period: YEAR 3 YEARS Stall number of ALL locations sampled during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR YEAR YEAR YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR YEAR YEAR YEARS Stall number of TTHM Samples collected during the monitoring period (µg/L): YEAR	Compound		% F	Recovered		QC Limits ((%)			
aboratory Director Signature and Date: DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.] THM Monitoring Frequency: (choose one) QUARTER YEAR 3 YEARS THAN Monitoring Frequency: (choose one) QUARTER YEAR OTHER Water Systems regulated under 310CMR 22.07E.] THAN Monitoring Frequency: (choose one) QUARTER YEAR 3 YEARS THAN MONITORING THAN Samples collected during the monitoring period: Werage result for ALL locations sampled during the monitoring period: Werage result for ALL locations sampled during the monitoring period: Werage result for ALL locations sampled during the monitoring period (Werence the best of My knowledge and that I am the person authorized to fill out this form and the information contained herein is true, accurate and contained the best of my knowledge and belief. We after the end of the reporting period. The period of the reporting period. Disapproved: Data entered into WQTS:	,2-dichlorobenzene d ₄		1	01, 101		70-130	70-130			
aboratory Director Signature and Date: DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.] THM Monitoring Frequency: (choose one) QUARTER YEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period: WEAR 3 YEARS Stall number of TTHM Samples collected during the monitoring period (\(\mu_V/L\): \(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\)): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\mu_V/L\)): \(\mu_V/L\) Inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (\(\				100, 94		70-130	0-130			
I. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.] THM Monitoring Frequency: (choose one) QUARTER YEAR 3 YEARS Outline THM Samples collected during the monitoring period: Verage result for ALL locations sampled during the monitoring period (µg/L): Verify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and contained best of my knowledge and belief. Timary Certified Operator Signature and Date: Vertention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 mys after the end of the reporting period. Vertention: Mail Two copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 mys after the end of the reporting period. Vertention: Disapproved: Disapproved: Data entered into WQTS:	e QA/QC required matrix spike sam	ple information in on fil	e at our office.	, 0						
ortal number of TTHM Samples collected during the monitoring period: verage result for ALL locations sampled during the monitoring period (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages	aboratory Director Signa	ture and Date:	KI Z	300	176	Poril 04				
ortal number of TTHM Samples collected during the monitoring period: verage result for ALL locations sampled during the monitoring period (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): Jamining Annual Average = Average of this quarter and three prior consecutive quarterly averages	I DDDD Compliance D	on outlines IThis				Q				
otal number of TTHM Samples collected during the monitoring period: verage result for ALL locations sampled during the monitoring period (µg/L): unning Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): vertify under penalty of law that I am the person authorized to fill out this form end the information contained herein is true, accurate and contained the best of my knowledge and belief. rimary Certified Operator Signature and Date: vittention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 bys after the end of the reporting period. vittention: Mail TWO copies initial and date as completed. Disapproved: Disapproved: Data entered into WQTS:	I. DOPK Compilance K FHM Monitoring Freque	ncy: (choose one								
werage result for ALL locations sampled during the monitoring period (µ½/L): 48.9 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38.10 mining Annual Average (µg/L): 38.10 mining Annual		• •	,		426/7	, JIEARS_				
inning Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/L): 38, (pertify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and contained the best of my knowledge and belief. Timary Certified Operator Signature and Date: Tention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 yes after the end of the reporting period. The DEP/DWS use only: Please initial and date as completed. Disapproved: Data entered into WQTS:					L):	48.96				
the best of my knowledge and belief. Timary Certified Operator Signature and Date: The tention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 ys after the end of the reporting period. The DEP/DWS use only: Please initial and date as completed. Disapproved: Data entered into WQTS:	inning Annual Average	= Average of this	quarter and three	prior consecuti	ve quarterly ave	rages (µg/L):	38.10			
ttention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 ys after the end of the reporting period. The DEP/DWS use only: Please initial and date as completed. Disapproved: Data entered into WQTS:	ertify under penalty of law	that I am the perso	n authorized to fill	out this form and	the information c	ontained herein is	true, accurate and co			
ttention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 1 ys after the end of the reporting period. The DEP/DWS use only: Please initial and date as completed. Disapproved: Data entered into WQTS:	the best of my knowledge a	nd belief.		M/ni	2///	/	/			
Accepted: Disapproved: Data entered into WQTS:	ttention: Mail TWO copys after the end of the re	oies of this report porting period.	to your DEP Re	gional Office w	ithin 30 days of) (' ' '	'			
				Data entered into WOTS:						
	Comments:			·						

I PWS INFORMATION: I 1. PWS ID#: 4122000	Please refer to yo	ur DEP Water Q					ection.		
