

## Total Trihalomethanes Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: **COM** ☒ **NTNC** ☐ **TNC**

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X__ Yes	01/22/2008	T. Ferry
B 10383	Fire Station #3	X__ Yes	01/22/2008	T. Ferry
C 10385	70 Ponderosa	X__ Yes	01/22/2008	T. Ferry
D		X__ Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
B <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
C <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	
D <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	

Sample notes: (Such as multi-fold/multiple sample, list any sources that were on line during collection).

A	
B	
C	
D	

**II. Analytical Laboratory Information:**

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? ☐ Y ☒ X ☐ N

Analysis Lab MA Cert. # M-MA022

Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	22.2	36.0	38.2	
Bromoform		0.5	6.8	3.5	ND	
Chloroform		0.5	4.1	16.7	25.1	
Bromodichloromethane		0.5	4.5	9.3	10.2	
Dibromochloromethane		0.5	6.8	6.5	2.9	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			01/25/2008	01/25/2008	01/25/2008	
Lab Sample ID			01790-01	01790-02	01790-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		%	%	%	%
Surrogate # 2	4-bromofluorobenzene		%	%	%	%

Report results as a number greater than 0 or ND (not a <MDL value).

Lab sample notes:
A
B
C
D

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature: 

Date: 5 Feb 08

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	_____ WQTS data entered
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## Total Trihalomethanes Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X Yes	04/08/2008	T. Ferry
B 10383	Fire Station #3	X Yes	04/08/2008	T. Ferry
C 10385	70 Ponderosa	X Yes	04/08/2008	T. Ferry
D		X Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A X_RS SS	X_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
B X_RS SS	X_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
C X_RS SS	X_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
D RS SS	Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	

Sample notes: (Such as manifold/multiple sample, list any sources that were on line during collection).

A
B
C
D

## II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y X N

Analysis Lab MA Cert. # M-MA022

Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	31.1	36.5	48.7	
Bromoform		0.5	6.6	1.6	0.7	
Chloroform		0.5	10.3	24.1	34.8	
Bromodichloromethane		0.5	6.6	7.2	10.0	
Dibromochloromethane		0.5	7.6	3.6	3.2	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			04/14/2008	04/14/2008	04/14/2008	
Lab Sample ID			03776-01	03776-02	03776-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		97%	99%	102%	%
Surrogate # 2	4-bromofluorobenzene		100%	101%	101%	%

Report results as a number greater than 0 or ND (not a &lt;MDL value).

Lab sample notes:
A
B
C
D

I certify under penalties 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 extent of my knowledge.

Date:

Primary Lab Director Signature:

23 April 08

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	WQTS data entered
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## Massachusetts Department of Environmental Protection - Drinking Water Program

THM

## Total Trihalomethanes Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X Yes	07/15/2008	S. Kendrick
B 10383	Fire Station #3	X Yes	07/15/2008	S. Kendrick
C 10385	70 Ponderosa	X Yes	07/15/2008	S. Kendrick
D		X Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A X_RS SS	X_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
B X_RS SS	X_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
C X_RS SS	X_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
D RS SS	Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	

Sample notes: (Such as manifold/multiple sample, list any sources that were on line during collection)

A	
B	
C	
D	

## II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y X N

Analysis Lab MA Cert. # M-MA022

Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	52.1	64.5	73.4	
Bromoform		0.5	3.2	ND	ND	
Chloroform		0.5	29.2	53.9	59.8	
Bromodichloromethane		0.5	12.4	9.3	11.8	
Dibromochloromethane		0.5	7.3	1.3	1.8	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			07/25/2008	07/25/2008	07/25/2008	
Lab Sample ID			06831-01	06831-02	06831-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		98%	98%	96%	%
Surrogate # 2	4-bromofluorobenzene		100%	100%	100%	%

Report results as a number greater than 0 or ND (not a &lt;MDL value).

Lab sample notes:	
A	
B	
C	
D	

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature: 

Date: 29 July 08

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	WQTS data entered
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## Massachusetts Department of Environmental Protection - Drinking Water Program

THM

## Total Trihalomethanes Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King Street	X Yes	10/28/2008	T. Ferry
B 10383	Fire Station #3	X Yes	10/28/2008	T. Ferry
C 10385	70 Ponderosa	X Yes	10/28/2008	T. Ferry
D		Yes		

Routine or Special Sample	Original or Resubmitted Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
A x_RS SS	x_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
B x_RS SS	x_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
C x_RS SS	x_Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	
D RS SS	Original Resubmitted Confirmation	Resample Reanalysis Report Corr.	

Sample notes - (Such as manifold/multiple sample, list any sources that were on line during collection).

A	
B	
C	
D	

## II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y x\_N

Analysis Lab MA Cert. # M-MA022

Analysis Lab Name: Analytical Balance Corp.

Contaminant	MCL (µg/L)	MDL (µg/L)	Results <sup>1</sup> (µg/L)			
			A	B	C	D
Total THMs	80	----	23.7	44.5	56.4	
Bromoform		0.5	3.5	1.5	1.7	
Chloroform		0.5	10.0	27.3	36.5	
Bromodichloromethane		0.5	5.6	11.2	13.8	
Dibromochloromethane		0.5	4.6	4.5	4.4	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			10/29/2008	10/29/2008	10/29/2008	
Lab Sample ID			10464-01	10464-02	10464-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		100%	99%	86%	%
Surrogate # 2	4-bromofluorobenzene		100%	99%	83%	%

<sup>1</sup> Report results as a number greater than 0 or ND (not a <MDL value).

Lab sample notes	
A	
B	
C	
D	

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature: 

Date: 19 Nov. 08

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	WQTS data entered
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