TRIHALOMETHANE REPORT

I PWS INFORMATION: P 1. PWS ID#: _4122000 3. PWS Name: Hanover V 5. Source ID# 6 A: 4122000-01G, 05G, 08 B: 4122000-03G, 04G, 06 C: 4122000-09G, 10G D: 9. Routine / Special (ex A:x or B:x or C:x or D: II LABORATORY ANALY Lab Name: _ANALYTIC Subcontracted? Yes [] N Sub. Lab Name: _Notes:	Vater Dept. 5. Sample Locati 6. Sample Locati 6. G. 07G Broad Pond Plain) 10. Notes VICAL INFOR CAL BALANCI	on WTP lway WTP St. WTP : MATION: E CORP.	2. Ci 4. P' 7. <u>D</u> 2 2 2	ty/Towr WS Clas ate Coll /15/200: /15/200:	n:Hands (circle ected 5 5 5 5	over one) <u>COM</u> 8. <u>Colle</u> R. R. R. R.	NTNC ected by Sides Sides Sides	
	MCL	Detection			Results	(μg/L)		
	(μg/L)	Limit (μg/L)	A		В	C	D	
Lab sample ID			68369-01	683	69-02	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	N	ID	ND		
Chloroform		0.5	ND	7	7.7	18.5		
Bromodichloromethane		0.5	1.0	3	3.3	5.4		
Dibromochloromethane		0.5	1.6	1	.0	1.5		
Total Trihalomethanes	80.0		3.9	1	1.0	25.4		
Surrogate Recoveries (as requ	ired by EPA metl							
Compound		% I	Recovered			QC Limits (%)	
1,2-dichlorobenzene d ₄		101	101, 103			70-130		
4-bromofluorobenzene			, 100, 101			70-130		
The QA/QC required matrix spike samp Laboratory Director Signat		e at our office.	K ST)	1,1	March-05	,	
III. DBPR Compliance Re TTHM Monitoring Frequen Total number of TTHM Sar Average result for ALL loca Running Annual Average = I certify under penalty of law to to the best of my knowledge an Primary Certified Operate Attention: Mail TWO copi days after the end of the rep For DEP/DWS use only: Please in	acy: (choose one imples collected of ations sampled of Average of this that I am the personal belief. or Signature and its of this report porting period.	QUAF during the monito during the monito quarter and three on authorized to fill to Date: to your DEP Re	OTER oring period: ring period (µg/ e prior consecuti out this form and gional Office w	YEAL):	erly aver	3 YEARS _ ages (μg/L): intained herein is t	rue, accurate and complet	
Accepted:	Disapproved	1:	Data en	tered into	WQTS:			
Comments:								

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I PWS INFORMATION: F 1. PWS ID#: 4122000 3. PWS Name: Hanover V		· DEP Water Qu	2. City/To	wn: Hanover	plete this section. COM NTNC		
5. Source ID# 6. Sample Loc A: 4122000-10380 840 King St B: 4122000-10383 Fire Station #3 C: 4122000-10385 70 Ponderosa		St on #3	03/15/05 R. 03/15/05 R.		8. <u>Collected by</u> R. Sides R. Sides R. Sides	-	
D: 9. Routine / Special (explain) 10. Notes: A: X or B: X or C: X or							
D: or		IATION:			" PA PA A 022		
Lab Name: _ ANALYTIC Subcontracted? Yes [] Notes: _	Vo [x] Sub. Lab	Name:	_	Sub. Lab Cert	z.#: _ M-MA022		
	MCL (ug/L)	Detection [Resu	ılts (μg/L)	· ······························	
	(μg/L)	Limit (μg/L)	A	В	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 1	required by EPA m	nethod 524.2):					
Compoun	<u>.d</u>		% Recovered		QC Limits (<u>%)</u>	
1,2-dichlorobenzene d ₄		 	105,104,106		70-130		
4-bromofluorobenzene The OA/OC required matrix spike sam:	ple information in on file a	at our office —	96,92,93		70-130		
The QA/QC required matrix spike sample information in on file at our office. Laboratory Director Signature and Date: 29Ma.ch. 05							
III. DBPR Compliance Re TTHM Monitoring Frequer Total number of TTHM Sat Average result for ALL loc Running Annual Average = I certify under penalty of law to the best of my knowledge and Primary Certified Operat Attention: Mail TWO cop after the end of the reporting For DEP/DWS use only: Please in Accepted:	ncy: (choose one) mples collected du rations sampled du Average of this q that I am the person belief. for Signature and pies of this report to g period.	QUAR aring the monitor ring the monitor quarter and three authorized to fill Date:	e prior consecutive q	YEAR 31, 3 yuarterly averages information contain 30 days of receip	3 YEARS	 e and complete to	
Comments:		Disapproved:		Dat	ta entered into WQTS:		
Commons.							

