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Am Test Inc.
13600 NE 126TH PL
Suite C
Kirkland, WA 98034
(425) 885-1664



Professional
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AR TEST PANEL
(Arsenic by EPA 200.8)
Report of Analysis

Date Collected: 03/16/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--04442	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 3/16/18 Date Analyzed: 3/20/18 Date Reported: 3/28/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

EPA Regulated AND STATE REGULATED OR REQUIRED

DOH#	Analytes	Results	Units	SRL	Trigger	MCL	MCL Exceeded? (Check only if YES)	Method/Analyst
4	Arsenic	0.0060	mg/l	0.001	0.01	0.01		EPA 200.8 /MJ

NOTES:

- *Confirmation: Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level): The minimum reporting level established by the Washington Department of Health (DOH)
- Trigger Level: DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office
- NA (Not Analyzed): in the results column indicates this compound was no included in the current analysis.
- ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.
- <(0.00X): The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

Lab Comments:

Reveiwed By: _____

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Arsenic Report of Analysis

Date Collected: 06/13/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--10083	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 6/13/18 Date Analyzed: 6/15/18 Date Reported: 6/18/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0060	0.001	0.01	0.01	mg/l		EPA 200.8 /KQ

NOTES:

***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291

WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Received By:  _____

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(SOC - Herbicides by EPA Method 515.3)
 Report of Analysis

Date Collected: 06/29/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 125--11184	County: Snohomish
Sample Location: 505 CRAFT AVE	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C - Confirmation (confirmation of chemical result) <input type="checkbox"/> I - Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O - Other (specify)	Date Received: 06/29/18 Date Analyzed: 7/13/18 Date Reported: 7/17/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input checked="" type="checkbox"/> D - Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: (Name) _____ Phone Number: _____
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251


EPA REGULATED AND STATE REGULATED OR REQUIRED

DOH#	Analytes	Results	Units	SRL	Trigger	MCL	Exceeds	MCL	Method	Analyst
37	2,4-D	ND	ug/L	0.10	0.10	70.			515.3 EPA	ANATEK
38	2,4,5-TP (Silvex)	ND	ug/L	0.20	0.20	50.			515.3 EPA	ANATEK
134	Pentachlorophenol	ND	ug/L	0.04	0.04	1.0			515.3 EPA	ANATEK
137	Dalapon	ND	ug/L	1.0	1.0	200			515.3 EPA	ANATEK
139	Dinoseb	ND	ug/L	0.20	0.20	7.0			515.3 EPA	ANATEK
140	Picloram	ND	ug/L	0.10	0.10	500			515.3 EPA	ANATEK
138	Dicamba	ND	ug/L	0.20	0.20	--	--	--	515.3 EPA	ANATEK
135	2,4-DB	ND	ug/L	1.0	1.0	--	--	--	515.3 EPA	ANATEK
136	2,4,5-T	ND	ug/L	0.40	0.40	--			515.3 EPA	ANATEK
220	Bentazon	ND	ug/L	0.50	0.50	--			515.3 EPA	ANATEK
221	Dichloroprop	ND	ug/L	0.50	0.50	--			515.3 EPA	ANATEK
223	Acifluorfen	ND	ug/L	2.0	2.0	--	--	--	515.3 EPA	ANATEK
225	Dacthal (DCPA Acid Metab)	ND	ug/L	0.10	0.10	--	--	--	515.3 EPA	ANATEK
226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.50	0.50	--	--	--	515.3 EPA	ANATEK
224	Chloramben	ND	ug/L	0.20	0.20	--	--	--	515.3 EPA	ANATEK

NOTES:

- SRL (State Reporting Level):** indicates the minimum reporting level required by the Washington Department of Health (DOH)
- Trigger Level:** DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.
- MCL (Maximum Contaminant Level):** If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.
- NA (Not Analyzed):** in the results column indicates this compound was not included in the current analysis.
- ND (Not Detected):** in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.
- <(0.001):** indicates the compound was not detected in the sample at or above the concentration indicated.

