MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY TRIHALOMETHANE REPORT

I PWS INFORMATION: I	Please refer to your	r DEP Water Qu	uality Sampling Sch	edule to help	complete this section.		
1. PWS ID#: _4122000				2. City/Town: Hanover 4. PWS Class (circle one) COM NTNC			
3. PWS Name:Hanover Water Dept 5. Source ID# 6. Sample Locati			ion	7. Date Collec	-	B. Collected by	
A: 4122000-10383		HFD # 3		02/07/06		A. Allen	
				02/07/06		A. Allen	
C: 4122000-10380			on Line	02/07/06		A. Allen	
D:			on zine	02/07/00			
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-MA022		
Subcontracted? Yes [] I Notes:	No[x] Sub. Lab	Name:	· · · · · · · · · · · · · · · · · · ·	_ Sub. Lab	Cert. #		
	MCL	Detection		Results (μg/L)			
	(μg/L)	Limit (μg/L)	A	В	С	D	
Lab Sample ID			80735-01	80735-02	2 80735-03		
Date Analyzed			02/08/06	02/08/0	6 02/08/06		
Analytical Method			EPA 524.2	EPA 524.	.2 EPA 524.2	EPA 524.2	
Bromoform		0.5	0.7	0.5	ND		
Chloroform		0.5	22.1	22.4	ND		
Bromodichloromethane		0.5	9.6	10.6	ND		
Dibromochloromethane		0.5	3.2	3.7	ND		
Total Trihalomethanes							
Surrogate Recoveries (as		nethod 524.2):					
Compound % Recovered QC Limits (%)							
1,2-dichlorobenzene d ₄			100,99,99		70-130		
4-bromofluorobenzene 97,97,96 70-1: The QA/QC required matrix spike sample information in on file at our office.				-130			
			1	./ ,			
Laboratory Director Signature and Date:							
III. DBPR Compliance Reporting: [This section mandatory for Public Water Systems regulated under 310CMR 22.07E.]							
TTHM Monitoring Frequen	ncy: (choose one)	QUAR	TER X	YEAR	3 YEARS _	•	
Total number of TTHM Samples collected during the monitoring period: 3							
Average result for ALL locations sampled during the monitoring period ($\mu g/L$): 24.27							
Running Annual Average = Average of this quarter and three prior consecutive quarterly averages ($\mu g/L$): 32.5							
I certify under penalty of law		authorized to fill	out this form and the	information coi	ntained herein is true, acc	urate and complete to the	
best of my knowledge and bela Primary Certified Opera		Date: 2	17.6	2//	2/2///		
Attention: Mail TWO cop	ior orginature and sies of this report to	Vour DEP Res	zional Office within	n 30 day of re	eceint of results and no	later than 10 days often	
the end of the reporting per	riod.		onai Office Width	ii 50 days 0116	corpt of results and no	incor main 10 days after	
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: 1. PWS ID#: _4122000_	Please refer to yo	ur DEP Water Qu	ality Sampling Sc	chedule to help 2. City/Town:	-		
3. PWS Name: Hanover Water Dept.			4. PWS Class (circle one) COM NTNC				
5. Source ID# 6. Sample Lo							
A: 4122000-10380	640 King St		05/01/06 A. Allen				
B: 4122000-10383		HFD # 3		05/01/06 A. Allen			
C: 4122000-10385	70 Ponderosa		05/01/06	·	A. <i>A</i>	Allen	
D:					<u> </u>		
9. Routine / Special (e. A: _X or	xplain) 10. Notes:						
B: _X or						· · · · · · · · · · · · · · · · · · ·	
C: _X or							
D: or							
II LABORATORY ANAL	YTICAL INFOR	MATION:				-	
Lab Name: _ ANALYTI				Lab	Cert.#: _ M-M	IA022	
Subcontracted? Yes [] Notes:					Cert. #		
	MCL	Detection Limit (μg/L)	Results (µg/L)				
	(μg/L)		A	В		С	D
Lab Sample ID			82887-01	82887-02	2 83	2887-03	
Date Analyzed	CONTROL CONTRO		05/10/06	05/10/06	5 0	5/10/06	
Analytical Method	-		EPA 524.2	EPA 524.	2 EF	PA 524.2	EPA 524.2
Bromoform		0.5	ND	ND		ND	
Chloroform		0.5	ND	16.9		17.8	
Bromodichloromethane		0.5	ND	7.7		10.4	
Dibromochloromethane		0.5	ND	2.1		4.0	
Total Trihalomethanes	80.0		ND	26.7	32.2		
Surrogate Recoveries (as	required by EPA	method 524.2):					
Compour	nd		% Recovered			QC Limits	s (%)
1,2-dichlorobenzene d ₄			99,99,98		70-130		
4-bromofluorobenzene			102,103,102		70-130		
The QA/QC required matrix spike same	ple information in on file	e at our office.					
Laboratory Director Signa	ture and Date: 💋	(A) 2	220	1121	Nag. Ol		
III. DBPR Compliance R	======= enorting: [This s	ection mandator	v for Public Wate	er Systems reg	ulated under	310CMR 2	2 07F 1
TTHM Monitoring Frequen			TER X	YEAR	3 YEARS		2.0 / E.j
Total number of TTHM Sa	• •	•	/	3			
Average result for ALL loc						-1.65	
Running Annual Average =							, ·
I certify under penalty of law t best of my knowledge and beli		authorized to fill or	ut this form and the	information cont	ained herein is	true, accurate	? and complete to the
Primary Certified Operat		Date: Secr	-100C	Gellen	1 6/3	12/06	
Attention: Mail TWO cop	-			in 30 days of re	ceipt of result	ts and no late	— er than 10 davs after
the end of the reporting per For DEP/DWS use only: Please in	riod.				•		,
Accepted: Disapproved:					Data entered into WQTS:		
Comments:							

