

Am Test Inc.  
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Professional  
 Analytical  
 Services

**TTHM TEST PANEL**

*Distribution System - Report of Analysis*

<b>TRIHALOMETHANE ANALYSIS</b>	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: 7/15/22 Date Analyzed: 7/19/22 Date Reported: 8/ 4/22 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: 425-238-1935
Send Report To: CITY OF GOLD BAR 107 5TH ST. GOLD BAR, WA 98251	Bill To: RICHARD BAKER 107 5TH ST. 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 / 11933	07/15/2022	715 CROFT AVE W.	2.68	3.24	5.11	3.26	14.3