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Haloacetic Acid (HAA5)
Distribution System - Report of Analysis

HALOACETIC ACIDS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 08/16/18 Date Analyzed: 8/27/18 Date Reported: 8/29/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Analyte Abbreviations:
 Monochloroacetic Acid = "MCAA" Dichloroacetic Acid = "DCAA" Trichloroacetic Acid = "TCAA" Monobromoacetic Acid = "MBAA" Dibromoacetic Acid = "DBAA" Total Haloacetic Acids = "HAA5's"

(DOH#) ANALYTE	(0411) MCAA (ug/L)	(0412) DCAA (ug/L)	(0413) TCAA (ug/L)	(0414) MBAA (ug/L)	(0415) DBAA (ug/L)	(0416) HAA5's (ug/L)
SDRL	2.0	1.0	1.0	1.0	1.0	6.0
MCL	--	--	--	--	--	60**

Analytical Method / Analyst Initials: EPA 552.2 / NNL

HAA5 RESULTS

Lab Number / Sample Number	Date Collected	Location Where Sample Collected	MCAA (ug/L)	DCAA (ug/L)	TCAA (ug/L)	MBAA (ug/L)	DBAA (ug/L)	HAA5's (ug/L)
066 / 14819	08/16/2018	501 LEWIS	< 2	< 1	< 1	< 1	< 1	< 1

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TTHM TEST PANEL
Distribution System - Report of Analysis

TRIALOMETHANE ANALYSIS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 8/16/18 Date Analyzed: 8/20/18 Date Reported: 8/29/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Analytical Method / Analyst Initials: EPA 524.2 / NNL

DOH# ANALYTE	(0027) Chloroform (ug/L)	(0028) Bromodichloromethane (ug/L)	(0029) Dibromochloromethane (ug/L)	(0030) Bromoform (ug/L)	(0031) TTHM's (ug/L)
SDRL	0.5	0.5	0.5	0.5	
MCL	--	--	--	--	80**

Lab Number / Sample Number	Date Collected	Sample Location	Chloroform (ug/L)	Bromodichloromethane (ug/L)	Dibromochloromethane (ug/L)	Bromoform (ug/L)	TTHM's (ug/L)
066 / 14818	08/16/2018	501 LEWIS	2.24	3.07	3.84	1.57	10.7

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(Handwritten mark)

Arsenic
 Report of Analysis

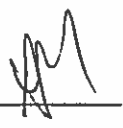
Date Collected: 09/14/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--17238	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 9/14/18 Date Analyzed: 9/21/18 Date Reported: 9/21/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0065	0.001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:
 *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.
 ANALYTE: The name of the analyte being tested for.
 DATA QUALIFIER A symbol or letter to denote additional information about the result.
 DOH#: Department assigned analyte number.
 EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.
 METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.
 mg/L: milligrams per liter or parts per million.
 RESULT: The laboratory reported result.
 SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.
 TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.
 ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Revised By: 

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Suite C
Kirkland, WA 98034
(425) 885-1664



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Arsenic Report of Analysis

Date Collected: 12/07/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--21718	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 12/ 7/18 Date Analyzed: 12/20/18 Date Reported: 12/21/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0061	0.001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:
 *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.
ANALYTE: The name of the analyte being tested for.
DATA QUALIFIER A symbol or letter to denote additional information about the result.
DOH#: Department assigned analyte number.
EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.
METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.
mg/L: milligrams per liter or parts per million.
RESULT: The laboratory reported result.
SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.
TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.
ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Reviewed By: _____

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Nitrate/Nitrite Report of Analysis

Date Collected: 12/07/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--21718	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 12/07/18 Date Analyzed: 12/ 7/18 Date Reported: 12/21/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0020	Nitrate		ND	0.5	5	10	mg/l		EPA 300.0 /JC
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /JC
0161	Total Nitrate + Nitrite		ND	0.5	--	10	mg/l		EPA 300.0 /

NOTES:
 *Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.
 --No trigger value for combined nitrate plus nitrite.
ANALYTE: The name of the analyte being tested for.
DATA QUALIFIER A symbol or letter to denote additional information about the result.
DOH#: Department assigned analyte number.
EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.
METHOD/INITIALS: Analytical method used. /initials of the analyst that performed the analysis.
 mg/L: milligrams per liter or parts per million.
RESULT: The laboratory reported result.
SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.
TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.
ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Reviewed By: _____