## **THM**

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

	ormation: Please refer to your #:4122000	DEP Water Sampling Sched	City/Town: _Ha	nover					
PWS Nar	ne: Hanover Water Dept.		PWS Class: CO	M X NTNC	TNC				
	DEP Location (LOC) ID#		DEP Location Name		Sample Acidified?	Date Collected	Collected by		
A	10380		640 King Street		XYes	02/17/2009	T. F	Tynn	
В	10383		Fire Station #3		XYes	02/17/2009	T. F	lynn	
С	C 10385		70 Ponderosa		XYes	02/17/2009	T. F	T. Flynn	
D					Yes			venna skie kuseve za rokumban Portular	
R	outine or Special Sample	Original	or Resubmitted Report		Res	If resubmit	ted report, list below: Collection da	ite of original sample	
A	_x_RS SS	_x_ Original Resubmitte	ed Confirmation		ResampleRe	analysis Report Corr.			
	_x_RS \$\$	_x_ Original Resubmitte	dConfirmation	Confirmation		ResampleReanalysis Report Corr.			
	_x_RS \$\$	_x_Original Resubmitted Confirmation			ResampleReanalysis Report Corr.				
D	Original		Resubmitted Confirmation		ResampleReanalysis Report Corr.				
Sample	notes - (Such as manifold/multiple san	aple, list any sources that were on lin	during collection).			art and a shape of			
A									
В									
С									
D									
Primary L	tical Laboratory Information: ab MA Cert. #_M-MA022	Primary Lab Name: _Analytic		ibcontracted?	_Y_x_N				
Analysis I	Lab MA Cert. # M-MA022	Analysis Lab Name: Analyti	cal Balance Corp.  MDL			Results	(up/L)		
	Contaminant	(µg/L)	(ug/L)		A	B * 1	c	D Park	
Total THMs		80	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				EF	A 524.2	EPA 524.2	EPA 524.2	EPA 524.2	
Date extracted (551.1 only)									
Date analyzed					/20/2009	02/20/2009	02/20/2009		
Lab Sample ID					3202-01	13202-02	13202-03		
Surrogate # 1		1,2-dichlorobenzene d <sub>4</sub>	1,2-dichlorobenzene d <sub>4</sub>		105%	105%	105%	%	
Surrogate # 2 4-brom		4-bromofluorobenzene	ofluorobenzene		102%	103%	103%	%	
1 Report	results as a number greater than 0	or ND (not a <mdl td="" value).<=""><td></td><td></td><td>e E</td><td></td><td>19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</td><td></td></mdl>			e E		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A									
В							<del></del>		
С									
D									
	fy under penalties of law is form and the informati			Primary I A	b Director Si	onature:	{5} /~	/	
and co	emplete to the best extent bmitting these results electronicall	of my knowledge.	Γ	Date:		, , ,	A FI 59 ed this report or no later than	O days after the end of	
the reporting period, whichever is sooner.  DEP REVIEW STATUS (Initial & date)  Accented Disapproved			ew comments				WQTS data entered	WQTS data enfered	

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

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form. City/Town: \_Hanover\_ PWS ID #: \_\_\_4122000 TNC PWS Class: COM X NTNC PWS Name: Hanover Water Dept Collected by Date Collected DEP Location (LOC) ID# DEP Location Name Sample 06/16/2009 T. Ferry 640 King Street X Yes 10380 06/16/2009 T. Ferry X Yes 10383 Fire Station #3 В T. Ferry 06/16/2009 70 Ponderosa X\_\_\_Yes 10385 C Yes n If resultmitted report, list f Routine or Special Sample Resubmitted Resample Reanalysis Report Corr. \_x\_RS\_\_ x Original Resubmitted Confirmation \_Reanalysis \_ Report Corr. В \_x\_ RS \_\_ x Original Resample Reanalysis Report Corr. Confirmation С \_x\_ Original Resubmitted \_x\_ RS \_\_\_ SS Report Corr. Resample Reanalysis D RS\_ Original Confirmation A В С D II. Analytical Laboratory Information: Primary Lab Name: \_Analytical Balance Corp.\_ Subcontracted? \_\_\_ Y \_x\_ N Primary Lab MA Cert. # M-MA022 Analysis Lab Name: Analytical Balance Corp. Analysis Lab MA Cert. #\_M-MA022 39.3 Total THMs 80 0.8 0.5 6.2 Bromoform 48.2 0.5 14.8 39.1 Chloroform 9.0 14.2 21 4 Bromodichloromethane 9.3 4.3 6.8 Dibromochloromethane EPA 524.2 EPA 524.2 EPA 524.2 EPA 524.2 Lab method Date extracted (551.1 only) 06/17/2009 06/17/2009 06/17/2009 Date analyzed 16413-01 16413-02 16413-03 Lab Sample ID 95% 93% 95% % Surrogate #1 1.2-dichlorobenzene d. 90% % 92% 4-bromofluorobenzene Surrogate #2 Report results as a number greater than 0 or ND (not a <MDL value) Α c 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: Date: 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. WQTS data entered DEP REVIEW STATUS (Initial & date) Review comments Accepted \_\_\_\_ Disapproved

#### Resubmit

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

THM

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form. City/Town: \_\_Hanover PWS Class: COM X NTNC TNC PWS Name: \_\_Hanover Water Dept. **DEP Location Name** Date Collected Collected by **DEP Location** Sample Acidified? (LOC) ID# 10380 640 Kink St. X\_\_\_Yes 07/28/2009 T. Ferry 10383 Fire Station #3 X\_\_ Yes 07/28/2009 T. Ferry В 70 Ponderosa 07/28/2009 T. Ferry 10385 X\_\_ Yes C X Yes D If resubmitted report, list below Routine or Special Sample Original or Resubmitted Report Reason for resubmission Collection date of original sample 07/28/2009 \_x\_ RS \_ Confirmation \_Resample \_\_Reanalysis \_x\_ Report Corr. Original x Resubmitted SS В \_x\_ RS \_ SS \_x\_ Original \_ Resubmitted Confirmation Resample Reanalysis Report Corr С \_x\_ RS \_\_\_ SS x\_ Original Resubmitted Confirmation Resample Reanalysis Report Corr D RS\_ Original Resubmitted Confirmation Resample Reanalysis Report Corr otes - (Such as manifold/multiple sample, list any sources that were on line during collection) 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. MCL Results1 (µg/L) Contaminant MDL  $(\mu g/L)$ (µg/L) C B D Total THMs 80 35.3 75 9 108 Bromoform 0.5 4.2 1.2 ND 14.1 51.7 77.5 Chloroform 9.2 17.5 Bromodichloromethane 5.3 0.5 7.8 5.5 Dibromochloromethane 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 17883-01 17883-02 17883-03 Lab Sample ID Surrogate # 1 1,2-dichlorobenzene d4 103% 91% 4-bromofluorobenzene 90% 100% Surrogate # 2 Report results as a number greater than 0 or ND (not a <MDL value). A В c I certify under penalties of law that I am the person authorized to fill Primary Lab Director Signature; out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge. Date: 22 Oct. 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 s after the end of the reporting period, whichever is sooner. DEP REVIEW STATUS (Initial & date) Review comments WOTS data entere Accepted \_\_\_ \_\_ Disapproved \_\_

### **THM**

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

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