THM

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. PWS ID #: 4122000 City/Town: _ _Hanover PWS Name: Hanover Water Dept. PWS Class: COM _X NTNC TNC **DEP Location DEP Location Name** Date Collected Sample Collected by (LOC) ID# Acidified? Α 10380 640 King St. X___ Yes 02/23/2010 T. Ferry В 10383 Fire Station #3 X___Yes 02/23/2010 T. Ferry C 10385 70 Ponderosa X Yes 02/23/2010 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 _x_ RS ___ SS Resubmitted _x_ Original Confirmation Resample Reanalysis Report Corr. В _x_ RS ___ SS Resubmitted x Original 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). В C II. Analytical Laboratory Information: Primary Lab MA Cert. # M-MA022 Analysis Lab MA Cert. # M-MA022 Primary Lab Name: _Analytical Balance Corp.__ Subcontracted? ___ Y _x_ N Analysis Lab Name: Analytical Balance Corp. MCL MDL Results' (µg/L) (µg/L) $(\mu g/L)$ В C D Total THMs 80 28.7 41.4 Bromoform 0.5 4.7 0.8 Chloroform 0.5 9.0 23.5 21.0 Bromodichloromethane 0.5 7.0 13.5 13.1 Dibromochloromethane 0.5 8.0 6.5 Lab method EPA 524.2 EPA 524.2 EPA 524.2 EPA 524.2 Date extracted (551.1 only) Date analyzed 03/01/2010 03/01/2010 03/01/2010 Lab Sample ID 23859-01 23859-02 23859-03 Surrogate # 1 1,2-dichlorobenzene d, 100% 90% Surrogate # 2 4-bromofluorobenzene 97% 93% % Report results as a number greater than 0 or ND (not a <MDL value). Lab sample notes: В ¢ 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 Primary Lab Director Signature: and complete to the best extent of my knowledge. Date: 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) Review comments WQTS data entered Accepted Disapproved

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

PWS ID #	:4122000		city/Town:H PWS Class: COM	anover				
	DEP Location (LOC) ID#		DEP Location Name	Sample Acidified?	Date Collected	Col	lected by	
A	10380		640 King Street				<u>-</u>	
В	10383		Fire Station #3	X Yes X Yes	06/08/2010 06/08/2010		Flynn	
c	10385		70 Ponderosa		06/08/2010	T. Flynn		
D			701 Olderosa		00,00,2010	T. Flynn		
Ro	utine or Special Sample	Origin	al or Resubmitted Report	X_Yes	If resubmi	ited report, list below:	late of original sample	
Α	_x_RSSSx_OriginalResubmittedConfirmation			ResampleR	ResampleReanalysis Report Cort.			
В	x_RS SS	_x_ Original Resubmit	ted Confirmation	ResampleReanalysis Report Corr.				
c	c_RS SS	_x_Original Resubmit	ted Confirmation	ResampleReanalysis Report Corr.				
D _	RS SS	OriginalResubmit	ted Confirmation		eanalysis Report Corr.			
A B C D	ees - (Such as manufold/multiple sample	s, that any sources that were on li	e during collection).					
	al Laboratory Information:							
		rhmary Lab Name: _Analyti .nalysis Lab Name: _Analyti		ntracted? Y _x_ N	• .	•		
***	Contaminant	MCL (μg/L)	MDL (µg/L)	A	Results	(ugt.)	P	
Total THI	Ms	80		36.4	50.1	84.5		
Bromofor	m		0.5	7.9	2.9	1.0		
Chlorofor	n	74.20F-32	0.5	8.4	22.3	49.8		
Bromodic	nioromethane		0.5	9.1	15.2	25.4		
Dibromochloromethane			0.5	11.0	9.7	8.3		
Lab metho	d	Part Parts	1471. Year	EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2	
Date extracted (551.1 only)						48000		
Date analy	zed			06/10/2010	06/10/2010	06/10/2010		
Lab Sampl	Lab Sample ID				26922-02	26922-03		
Surrogate	Surrogate # 1 1,2-dichlore		lorobenzene d ₄		92%	96%	%	
Surrogate Report resu	# 2 Its as a number greater than 0 or N	4-bromofluorobenzene		91%	93%	100%	%	
100	Lab sample notes:	(india india value)						
A								
В						A THE STREET OF		
С	Sample #26922-03 exceed the MCI	L for tribalomethanes.						
D	-d	T 41					1	
out this fo	nder penalties of law that rm and the information co- lete to the best extent of n these results electronically, mail TWO oner.	ontained herein is tru	e, accurate Prima	ary Lab Director Sign 25 June 10 or the end of the month in which you		0 days after the end of the reporting	g period,	
DEP REVIEW STATUS (Initial & date) AcceptedDisapproved WQTS data enteredW								