3. PWS Name: Hanover	Water Dent.		2. City/Town: _Hanover 4. PWS Class (circle one) COM NTNC						
5. Source ID#	6. Sample Locati			ate Coll	•	_	ected by		
A: 4122000 -/6380 Ble				02/2004			Sides		
B: 4122000-10383 #3	Fire Dept.			<u>/02/200</u> 4	_		<u>Sides</u>		
C: <u>4122000</u> ~/0385 70.	<u>Ponderosa</u>		<u>6</u>	/20/200	<u>4</u>	<u>R.</u>	<u>Sides</u>		
9. Routine / Special (ex	xplain) 10. Notes	 ;							
A: _x or									
B: _x or									
B: _x or C: _x or D: or					·				
D 0i									
II LABORATORY ANAL	YTICAL INFOR	MATION:							
Lab Name: _ ANALYTI		E CORP.			Lab	Cert.#: _ M-MA	.022		
Subcontracted? Yes []]									
Sub. Lab Name: Notes:					Sub	. Lab Cert. #			
Notes.	MCI	Detection			Dogulto	(ug/L)	· · · · · · · · · · · · · · · · · · ·		
	MCL (μg/L)	Limit (µg/L)	=		Results (μg/L)				
			<u>A</u>		В	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 req	uired by EPA meth	od 524.2):							
Compound		<u>%</u>]	Recovered			QC Limits ((%)		
1,2-dichlorobenzene d ₄		90	0, 92, 90			70-130	70-130		
4-bromofluorobenzene			9, 86, 85		ļ	70-130			
The QA/QC required matrix spike sam	ple information in on file	e at our office	an						
Laboratory Director Signa	ture and Date:	140/2	20)_	11	5 Jun	e 04			
======== III. DBPR Compliance R	oporting: [This	soction mandate	======== .mv for Dublic V	Jotan Si	etome re	orulated under 3	======================================		
TTHM Monitoring Frequen			RTER V	YEA		3 YEARS	510CNIK 22.0/E.j		
Total number of TTHM Sa			 /	3					
Average result for ALL loc	cations sampled d	uring the monito	ring period μg	L): 7 4	1, 10		9 44		
Running Annual Average =	= Average of this	quarter and three	e prior consecuti	ve quar	erly ave	ages (μg/L): <u>4</u>	8.04		
certify under penalty of law to the best of my knowledge a		n authorized to <u>fill</u>	out this form and	the infor	mation co	ntained herein is i	true, accurate and com		
Primary Certified Opera		d Date.	100	2/1	(2/11	104		
Attention: Mail TWO cop			gional Office w	ithin 30	days of r	eceipt of results	and no later than 10		
days after the end of the re	porting period.	•	-		•	•			
Accepted:	Disapproved		Data entered into WQTS:						
Comments:					***	· · · · · · · · · · · · · · · · · · ·			

I PWS INFORMATION: I 1. PWS ID#: 4122000 3. PWS Name: Hanover V		our DEP Water Qu	2.	Schedul City/Tov	e to help vn: Hano			
5. Source ID#	4	ole Location	7. Date Collected			/	llected by	
A: 4122000 - 10380	End Line Bleeder - King St. 08/17/04					ides		
B: 4122000 <u>~1</u> 038 3	98 3 HFD #3 08/17/04				ļ <u></u>			
C: 4122000 <u>- 103</u> 85	70 Pond	lerosa Dr.		08/17/04	<u> </u>	R. S	Sides	
D:								
9. Routine / Special (ex	xplain) 10. Notes	:						
A: _X_ or								
B: _X or C: _X or	-							
D: or								
II LABORATORY ANALY Lab Name:ANALYTI Subcontracted? Yes [] I Sub. Lab Name: Notes:	CAL BALANCI No [x]	E CORP.			Lab	Cert.#: _ M-M .# . Lab Cert. #	A022	
Notes:	MCI	Datastian			Dagulta	(a/I.)		
