### THM

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

PWS ID PWS Na		ept.	City/Town: PWS Class: CO	HanoverTNCTNC							
	DEP Location (LOC) ID#		DEP Location Name	Sample Acidified?	Date Collected	Collected by					
A	10380		640 King St.	XYes	03/22/2011	T.	Flynn				
В	10383		Fire Station #3	XYes	03/22/2011	T.	Flynn				
С	C 10385		70 Ponderosa Dr.	XYes	03/22/2011	T.	T. Flynn				
D				XYes							
R	outine or Special Sample		Original or Resubmitted Report		If resubmit	ted report, list below:					
				Reason for resubmission Collection date of original samp			ate of original sample				
A	x_RS SSx_Original		submitted Confirmation	ResampleR	ResampleReanalysisReport Corr.						
В	_x_RSSS _x_Original		submitted Confirmation	ResampleReanalysis Report Corr.							
С	_x_RSSS _x_Original		submitted Confirmation	ResampleReanalysis Report Corr.							
	RS SS	Original Re	submitted Confirmation	ResampleR	ResampleReanalysis Report Corr.						
	notes - (Such as manifold/multiple sam	ple, list any sources that wer	e on line during collection).	- '- 							
A											
В											
С											
D											
Primary L	tical Laboratory Information: ab MA Cert. # _M-MA022 ab MA Cert. # _M-MA022		Analytical Balance Corp Subc	ontracted? Y _x_ N							
	Contaminant	MCL	MDL		Results <sup>1</sup>	(μg/L)					
		(μg/L)	(μg/L)	A	В	c	D				
Total T	HMs	80		43.6	76.0	83.5					
Bromo	form	A THE MORE WAY	0.5	5.6	5.6	10.1					
Chloroi	form		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 ex	Date extracted (551.1 only)		No. A. Marie State of the								
Date ar	nalyzed			03/22/2011	03/23/2011	03/23/2011					
Lab Sample ID				35044-01	35044-02	35044-03					
		1,2-dichlorobenze	ene d₄	103%	104%	103%	%				
		4-bromofluorober	nzene	98%	103%	100%	%				
Report r	esults as a number greater than 0	or ND (not a <mdl td="" val<=""><td>ue).</td><td></td><td></td><td></td><td></td></mdl>	ue).								
	Lab sample notes:										
A											
В											
С	Sample #35044-03 exceed the MCL for trihalomethanes.										
I certify	under penalties of law t	hat I am the person	n authorized to fill			2	-				
out this	form and the information	on contained hereing of my knowledge.		mary Lab Director Sig	1 Am 11	52 / (-					
reporting	period, whichever is sooner.	, man 1 770 copies of th		and than to days after the end of	the input in which you received	this report or no later than 10	days after the end of the				
DEP REVIEW STATUS (Initial & date) Accepted Disapproved			Review comments			WQTS data entered					

#### **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 Collected by (LOC) ID# Acidified? A 10380 640 King St X\_\_\_Yes 06/15/2011 T. Flynn В 10383 X Yes 06/15/2011 T. Flynn Fire Station #3 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 Resubmitted Confirmation \_x\_ RS \_\_\_ SS \_x\_ Original Resample Reanalysis Report Corr. В \_x\_ RS \_\_\_ SS \_x\_ Original Resubmitted Confirmation \_\_Resample \_\_Reanalysis \_\_ Report Corr C \_x\_ RS \_\_\_ SS x\_Original Resubmitted Resample Reanalysis Report Corr. 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 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 MDL Results1 (µg/L)  $(\mu g/L)$  $(\mu g/L)$ Total THMs 80 40.3 80.2 104 Bromoform 0.5 57 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<sub>4</sub> 96% 98% 4-bromofluorobenzene 97% Surrogate # 2 102% 99% Report results as a number greater than 0 or ND (not a <MDL value). Lab sample notes: A В 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 Primary Lab Director Signature: 27 Jun, 11 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

