

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



Professional
 Analytical
 Services

Arsenic Report of Analysis

| | |
|---|--|
| Date Collected: 03/07/24 | 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--04929 | County: Snohomish |
| Sample Location: PINE SAMPLE STATION | Source Number(s): S03 & S04 |
| 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: 3/7/24 Date Analyzed: 3/19/24 Date Reported: 3/20/24 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 | | 0.0046 | 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.

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|---|--|
| Report To: Richard Baker | Bill To: City of Gold Bar |
| Address: City of Gold Bar 107 5th ST | Address: 107 5th |
| City: Gold Bar State: WA Zip: 98251 | City: Gold Bar State: WA Zip: 98251 |
| Phone: 360-793-1101 | SEND REPORT BY: <input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL |
| Email: r.baker@cityofgoldbar.us | |

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: 3-7-24 Time Collected: 7:30 AM PM

3. Collected By: Richard Baker Telephone: 425-278-1935

4. Specific Location where sample was taken: Pine Sample Station

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300

6. DOH Source #: SO3 & SO4 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: Snohomish

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 checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates | OTHER ANALYSIS, Please List: X - _____ |
|--|--|---|

| Relinquished By | Date | Time | Received By | Date | Time |
|----------------------|--------|------|-------------|--------|------|
| <i>Richard Baker</i> | 3-7-24 | | <i>KLH</i> | 3/7/24 | 1142 |

*****FOR LABORATORY USE ONLY*****

| | YES | NO | N/A |
|---------------------------------|--|--------------------------|--------------------------|
| SAMPLE TEMP. 15 °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# 4929 | REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS | | PAYMENT: |