

Am Test Inc.  
 13600 NE 126TH PL  
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 Kirkland, WA 98034  
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Professional  
 Analytical  
 Services

## Nitrate/Nitrite 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: <b>28300Y</b>	System Name: City of Gold Bar
Lab--Sample No: 066--04930	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: 03/07/24 Date Analyzed: 3/7/24 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
0020	Nitrate		0.22	0.2	5	10	mg/l		EPA 300.0 /EZ
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /EZ
0161	Total Nitrate + Nitrite		ND	0.3	--	10	mg/l		EPA 300.0 /

**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.

Seth Farb  
 AmTest Inc.

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 Kirkland, WA 98034  
 425-885-1664

**AMTEST**  
 LABORATORIES

**DRINKING WATER SAMPLE  
 INFORMATION (WSI)  
 For Chemical Analysis**

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: 425-238-1935

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**

<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>Inorganic Compounds</b> <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	<b>OTHER ANALYSIS, Please List:</b>  <b>X -</b> _____
<b>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<input type="checkbox"/> 531 - Carbamates	

Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Baker</i>	3-7-24	11:45	<i>KH</i>	3/7/24	1142

***FOR LABORATORY USE ONLY***			YES	NO	N/A
SAMPLE TEMP. 6.9 °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# 4930	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\*\*\*