THM

-Massachusetts Department of Environmental Protection - Drinking Water Program

Total Trihalomethanes Report

PWS ID	#: 4122000	ur DEP Water Sampli	ing Schedule (WQSS) to help comp City/Town: _Han	nover			
PWS Na	arne: Hanover Water Dept.		PWS Class: COM				
	DEP Location (LOC) ID#		DEP Location Name	Sample Acidified?	Date Collected	Col	ected by
A	10380	640 I	King Street	XYes	01/22/2008	T.	. Ferry
В	10383		Station #3	X Yes	01/22/2008	T	Ferry
С	10385 7		onderosa	XYes	01/22/2008	T.	Ferry
D				XYes			
В	outine or Special Sample		nginal or Resubmitted Report	Re	If resubmi	ited report, list below:	late of original sample
A	_x_ RS SS	_x_Original Res	ubmitted Confirmation	ResampleR	eanalysis Report Corr.		
В	_x_RS SS	_x_Original Res	ubmittedConfirmation	ResampleR	eanalysis Report Corr.		
С	_x_RS SS	_x_Original Res	ubmitted Confirmation	ResampleR	eanalysis Report Corr.		
D	_x_ RS SS	_x_Original Res	ubmitted Confirmation	ResampleR	eanalysis Report Corr.		
Sample	notes - (Sisch as manifold/emiltiple samp	pie, list any sources that were	on line during collection).		TAU.		
A							
В							
С							
D							
	lytical Laboratory Informa Lab MA Cert. # M-MA022	2 Primary	/ Lab Name: _Analytical Balance	Corp Subco	ntracted? Y _x_ N		
Analysi	s Lab MA Cert. # M-MA02	22 Analysi	is Lab Name: Analytical Balance	Corp.	W. J.	E-71	
	Contaminant	MCL (μg/L)	MDL (µg/L)		Results'	(pgr)	edia gras p
Total 7	Γ HMs	80		22.2	36.0	38.2	
Bromo	form		0.5	6.8	3.5	ND	
Chloro	form		0.5	4.1	16.7	25.1	
Brome	dichloromethane		0.5	4.5	9.3	10.2	
Dibror	nochloromethane		0.5	6.8	6.5	2.9	
Lab m	ethod			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date e	xtracted (551.1 only)				*****		*****
Date a	nalyzed			01/25/2008	01/25/2008	01/25/2008	
Lab Sa	ample ID		eril Sederica in Sede	01790-01	01790-02	01790-03	
Surrog	ate # 1	1,2-dichlorobenzen	e d.	%	%	%	%
1 -	ate # 2	4-bromofluorobenz		%	%	%	%
	Lab nample notes:	or ND (not a <mdl td="" valu<=""><td></td><td>e de la companya de La companya de la co</td><td>enSuccession of the second of</td><td></td><td></td></mdl>		e de la companya de La companya de la co	enSuccession of the second of		
A							
С						,,	
D							
I certif	y under penalties of law t	that I am the persor	authorized to fill			2	
out thi and co	s form and the informatio	on contained herein	is true, accurate Date: 5 / 4 copies of this report to your DEP Re	mary Lab Director Sig	•	e month in which you rece	rived this report or no later
than 10	nonnum diese teams electro	omeany, man i wo c	opies of this report to your DET Re	6			sivedyans report of no fater

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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______ Hanover PWS Name: Hanover Water Dept. PWS Class: COM X NTNC TNC DEP Location (LOC) ID# Collected by Date Collected DEP Location Name Sample Acidified? T. Ferry 04/08/2008 10380 640 King Street X___Yes Т. Гепту 04/08/2008 10383 Fire Station #3 X___Yes T. Ferry c 10385 70 Ponderosa X___ Yes 04/08/2008 X Yes Original or Resubmitted Report If resubmitted report, list below: Routine or Special Sample Collection date of original sample Reason for resubmission Resample Reanalysis Report Corr. _x_ RS ___ SS _x_ Original Resubmitted Confirmation Resample __Reanalysis __ Report Corr. В Confirmation x RS SS x Original Resubmitted _Resample _Reanalysis _ Report Corr. c _x_ RS _ SS x Original Resubmitted Confirmation D __ ss Original Confirmation Resample Reanalysis Report Corr. Α В c D II. Analytical Laboratory Information: Primary Lab MA Cert. # M-MA022 Analysis Lab MA Cert. # M-MA022 Primary Lab Name: _Analytical Balance Corp. Analysis Lab Name: Analytical Balance Corp. Subcontracted? ___ Y _x N $(\mu g/L)$ (µg/L) C В Total THMs 80 31.1 36.5 48.7 1.6 0.7 Bromoform 0.5 6.6 10.3 24.1 34.8 0.5 Chloroform 7.2 10.0 0.5 6.6 Bromodichloromethane 7.6 3.2 Dibromochloromethane 0.5 Lab method EPA 524.2 EPA 524.2 EPA 524.2 EPA 524 2 Date extracted (551.1 only) 04/14/2008 04/14/2008 Date analyzed 04/14/2008 03776-01 03776-02 03776-03 Lab Sample ID

