

**Am Test Inc.**  
13600 NE 126TH PL  
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Kirkland, WA 98034  
(425) 885-1664  
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**Professional  
Analytical  
Services**

## Arsenic Report of Analysis

Date Collected: 09/15/23	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: <b>28300Y</b>	System Name: City of Gold Bar
Lab--Sample No: <b>066--15846</b>	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: 9/15/23 Date Analyzed: 9/18/23 Date Reported: 9/26/23 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		0.0054	0.0014	0.01	0.01	mg/l		EPA 200.8 /CM

#### 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.

Seth Farb  
AmTest Inc.

13600 NE 126<sup>th</sup> Pl., Suite C  
Kirkland, WA 98034  
425-885-1664

# AMTEST

LABORATORIES

DRINKING WATER SAMPLE  
INFORMATION (WSI)  
For Chemical Analysis

Report To: <i>City of Gold Bar</i>	Bill To:
Address: <i>107 5<sup>th</sup> St.</i>	Address: <i>same</i>
City: <i>Gold Bar</i> State: <i>wa.</i> Zip: <i>98251</i>	City: State: Zip:
Phone: <i>425-238-1935</i>	SEND REPORT BY:
Email: <i>r.baker@cityofgoldbar.us</i>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input type="checkbox"/> EMAIL

## Sampling Information REQUIRED

- ☐ Investigative ☒ Compliance -- for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: *9-15-23* Time Collected: *9:00* AM ☒ PM ☐
- Collected By: *Richard Baker* Telephone: *425-238-1935*
- Specific Location where sample was taken: *Tank Road*

## Water System Information REQUIRED

- System Name: *City of Gold Bar* System ID #: *28300Y*
- DOH Source #: *504/503* ☐ Check here if this is a New Source  
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
- Group: ☒ A ☐ B 8. County: *Sho.*
- Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
- Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
- Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

## Analysis to Perform (FREQUENTLY REQUESTED TESTS) FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

<b>Organic Compounds</b> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)  <b>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<b>Inorganic Compounds</b> <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List  <input type="checkbox"/> 531 - Carbamates	<b>OTHER ANALYSIS, Please List:</b>			
Relinquished By <i>Amul Bala</i>	Date <i>9-15-23</i>	Time <i>11:10</i>	Received By <i>KL</i>	Date <i>9/15/23</i>	Time <i>11:11</i>

### \*\*\*FOR LABORATORY USE ONLY\*\*\*

	YES	NO	N/A
SAMPLE TEMP. <i>18.1</i> °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>15846</i>	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT:

\*\*\*Helpful Hints to fill out form on reverse\*\*\*