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

PWS Informat	tion: Please refer to your D	DEP Water Sampling	Schedule (WQSS) to help of City/To	complete this form	1.				
PWS Name:	Hanover Water Dept,		PWS CI	ass: COM_X_N	ITNCTNC				
	DEP Location (LOC) ID#		DEP Location Name		Sample Acidified?	Date Collected	Collected by		
A	10380		640 King Street		Yes	08/10/2010	T.	Flynn	
В	10383		Fire Station #3		XYes	XYes 08/10/2010		T. Flynn	
С	C 10385		70 Ponderosa		XYes	XYes 08/10/2010		T, Flynn	
D					XYes		MANY STORY		
Routine	e or Special Sample		riginal or Resubmitted Report			. If resubm	itted report, list below:		
					R	eason for resubmission	Collection of	late of original sample	
	RS SS	_x_ Original Res	ubmitted Confirmation		ResampleR	eanalysis Report Corr.			
B _x_R	RS SS	_x_ Original Res	ubmitted Confirmation	Confirmation		eanalysis Report Corr.			
C _x_R	RS SS	_x_ Original Res	ubmitted Confirmation	ted Confirmation		eanalysis Report Corr.			
DR	RS SS	Original Res	ubmitted Confirmation	XYASIA WILABARI (SALAYAN)		eanalysis Report Corr.			
Sample autes -	- (Such as manifold/multiple samp	ole, list any sources that wer	e on line during collection).						
A	44.000								
В								C WORLD WAR THE	
С									
D									
Primary Lab MA			nalytical Balance Corp nalytical Balance Corp.	Subcontracte	d? Y _x_ N				
	Contaminant	MCL	MDL	l livin		Results	s¹ (μg/L)	TARY PUBLISHED	
		(µg/L)	(1/g/L)		A A	B	C C	D T	
Total THMs		80			42.6	72.6	68.7		
Bromoform			0.5		8.3	4.7	2.6		
Chloroform			0.5		12.6	12.6 35.8			
Bromodichlo	oromethane		0.5		10.5	19.1	22.4		
Dibromochlo	promethane		0.5		11.2	13.0	14.7		
Lab method					EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2	
Date extracte	ed (551.1 only)								
Date analyzed	d				08/13/2010	08/13/2010 08/13/2010			
Lab Sample I	ID	1117111 201			29178-01	29178-01 29178-02			
Surrogate # 1	Surrogate # 1		1,2-dichlorobenzene d ₄		94%	93%	98%	%	
Surrogate # 2	2	4-bromofluorobenz	ene		98%	97%	98%	%	
PARTY ELECTION	s as a number greater than 0 or	r ND (not a <mdl td="" valu<=""><td>e).</td><td></td><td></td><td></td><td></td><td></td></mdl>	e).						
25. 12.6 38.80 4.0	Lab sample notes.				al di aliment				
A									
В						- Congression -			
С								7,11	
D L cortifu un	don monateine - C1	hat I are the	n outhoris-de Cit				A h		
	der penalties of law the m and the information			Primarv	Lab Director Si	gnature:	シンソノ	//	
and comple	ete to the best extent o	of my knowledge.		Date:		2	0 Aug. 10		
If not submitting the reporting pe	g these results electronically, reriod, whichever is sooner.	mail TWO copies of this	report to your DEP Regional	Office no later than	10 days after the end of	f the month in which you receiv	ed this report or no later than I	0 days after the end of	
DEP REVIE	DEP REVIEW STATUS (Initial & date) Accepted Disapproved						WQTS data entered	1	
								T	

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	4122000	DEP Water Sampling Schedule	City/Town:		NC TNC					
MS Name	DEP Location (LOC) ID#		DEP Location Name		Sample Acidified?	Date Collected	Colle	cted by		
A	10380 640 King		640 King Street	XYes		11/02/2010	T. Flynn			
В	10383		Fire Station #3		XYes	11/02/2010	T. 1	Flynn		
С	C 10385		70 Ponderosa Drive		XYes	11/02/2010	Т.	Flynn		
D					XYes					
Rout	ine or Special Sample	Original or I	Resubmitted Report		4 (5 a) 3 (a) 3 (b)	If resubmitte	ed report, list below:			
					Reason for resubmission Collection date of original sa					
A _x_	x_RSSSx_OriginalResubmittedConfirmation				ResampleReanalysis Report Corr.					
В _x_	RS SS	_x_ Original Resubmitted	Confirmation		_Resample _Reanalysis _ Report Corr.					
C _x_	x_RSSS _x_OriginalResubmitted		Confirmation		ResampleReanalysis Report Corr.					
D	RS SS	Original Resubmitted	Confirmation		ResampleRean	alysis Report Corr.				
Sample note	es - (Such as manifold/multiple samp	ole, list any sources that were on line dur	ing collection).							
A						····				
В										
С										
D										
	Laboratory Information: MA Cert. # M-MA022	Primary Lab Name: _Analytical B	salance Corp.	Subcontracted?	YxN					
		Analysis Lab Name: Analytical I		ese e solo, e e			VIZTERAN VIII ASSESS STATE			
	Contaminant	MCL (μg/L)	MDL (μg/L)			Results' (μ g/L)			
					A TOTAL	B	C SIGN	D		
Total THM	Ís	80			41.2	80.3	93.6			
Bromoforn	n		0.5		6.8	2.3	0.8			
Chloroforn	n		0.5		12.7	47.3	61.4			
Bromodich	loromethane		0.5		11.0	21.7	24.0			
Dibromoch	loromethane		0.5		10.7	9.0	7.4			
Lab metho	d				EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2		
Date extra	cted (551.1 only)									
Date analy	zed				1/04/2010	11/04/2010	11/04/2010			
Lab Sampl	e ID				31877-01	31877-02	31877-03			
Surrogate	# 1	1,2-dichlorobenzene d₄			113%	111%	114%	%		
Surrogate	# 2	4-bromofluorobenzene			107%	111%	110%	%		
Report resu	Its as a number greater than 0 o	r ND (not a <mdl td="" value).<=""><td></td><td></td><td></td><td></td><td></td><td></td></mdl>								
A					····					
В	B Sample #31877-02 exceeds the MCL for trihalomethanes.									
C Sample #31877-03 exceeds the MCL for trihalomethanes.										
D								₩		
out this fo and comp	orm and the information elete to the best extent of	hat I am the person author n contained herein is true, of my knowledge. mail TWO copies of this report to	, accurate	Date:	ab Director Sign	221		days after the end of		
	IEW STATUS (Initial & date) Disapproved	Review co	mments				WQTS data entered			
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