

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	03/22/2011	T. Flynn
B 10383	Fire Station #3	X Yes	03/22/2011	T. Flynn
C 10385	70 Ponderosa Dr.	X Yes	03/22/2011	T. Flynn
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

Analysis Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Analysis Lab Name: Analytical Balance Corp.

Subcontracted? ___ Y ___ N

Contaminant	MCL (µg/L)	MDL (µg/L)	Results ¹ (µg/L)			
			A	B	C	D
Total THMs	80	-----	43.6	76.0	83.5	
Bromoform		0.5	5.6	5.6	10.1	
Chloroform		0.5	15.1	29.8	19.1	
Bromodichloromethane		0.5	11.3	22.8	27.0	
Dibromochloromethane		0.5	11.6	17.8	27.3	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date extracted (551.1 only)			-----	-----	-----	-----
Date analyzed			03/22/2011	03/23/2011	03/23/2011	
Lab Sample ID			35044-01	35044-02	35044-03	
Surrogate # 1	1,2-dichlorobenzene d ₄		103%	104%	103%	%
Surrogate # 2	4-bromofluorobenzene		98%	103%	100%	%

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

Lab sample notes:	
A	
B	
C	Sample #35044-03 exceed the MCL for trihalomethanes.
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:

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

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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 St.	X Yes	06/15/2011	T. Flynn
B 10383	Fire Station #3	X Yes	06/15/2011	T. Flynn
C 10385	70 Ponderosa Dr.	X Yes	06/15/2011	T. Flynn
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 ¹ (µg/L)			
			A	B	C	D
Total THMs	80	-----	40.3	80.2	104	
Bromoform		0.5	5.7	2.8	1.4	
Chloroform		0.5	14.0	42.2	52.9	
Bromodichloromethane		0.5	10.5	23.2	33.8	
Dibromochloromethane		0.5	10.1	12.0	16.3	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	
Date extracted (551.1 only)			-----	-----	-----	
Date analyzed			06/15/2011	06/15/2011	06/15/2011	
Lab Sample ID			37474-01	37474-02	37474-03	
Surrogate # 1	1,2-dichlorobenzene d ₄		95%	96%	98%	
Surrogate # 2	4-bromofluorobenzene		97%	102%	99%	

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

Lab sample notes:	
A	
B	Sample# 37474-02 exceeds the MCL for Total Trihalomethanes.
C	Sample# 37474-03 exceeds the MCL for Total Trihalomethanes.
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.

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Primary Lab Director Signature: 

Date: 27 June 11

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 NC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King St.	X Yes	08/23/2011	T. Flynn
B 10383	Fire Station # 3	X Yes	08/23/2011	T. Flynn
C 10385	70 Ponderosa Dr.	X Yes	08/23/2011	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 (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	18.4	71.2	108	
Bromoform		0.5	2.0	3.9	2.0	
Chloroform		0.5	5.3	35.4	57.9	
Bromodichloromethane		0.5	6.2	20.8	32.9	
Dibromochloromethane		0.5	4.9	11.1	15.4	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	
Date extracted (551.1 only)			----	----	----	
Date analyzed			08/24/2011	08/24/2011	08/24/2011	
Lab Sample ID			39795-01	39795-02	39795-03	
Surrogate # 1	1,2-dichlorobenzene d ₄		97%	99%	97%	
Surrogate # 2	4-bromofluorobenzene		96%	99%	100%	

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

Lab sample notes:	
A	
B	
C	Sample# 39795-03 exceeds the MCL for Total Trihalomethanes.
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 Sept 11

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.

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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 NC

DEP Location (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected by
A 10380	640 King St.	X Yes	12/19/2011	T. Flynn
B 10383	Fire Station # 3	X Yes	12/19/2011	T. Flynn
C 10385	70 Ponderosa Dr.	X Yes	12/19/2011	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 (µg/L)	MDL (µg/L)	Results (µg/L)			
			A	B	C	D
Total THMs	80	----	39.8	89.8	120	
Bromoform		0.5	5.9	4.3	1.4	
Chloroform		0.5	11.6	47.8	73.7	
Bromodichloromethane		0.5	11.1	24.8	33.4	
Dibromochloromethane		0.5	11.2	12.9	11.3	
Lab method			EPA 524.2	EPA 524.2	EPA 524.2	
Date extracted (551.1 only)			----	----	----	
Date analyzed			12/23/2011	12/23/2011	12/23/2011	
Lab Sample ID			43369-01	43369-02	43369-03	
Surrogate # 1	1,2-dichlorobenzene d ₄		115%	115%	111%	
Surrogate # 2	4-bromofluorobenzene		104%	109%	110%	

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

Lab sample notes:	
A	
B	
C	Sample# 39795-03 exceeds the MCL for Total Trihalomethanes.
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:

5 Jan 12

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