

## 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	02/17/2009	T. Flynn
B 10383	Fire Station #3	X Yes	02/17/2009	T. Flynn
C 10385	70 Ponderosa	X Yes	02/17/2009	T. Flynn
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 ( $\mu\text{g/L}$ )	MDL ( $\mu\text{g/L}$ )	Results' ( $\mu\text{g/L}$ )			
			A	B	C	D
Total THMs	80	----	38.4	41.0	48.1	
Bromoform		0.5	7.0	2.4	0.9	
Chloroform		0.5	13.0	23.0	29.1	
Bromodichloromethane		0.5	9.0	10.2	13.0	
Dibromochloromethane		0.5	9.4	5.4	5.1	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			02/20/2009	02/20/2009	02/20/2009	
Lab Sample ID			13202-01	13202-02	13202-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		105%	105%	105%	%
Surrogate # 2	4-bromofluorobenzene		102%	103%	103%	%

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.

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.

Primary Lab Director Signature: 

Date: 20 Feb 09

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

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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	06/16/2009	T. Ferry
B 10383	Fire Station #3	X Yes	06/16/2009	T. Ferry
C 10385	70 Ponderosa	X Yes	06/16/2009	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 (µg/L)			
			A	B	C	D
Total THMs	80	----	39.3	58.4	77.1	
Bromoform		0.5	6.2	0.8	0.7	
Chloroform		0.5	14.8	39.1	48.2	
Bromodichloromethane		0.5	9.0	14.2	21.4	
Dibromochloromethane		0.5	9.3	4.3	6.8	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			06/17/2009	06/17/2009	06/17/2009	
Lab Sample ID			16413-01	16413-02	16413-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		95%	93%	95%	%
Surrogate # 2	4-bromofluorobenzene		92%	88%	90%	%

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: 7 July 09

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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Resubmit

## 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 Kink St.	X Yes	07/28/2009	T. Ferry
B 10383	Fire Station #3	X Yes	07/28/2009	T. Ferry
C 10385	70 Ponderosa	X Yes	07/28/2009	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	Original X Resubmitted Confirmation	Resample Reanalysis X Report Corr.	07/28/2009
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	-----	35.3	75.9	108	
Bromoform		0.5	4.2	1.2	ND	
Chloroform		0.5	14.1	51.7	77.5	
Bromodichloromethane		0.5	9.2	17.5	25.0	
Dibromochloromethane		0.5	7.8	5.5	5.3	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			-----	-----	-----	-----
Date analyzed			07/31/2009	07/31/2009	07/31/2009	
Lab Sample ID			17883-01	17883-02	17883-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		103%	91%	99%	%
Surrogate # 2	4-bromofluorobenzene		90%	100%	94%	%

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: 22 Oct. 09

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 St.	X Yes	11/30/2009	T. Ferry
B 10383	Fire Station #3	X Yes	11/30/2009	T. Ferry
C 10385	70 Ponderosa	X Yes	11/30/2009	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 ( $\mu\text{g/L}$ )	MDL ( $\mu\text{g/L}$ )	Results <sup>1</sup> ( $\mu\text{g/L}$ )			
			A	B	C	D
Total THMs	80	----	28.4	39.9	62.2	
Bromoform		0.5	3.3	0.7	ND	
Chloroform		0.5	11.1	28.5	46.9	
Bromodichloromethane		0.5	7.8	8.0	12.3	
Dibromochloromethane		0.5	6.2	2.7	3.0	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			----	----	----	----
Date analyzed			12/14/2009	12/14/2009	12/14/2009	
Lab Sample ID			21832-01	21832-02	21832-03	
Surrogate # 1	1,2-dichlorobenzene d <sub>4</sub>		98%	99%	101%	%
Surrogate # 2	4-bromofluorobenzene		98%	98%	100%	%

<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: 14 Dec. 09

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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