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

TRIHALOMETHANE REPORT

1. PWS ID#: 4122000 3. PWS Name: Hanover Water Dept. 5. Source ID# A: 4122000-10385 B: 4122000-10380 C: 4122000-10383 D: 9. Routine / Special (explain) 10. Notes: A: X or		6. <u>Sample Locat</u> 70 Ponderosa King Street HFD # 3	DEP Water Quality Sampling Schedule to help		Hanover Note that the second of the se	TNC ollected by Allen Allen		
B: X or C: X or D: or Or D: Make of C: X or D: Make or D: Make of C: X or D: X or	YTICAL INFORM	MATION: CORP.		Lab Cert	.#: _ M-MA022			
Notes.	MCL	Detection		Results (µg/L)				
,	(μg/L)	Limit (μg/L)	A	В	Гс	D		
Lab Sample ID	建筑"建设 "	2200	86453-01	86453-02	86453-03			
Date Analyzed			08/15/06	08/15/06	08/15/06			
Analytical Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2		
Bromoform		0.5	1.3	13.6	0.7			
Chloroform		0.5	45.7	5,2	24.4			
Bromodichloromethane		0.5	19.0	6.7	10.8			
Dibromochloromethane	****	0.5	6.6	12.0	3.7			
Total Trihalomethanes	80.0		72.6	37.5	5 39.6			
Surrogate Recoveries (as	required by EPA i	method 524.2):						
Compound % Recovered				QC Limits	QC Limits (%)			
1,2-dichlorobenzene d ₄			100,98,97		70-130			
4-bromofluorobenzene	usla information in an file	at our office	103,104,101		70-130			
The QA/QC required matrix spike sample information in on file at our office. Laboratory Director Signature and Date:								
III. DBPR Compliance Ro TTHM Monitoring Frequent Total number of TTHM Sa Average result for ALL loc Running Annual Average I certify under penalty of law to best of my knowledge and believes to find the reporting per Attention: Mail TWO cop the end of the reporting per For DEP/DWS use only: Please in	mcy: (choose one) mples collected destrooms sampled du = Average of this central tam the person tef. tor Signature and this of this report to triod.	QUAR uring the monitor aring the monitor quarter and three authorized to fill to Date: Date: O your DEP Regulated.	ring period: 3 ring period (µg/L): e prior consecutive out this form and the	YEAR	3 YEARS (µg/L): 30.70 d herein is true, accurate	and complete to the		
Accepted:		Disapproved:		Dat	Data entered into WQTS:			
Comments:								

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY TRIHALOMETHANE REPORT

A: X or	ver Water Dept xplain) 10. Notes:	6. Sample Locat 640 King Street Fire Station # 3_ 70 Ponderosa_	ion —	2. City/Town: 4. PWS Class 7. <u>Date Collectors</u> 11/29/06 11/29/06	Hanover (circle one) C	COM NT 8. Col T. Fly T. Fly	NC llected by rnn rnn rnn	
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 (ug/L)	Detection	Results (μg/L)					
·	(μg/L)	Limit (μg/L)	A	В		<u> </u>	D	
Lab Sample ID			89853-01	89853-02	8985	3-03		
Date Analyzed	*		11/30/06	11/30/06	11/30	0/06		
Analytical Method	it.	ar References	EPA 524.2	EPA 524.2	EPA :	524.2	EPA 524.2	
Bromoform		0.5	8.4	1.2	0.	.9		
Chloroform		0.5	7.8	28.4	38	3.8		
Bromodichloromethane		0.5	6.3	12.2	14	.5		
Dibromochloromethane		0.5	7.5	3.8	4.	.3		
Total Trihalomethanes	80.0		30.0	45.6	58	3.5		
Surrogate Recoveries (as:		method 524.2):						
Compoun	ıd		% Recovered	QC Limits (%)			%)	
1,2-dichlorobenzene d ₄			108,108,108	08 70-130				
4-bromofluorobenzene			107,105,107			70-130		
The QA/QC required matrix spike sample information in on file at our office. Laboratory Director Signature and Date: Columb Columb								
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 best of my knowledge and belie Primary Certified Opera Attention: Mail TWO cop the end of the reporting per For DEP/DWS use only: Please is	ncy: (choose one) amples collected deations sampled described of this that I am the personate for Signature and pies of this report riod.	QUAR during the monitor during the monitor quarter and three in authorized to fill to your DEP Resembled.	e prior consecutive out this form and the	YEAR	3 YEARS	34.63 rue, accurate 119/06 and no later	and complete to the	
Accepted:		Disapproved:	Disapproved:			Data entered into WQTS:		
Comments:		_						