

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: 4122000-01G, 05G, 08G Beal WTP 2/15/2005 R. Sides
 B: 4122000-03G, 04G, 06G, 07G Broadway WTP 2/15/2005 R. Sides
 C: 4122000-09G, 10G Pond St. WTP 2/15/2005 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			68369-01	68369-02	68369-03	
Date Analyzed			2/24/2005	2/24/2005	2/24/2005	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	----	0.5	1.3	ND	ND	
Chloroform	----	0.5	ND	7.7	18.5	
Bromodichloromethane	----	0.5	1.0	3.3	5.4	
Dibromochloromethane	----	0.5	1.6	1.0	1.5	
Total Trihalomethanes	80.0	----	3.9	11.0	25.4	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d_4	101, 101, 103	70-130
4-bromofluorobenzene	103, 100, 101	70-130

The QA/QC required matrix spike sample information in 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 _____ YEAR _____ 3 YEARS _____

Total number of TTHM Samples collected during the monitoring period: _____

Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): _____Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): _____

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: _____

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

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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
 A: 4122000-10380 840 King St.
 B: 4122000-10383 Fire Station #3
 C: 4122000-10385 70 Ponderosa Dr.
 D: _____
 7. Date Collected 8. Collected by
 03/15/05 R. Sides
 03/15/05 R. Sides
 03/15/05 R. Sides
 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			69172-01	69172-02	69172-03	
Date Analyzed			03/17/05	03/17/05	03/17/05	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	8.9	0.7	1.1	
Chloroform	-----	0.5	3.7	16.7	16.7	
Bromodichloromethane	-----	0.5	5.9	8.7	10.9	
Dibromochloromethane	-----	0.5	10.7	3.9	6.0	
Total Trihalomethanes	80.0	-----	29.2	30.0	34.7	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d ₄	105,104,106	70-130
4-bromofluorobenzene	96,92,93	70-130

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

Laboratory Director Signature and Date:  29 March 05

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 ($\mu\text{g/L}$): 31.3Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 54.3

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:  4/12/05Attention: 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

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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: 4122000-10383 _____ Fire Station #3 _____ 05/03/05 _____ R. Sides _____
 B: 4122000-10380 _____ 640 King St. _____ 05/03/05 _____ R. Sides _____
 C: 4122000-10385 _____ 70 Ponderosa _____ 05/03/05 _____ R. Sides _____
 D: _____
 9. Routine / Special (explain) 10. Notes: _____
 A: X or _____
 B: X or _____
 C: X or _____
 D: _____ or _____

II LABORATORY ANALYTICAL INFORMATION:

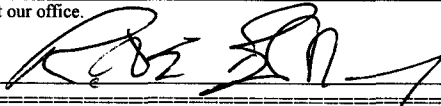
Lab Name: **ANALYTICAL BALANCE CORP.** _____ Lab Cert.#: **M-MA022** _____
 Subcontracted? Yes [] No [x] Sub. Lab Name: _____ Sub. Lab Cert. # _____
 Notes: _____

	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	C	D
Lab Sample ID			70660-01	70660-02	70660-03	
Date Analyzed			05/10/05	05/10/05	05/10/05	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	1.7	10.5	0.8	
Chloroform	-----	0.5	25.5	12.2	27.9	
Bromodichloromethane	-----	0.5	9.9	8.7	12.4	
Dibromochloromethane	-----	0.5	4.1	10.1	4.8	
Total Trihalomethanes	80.0	-----	41.2	41.5	45.9	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d_4	99,96,96	70-130
4-bromofluorobenzene	88,90,92	70-130

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

Laboratory Director Signature and Date:  25 May 05

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 3 YEARS _____Total number of TTHM Samples collected during the monitoring period: 3Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 42.87Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 46.49

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:  6/21/05

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

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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 St. _____ 07/12/05 _____ R. Sides _____
 B: 4122000-10383 _____ Fire Station #3 _____ 07/12/05 _____ R. Sides _____
 C: 4122000-10385 _____ 70 Ponderosa _____ 07/12/05 _____ 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: _____

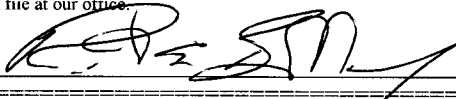
	MCL ($\mu\text{g/L}$)	Detection Limit ($\mu\text{g/L}$)	Results ($\mu\text{g/L}$)			
			A	B	C	D
Lab Sample ID			73380-01	73380-02	73380-03	
Date Analyzed			07/18/05	07/18/05	07/18/05	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	8.4	0.8	ND	
Chloroform	-----	0.5	12.8	35.4	43.1	
Bromodichloromethane	-----	0.5	9.1	16.3	16.1	
Dibromochloromethane	-----	0.5	9.4	5.7	4.5	
Total Trihalomethanes	80.0	-----	39.7	58.2	63.7	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d ₄	95,97,96	70-130
4-bromofluorobenzene	90,91,90	70-130

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

Laboratory Director Signature and Date:

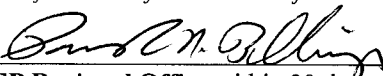
 4 Aug. 05

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 ($\mu\text{g/L}$): 53.87Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 46.45

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:

 8/22/05

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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Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

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TRIHALOMETHANE REPORT

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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: 4122000-10383 HFD # 3 12/05/05 A. Allen
 B: 4122000-10380 640 King St. 12/05/05 A. Allen
 C: 4122000-10385 70 Ponderosa Dr. 12/05/05 A. Allen
 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			79027-01	79027-02	79027-03	
Date Analyzed			12/06/05	12/06/05	12/06/05	
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Bromoform	-----	0.5	1.3	ND	0.9	
Chloroform	-----	0.5	22.7	ND	29.3	
Bromodichloromethane	-----	0.5	11.2	ND	12.9	
Dibromochloromethane	-----	0.5	4.3	ND	4.4	
Total Trihalomethanes	80.0	-----	39.5	ND	47.5	

Surrogate Recoveries (as required by EPA method 524.2):

Compound	% Recovered	QC Limits (%)
1,2-dichlorobenzene d_4	106,104,107	70-130
4-bromofluorobenzene	105,107,104	70-130

The QA/QC required matrix spike sample information in 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 ✓ YEAR 3 YEARS

Total number of TTHM Samples collected during the monitoring period: 3

Average result for ALL locations sampled during the monitoring period ($\mu\text{g/L}$): 29.0Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu\text{g/L}$): 39.26

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:

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For DEP/DWS use only: Please initial and date as completed.

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