1		ANSI					
Surrogate # 1	1,2-dichlorobenzene d _e	97%	99%	102%	%		
Surrogate # 2	4-bromofluorobenzene	100%	101%	101%	%		
Report results as a number greater t	han 0 or ND (not a <mdl td="" value).<=""><td></td><td></td><td></td><td></td></mdl>						
Cub sample notes:			284 - 328		Paradella Cara		
A							
В							
с							
D					0		
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 Primary Lab Director Signature: and complete to the best extent of my knowledge. Date: 1 Thore 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 & Accepted Disapproved				WQTS data entered			

Massachusetts Department of Environmental Protection - Drinking Water Program Total Trihalomethanes Report

	ormation: Please refer to your l #: 4122000	DEP Water Samplin	g Schedule (W	/QSS) to help complete th City/Town: Han						
	me: Hanover Water Dept.			PWS Class: COM						
	DEP Location (EOC) ID#			DEP Location Name	Sample Acidified?	Date Collected	Col	lected by		
A	10380		640 King Street		XYes	07/15/2008	S. 1	Kendrick		
В	10383	·		Fire Station #3	X Yes	07/15/2008	S. I	Kendrick		
С	10385			70 Ponderosa	X Yes	07/15/2008	S. F	Kendrick		
D					XYes	XYes				
R	outine or Special Sample		Original or Res	ubmitted Report		↓ off resubm	tted report, list below:	307 17 4		
4.0				e programa de la		Ceasoa for resubmission	Collection	date of original sample		
A	_x_RSSSx_OriginalResubmittedConfirmation		Resample	Reanalysis Report Corr.						
В	x_RS SS	_x_Original Re	esubmitted	Confirmation	Resample	Reanalysis Report Corr.				
c	_x_RSSS	_x_Original Re	submitted	Confirmation	Resample]	ResampleReanalysis Report Corr.				
D	RSSS	Original Re	submitted	Confirmation	Resample1	Reanalysis Report Corr.				
Sample	sotes - (Such as manifold/multiple samp	ple, list any sources that w	ere on line during o	collection).		Walter Transfer	The section will	The state of the state of		
A										
В										
C										
	ical Laboratory Information:									
Primary La	ib MA Cert. #_M-MA022	Primary Lab Name: _Analysis Lab Name: _			ntracted?Y_x_N					
Allalysis L	Contaminant	MCL MCL		MD):	The state of	Results	(up/L)			
		* (µgL)		(1 <u>9</u> μ)		real and the	144			
Total TI	HMs	80			52.1	64.5	73.4			
Bromofo	orm	T.		0.5	3.2	ND	ND			
Chlorofo	orm .	V. 10		0.5	29.2	53.9	59.8			
Bromod	ichloromethane	244		0.5	12.4	9.3	11.8	<u> </u>		
Dibromo	ochloromethane	1, 43, 44		0.5	7.3	1.3	1.8	†		
Lab met	hod	S CALL THE			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2		
Date ext	tracted (551.1 only)	- A	253							
Date and	alyzed				07/25/2008	07/25/2008	07/25/2008			
Lab San	ple ID			Mark and	06831-01	06831-02	06831-03			
Surroga	te # 1	1,2-dichlorobenze	me d ₄		98%	98%	96%	%		
Surroga		4-bromofluoroben			100%	100%	100%	%		
Report re	sults as a number greater than 0 or Lab sample notes:	r ND (not a <mdl td="" val<=""><td>ue).</td><td></td><td></td><td></td><td>Magazina sa sa</td><td></td></mdl>	ue).				Magazina sa			
A										
В										
С		··								
D										
	under penalties of law th						16	1		
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 subm	nitting these results electronically, range period, whichever is sooner.	mail TWO copies of thi	is report to your	DEP Regional Office no late	er than 10 days after the end o	the month in which you receive	d this report or no later than 10	days after the end of		
DEP RE	VIEW STATUS (Initial & date)		Review comme	ents			WQTS data entered	/		
Accepted Disapproved							/			

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