TRIHALOMETHANE REPORT

I PWS INFORMATION: 1 1. PWS ID#: 4122000	Please refer to you	r DEP Water Qu		nedule to help of 2. City/Town:		section.	
3. PWS Name: Hanover Water Dept.				•	s (circle one) COM		NTNC
		6. <u>Sample Location</u>		7. Date Collec	,		8. Collected by
5. <u>Source ID#</u> A: 4122000-10383		Fire Station #3		05/03/05			R. Sides
		640 King St.		05/03/05			R. Sides
C: 4122000-10385	70 Ponderosa	• _	05/03/05			R. Sides	
D:	D:					-	
9. Routine / Special (ex	xplain) 10. Notes:						
A: _X or							
B: _X or							···
C: _X or D: or							
							
II LABORATORY ANAL							
Lab Name: _ ANALYTI	CAL BALANCE	CORP.	_	Lab (Cert.#: _ M- M	IA022 _	····
Subcontracted? Yes []]	No [x] Sub. Lal	o Name:		_ Sub. Lab	Cert. #		
Notes:	MCL	Detection			D14- (~/I)		
	MCL (μg/L)	Limit (µg/L)	A	В	Results (µg/L)	С	
Lab Sample ID			70660-01	70660-02	, 7/	0660-03	D
Date Analyzed			05/10/05	05/10/05	 -	5/10/05	
Analytical Method			EPA 524.2	EPA 524.		PA 524.2	EPA 524.2
Bromoform		0.5	1.7	10.5	. Li	0.8	E1 A 324.2
Chloroform		0.5	25.5	12.2		27.9	
Bromodichloromethane		0.5	9.9	8.7			
Dibromochloromethane		0.5		1		12.4	
Total Trihalomethanes	80.0	•	4.1	10.1		4.8	
Surrogate Recoveries (as		 nethod 524.2):	41.2	41.5	<u> </u>	45.9	
Compour			% Recovered			QC Li	imits (%)
1,2-dichlorobenzene d ₄			99,96,96		·	70)-130
4-bromofluorobenzene			88,90,92			70)-130
The QA/QC required matrix spike sam	ple information in on file	at our office.	(A)			···	
Laboratory Director Signa	ture and Date:	100	至	1 2	5 Man 0	7	
							
III. DBPR Compliance R					•		IR 22.07E.]
TTHM Monitoring Frequent Total number of TTHM Sa			TER X	YEAR	3 YEARS		
Average result for ALL loc				Tinon			
Running Annual Average				'/0//0_'		464	9
I certify under penalty of law	that I am the person	authorized to fill	out this form and the	information cor	igcs (μg/L) ntained herein i	s true. ac	L curate and complete to
the best of my knowledge and	belief.		120		· //	/	our are arra compress to
Primary Certified Opera			7/1/2	any	1 4/21	105	
Attention: Mail TWO cop		o your DEP Reg	giónal Office within	n 30 day s of re	ceipt of result	s and no	later than 10 days
after the end of the reporting For DEP/DWS use only: Please in		nleted.					•
Accepted:	and date do com	Disapproved:			Data entered in	to WQTS:	
Comments:		-			·		