	MCL (μg/L)	Detection Limit (μg/L)		т —	Results	(μg/L)	 	
	V 3 = /		<u>A</u>	<u> </u>	B	C	D	
Lab Sample ID			62612-01	626	12-02	62612-03		
Date Analyzed			08/18/04	08/1	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	2.9	2.1		
Chloroform	*	0.5	7.7	2:	2.9	31.7		
Bromodichloromethane		0.5	8.8	1	6.0	20.4		
Dibromochloromethane		0.5	12.7	8	3.5	9.1		
Total Trihalomethanes	80.0		48.5	5	0.3	63.3		
Surrogate Recoveries (as 1								
Compound			Recovered			QC Limits (<u>%)</u>	
1,2-dichlorobenzene d ₄			2,96,88					
4-bromofluorobenzene The QA/QC required matrix spike sam	ple information in on fil		7,87,85	$\overline{}$		70-130		
Laboratory Director Signa		150	z 50	[]	7_[Sept. UY		
III. DBPR Compliance R TTHM Monitoring Frequen			ry for Public V	, .		_	_	
Total number of TTHM Sa	•	,		$\frac{\text{YEA}}{3}$	·	3 YEARS		
Average result for ALL loc				(L): 5	-4.0	3	بماها	
Running Annual Average =	= Average of this	quarter and three	prior consecut	ive quart				
I certify under penalty of law			out this form and	the infor	mation co	ntained herein is	true, accurate and	
complete to the best of my known Primary Certified Operat		/ ~ /	Lon.	02/	Mi.	9/7	104	
Attention: Mail TWO cop			gional Office w	ithin 30	days or	eceipt of results	and no later than 10	
days after the end of the re	porting period.		Stand Office W	JU	aujo GII	escipi oi resuits	and no later than IV	
Accepted: Disapproved: Data entered into WQTS:								
Comments:								

I PWS INFORMATION:	Please refer to yo	our DEP Water Qu					ction.		
1. PWS ID#: _4122000_		2. City/Town: _Hanover4. PWS Class (circle one) <u>COM</u> NTNC							
5. Source ID#	3. PWS Name: <u>Hanover Water Dept.</u>5. <u>Source ID#</u>6. <u>Sample Location</u>				cted		ected by		
	Bleeder End of Lir			0/19/2004			Sides		
	3 Fire Dept.	<u> </u>		/19/2004			Sides		
	0 Ponderosa Dr.		10/19/2004 R. Sides						
D:	1: > 10 > 1		_		<u> </u>				
9. Routine / Special (6 A: _x or	explain) 10. Notes	5:							
B: _x or	 								
C: _x or									
D: or									
= II LABORATORY ANAI Lab Name: _ ANALYT Subcontracted? Yes []	ICAL BALANC No [x]	E CORP.	_		Lab	Cert.#: _ M-M	A022		
Sub. Lab Name: Notes:		Photography .			Sub	. Lab Cert. #			
110165.	MCL	Detection			Daculto				
	(μg/L)	Limit (µg/L)		Ι ,		(μg/L)			
Lab sample ID			A 65152-01	6515		65152-03	<u>D</u>		
Date Analyzed			10/19/2004	10/19		10/19/2004			
Analytical Method			EPA 524.2	EPA 524.2		EPA 524.2	EPA 524.2		
Bromoform		0.5	10.5	4.		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	5.4	70.6			
Surrogate Recoveries (as re	quired by EPA metl	nod 524.2):							
Compound	1	% I	Recovered			QC Limits ((%)		
1,2-dichlorobenzene d ₄		83	3, 83, 83	70-130					
4-bromofluorobenzene			8, 76, 80			70-130			
The QA/QC required matrix spike sa	mple information in on fil	le at our office.	\geqslant	3					
Laboratory Director Sign	ature and Date:		85	201	1	4 Nov. 0	4		
III. DBPR Compliance I						gulated under 3	310CMR 22.07E.]		
TTHM Monitoring Freque			RTER X	YEA	. R /	3 YEARS_			
Total number of TTHM S				<u>کہ</u> ایک	777	~			
Average result for ALL lo Running Annual Average	= Average of this	quarter and three	e prior consecuti	ve quarte	<u>57.8</u> erly aver	$\frac{1}{2}$ ages (μ g/L): 5	8.71		
l certify under penalty of law to the best of my knowledge o	and belief.	m aumorizea to fill	oui inis jorm and	ine injori	nation co	mainea nerein is i	rue, accurate and comp		
Primary Certified Opera		ıd Date:	6-17.US	Um	1	12/2/04			
Attention: Mail TWO co days after the end of the re	pies of this report eporting period.	to your DEP Re	gional Office w	ithin 300	lays of r	eceipt of results	and no later than 10		
For DEP/DWS use only: Please Accepted:	/DWS use only: Please initial and date as completed. ed: Disapproved: Data entered into WQTS:								
Comments:									
-									