

AMTEST
LABORATORIES

Nitrate/Nitrite Report of Analysis

ANALYTICAL RESULTS

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.

Set Free

Seth Farb
AmTest Inc.

Report To: <i>City of Gold Bar</i>	Bill To:
Address: <i>107 5th street</i>	Address: <i>same</i>
City: <i>Gold Bar</i> State: <i>wa.</i> Zip: <i>98267</i>	City: State: Zip:
Phone: <i>425-238-1935</i>	SEND REPORT BY:
Email: <i>r.baker@cityofgoldbar.wa.us</i>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input type="checkbox"/> EMAIL

Sampling Information REQUIRED

1. ☐ Investigative ☒ Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: *7-18-23* Time Collected: *10:00* AM ☒ PM ☐
3. Collected By: *Richard Baker* Telephone: *425-238-1935*
4. Specific Location where sample was taken: *40907 SR2*

Water System Information REQUIRED

5. System Name: *City of Gold Bar* System ID #: *28300 Y*
6. 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)
7. Group: ☒ A ☐ B 8. County: *Sno*
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

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

Organic Compounds <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM) Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input type="checkbox"/> Arsenic <input checked="" type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	OTHER ANALYSIS, Please List:			
Relinquished By <i>Richard Baker</i>	Date <i>7-18-23</i>	Time <i>1:15P</i>	Received By <i>KH</i>	Date <i>7/18/23</i>	Time <i>1315</i>

FOR LABORATORY USE ONLY

	YES	NO	N/A
SAMPLE TEMP. <i>17.7</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>12279</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