TRIHALOMETHANE REPORT

I PWS INFORMATION: I 1. PWS ID#: 4122000 3. PWS Name: Hanover V 5. Source ID# A: 4122000-10380 B: 4122000-10385 D: 9. Routine / Special (extended to be considered) B: X_ or B: X_ or C: _X_ or D: or II LABORATORY ANAL	Water Dept	. Sample Locat 40 King St Tire Station #3 0 Ponderosa	<u>ion</u>	2. City/Town: H 4. PWS Class (7. <u>Date Collecte</u> 07/12/05 07/12/05	Hanover	NTNC Collected by Sides Sides Sides	
Lab Name: _ ANALYTI Subcontracted? Yes []] Notes:	CAL BALANCE (No [x] Sub. Lab	CORPName:	_	Lab Ce Sub. Lab Ce	ert.#: _ M-MA022 ert. #		
	MCL (μg/L)	Detection Limit (µg/L)		Re	esults (μg/L)	· · · · · · · · · · · · · · · · · · ·	
	(µg/L)	Limit (µg/L)	A	В	С	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 m	ethod 524.2):			-		
Compour	nd		% Recovered		QC Lin	nits (%)	
1,2-dichlorobenzene d ₄			95,97,96		70-	130	
4-bromofluorobenzene The QA/QC required matrix spike sam	nle information in on file a	t our office	90,91,90		70-	130	
Laboratory Director Signa	<i>1</i> 2	- VZ	SM	1 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 YEAR 3 YEARS Total number of TTHM Samples collected during the monitoring period: Average result for ALL locations sampled during the monitoring period (µg/L): Running Annual Average = Average of this quarter and three prior consecutive quarterly averages (µg/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: Comments:		Disapproved:			Data entered into WQTS:		
Commons.							

TRIHALO	DMETHANE REPORT
I PWS INFORMATION: Please refer to your DEP Water Quality	ity Sampling Schedule to help complete this section

1. PWS ID#: _4122000_		DLI Water Qu	ianty Sampling Sci.	2. City/Town:	-		
3. PWS Name: Hanover Water Dept.				4. PWS Class (circle one) COM NTNC			
5. Source ID#						. Collected by	
A: 4122000-10383	HFD # 3			12/05/05		Allen	
B: 4122000-10380 C: 4122000-10385	640 King St 70 Ponderosa Dr.			12/05/05		. Allen	
D:	/	o Poliderosa Di	l.	12/05/05	A	Allen	
9. Routine / Special (e.	xplain) 10. Notes:						
A: _X or							
B: _X or							
C: _X or	·						
D: or							
II LABORATORY ANAL Lab Name: _ANALYTI Subcontracted? Yes []]	YTICAL INFORM	IATION: CORP.	_	Lab	Cert.#: _ M-MA022 Cert. #		
Notes:							
	MCL (μg/L)	Detection Limit (μg/L)			Results (µg/L)		
Lab Sample ID			A 79027-01	79027-02	2 79027-03	D	
Date Analyzed			12/06/05	12/06/05			
Analytical Method			EPA 524.2	EPA 524.		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 m	ethod 524.2):					
Compour	nd	<u> </u>	% Recovered		QC Lim	nits (%)	
1,2-dichlorobenzene d ₄		<u> </u>	106,104,107		70-	130	
4-bromofluorobenzene		<u> </u>	105,107,104		70-	130	
The QA/QC required matrix spike same		t our office.	250	7 16	De.05		
III. DBPR Compliance R TTHM Monitoring Freque	ncy: (choose one)	QUAR	TER /	Systems reg		R 22.07E.]	
Total number of TTHM Sa Average result for ALL loc				3 39.17			
Running Annual Average = I certify under penalty of law	= Average of this q that I am the person	uarter and three	prior consecutive	quarterly avera	ages (µg/L): 37,36 ntained herein is true, acci	(c) urate and complete to the	
best of my knowledge and bell Primary Certified Opera		Date:	- 12015	? //	i Holes		
Attention: Mail TWO cop				n 30 days of re	eceipt of results and no	ater than 10 days after	
the end of the reporting per For DEP/DWS use only: Please is	riod.		,	7- 35-1-		13 aujo attor	
Accepted:		Disapproved:			Data entered into WQTS:		
Comments:							
L							