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



## Nitrate/Nitrite Report of Analysis

Date Collected: 07/18/23	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
LabSample No: <b>066</b> 12279	County: Snohomish
Sample Location: 40507 SR2	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box)  ☑ Routine/Compliance (satisfies monitoring requirements)  ☐ Confirmation (confirmation of chemical result)  ☐ Investigative (does not satisfy monitoring requirements)  ☐ Other (specify)	Date Received: 07/18/23 Date Analyzed: 7/20/23 Date Reported: 7/28/23 Comments:
Sample Composition: (Check Appropriate Box)  ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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: CITY OF GOLD BAR 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		0.36	0.2	5	10	mg/l		EPA 300.0 /AY
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /AY
0161	Total Nitrate + Nitrite		0.36	0.3		10	mg/l		EPA 300.0 /

## NOTES:

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.

<sup>\*</sup>Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

<sup>- -</sup> No trigger value for combined nitrate plus nitrite.

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



DRINKING WATER SAMPLE INFORMATION (WSI) For Chemical Analysis

Report To: City of Gold Ber Bill To:													
Address: 107 5th street													
			50	im e									
City: Gald Bar State: Wa	z, Zip: 98:	257 Cit	y:		State:	Zip:							
Phone: 424-238-1935 SEND REPORT BY:													
Email: r. baker@cityotGolDBar.vs MAIL WEB EMAIL							\IL						
Sampling Information REQUIRED													
1. Investigative													
2. Date Collected: 7 - 18 - 23		Ti	me Collect	ted: 10%	00	AM 🔀 🛚	РМ 🗌						
3. Collected By: Richard Bal	TRE	Te	elephone:	425-2	38-1935								
4. Specific Location where sample v		0507 5	R2.										
Water System Information REQUIR	Children and Child												
	5. System Name: City of GolDBar System ID#: 28300 Y												
6. DOH Source #: 504/503													
7. Group: A B 8. Cou		January III	·	ngga nom n	ioro anan orra	304, 04, 113t 411,	:						
<b>'</b>		nd Water	<b>汉</b> ] w∈	ell Field	Spring	9. Source Type: Surface Well/Ground Water W Well Field Spring Purchased							
10. Sample Taken: Before Treatment After Treatment No Treatment In Distribution													
10. Sample Taken: Before Tre	atment []												
		After Tr	eatment	☐ No	Treatment	In Dist							
11. Treatment Type: None Ae	ration 🗌 Filt	After Tro	eatment Chlorinati	☐ No <sup>-</sup> on ☐ Sot	Treatment tener []	☐ In Dist							
11. Treatment Type: None Ae	ration	After Tro	eatment Chlorinati THERS, PLE	On Sot	Treatment tener () DER OTHER	In Dist							
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