#### **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 NC PWS Name: Hanover Water Dept. PWS Class: COM X NTNC DEP Location (LOC) ID# **DEP Location Name** Sample Acidified? Date Collected Collected by 10380 640 King St. X\_\_ Yes 08/23/2011 T. Flynn A 08/23/2011 10383 Fire Station # 3 X\_\_ Yes T. Flynn B 08/23/2011 C 10385 70 Ponderosa Dr X\_\_\_Yes 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 x RS SS \_x\_ Original Resubmitted Confirmation Resample Reanalysis Report Corr В x RS SS x Original Resubmitted Confirmation Resample \_\_Reanalysis \_\_ Report Corr C x RS SS x Original Resubmitted Confirmation Resample Reanalysis Report Corr. D Resubmitted Confirmation Resample Reanalysis Report Corr RS SS Original Sample notes - (Such as manifold/multiple sample, list any sources that were on line during collection) В C II. Analytical Laboratory Information: Primary Lab Name: \_Analytical Balance Corp.\_ Primary Lab MA Cert. # \_M-MA022 Subcontracted? \_\_\_ Y \_x\_ N Analysis Lab MA Cert. # M-MA022 Analysis Lab Name: Analytical Balance Corp. MDL Results1 (µg/L)  $(\mu g/L)$  $(\mu g/L)$ Total THMs 80 18.4 71.2 108 Bromoform 0.5 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) 08/24/2011 Date analyzed 08/24/2011 08/24/2011 Lab Sample ID 39795-01 39795-02 39795-03 Surrogate # 1 1.2-dichlorobenzene d. 97% 99% 97% 4-bromofluorobenzene 96% 99% Surrogate # 2 100% Report results as a number greater than 0 or ND (not a <MDL value). Lab sample notes: A C Sample# 39795-03 exceeds the MCL for Total Trihalomethanes. 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:

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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

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

THM

1 11.5	10 44122000_		ter Sampling Schedule	(WQSS) to help com City/Town: Hano	plete this form.		
PWS	Name: Hanover V	Vater Dept.		WS Class: COM X			
DEP Location (LOC) ID#			DEP Location Name	Sample Acidified		Collected by	
A	A 10380		640 King St.	XYe	s 12/19/2011	ſ. Flynn	
В	B 10383		Fire Station # 3	XYe	s 12/19/2011	T. Flyan	
С	C 10385		70 Ponderosa Dr.	XYe	s 12/19/2011	T. Flynn	
D				Ye			
Routine or Special Sample		Origi	nal or Resubmitted Report		If resul	mitted report, list below:	
					Reason for resubmission	Collection date of original sam	nle
A	_x_ RS SS	RSSSx_OriginalResubmittedConfirmation		Resample	Reanalysis Report Corr.		
В	_x_RSSSx_Original Resubmitted Confirmation		Resample	Reanalysis Report Corr.			
С	C _x_RSSS _x_Original _		ted Confirmation	ResampleReanalysis Report Corr.			
D	RS SS	Original Resubmi	ted Confirmation	ResampleReanalysis Report Corr.			
Sample	notes - (Such as manifold/multiple samp	le, list any sources that were on lin	during collection).				304 J
A							
В		5 0		A STATE OF THE STA			
С							
D							
Primary 1	vtical Laboratory Informati Lab MA Cert. # _M-MA022 Lab MA Cert. # _M-MA022	Primary Lat	Name: Analytical Balance	Corp. Subco	ontracted? Y _x _ N		
	Contaminant	MCL	MDL		Result	i' (μg/L)	e transco
		(μg/L)	(μg/L)	Ä,	В		
Total TF	īMs	80		39.8	89.8	C D	
Bromoform		2.00	0.5	5.9	4.3	1.4	
Chlorofo	rm		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 meth	ođ			EPA 524.2	EPA 524.2	EPA 524.2	
Date extr	acted (551.1 only)	Service Control of the Control of th				EPA 324.2	
Date anal	Date analyzed				12/23/2011	1002001	
Lab Samp	ole ID				43369-02	12/23/2011	
Surrogate # 1 1,2-dichlo		1,2-dichlorobenzene d <sub>4</sub>		43369-01	115%	43369-03	
Surrogate # 2 4-b		4-bromofluorobenzene	4-bromofluorobenzene		109%	111%	
Report resu	ilts as a number greater than 0 or N	ID (not a <mdl td="" value).<=""><td></td><td>104%</td><td>10976</td><td>110%</td><td></td></mdl>		104%	10976	110%	
	Lab sample notes:						
A B							
С	C						
	Sample# 39795-03 exceeds the	MCL for Total Trihalomet	hanes.				
ertify u	nder penalties of law that	I am the person author	rized to fill			) R 1	
t this to d compl not subr	rm and the information co lete to the best extent of m mitting these results electr	ontained herein is true ny knowledge. onically, mail TWO c	Date:	ary Lab Director Signs  5 Jan 12  DEP Regional Office n		er the end of the month in which you re	and the state of
s report or no later than 10 days after the end DEP REVIEW STATUS (Initial & date) Accepted Disapproved			orting period, whichever is comments	s sooner.		WQTS data entered	Clived
							1