

**Complete Inorganic Chemistry  
 ANALYSIS REPORT**

Date Collected: 06/05/24	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B Other:
Water System ID Number: 28300	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A24F0110-01	County: Snohomish
Sample Location: Tank Road	Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) <input type="checkbox"/> C - Confirmation (Confirmation of chemical result) <input type="checkbox"/> I - Investigative (Does not satisfy monitoring requirements) <input type="checkbox"/> O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 06/06/24 Date Reported: 06/13/24 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) <input type="checkbox"/> C - Composite (List source numbers in "Source Numbers" field) <input type="checkbox"/> D - Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street, Gold Bar, WA 98251	Bill To: Richard Baker

**ANALYTICAL RESULTS**

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		0.0073	0.0014	0.01	0.01	mg/L		06/12/24	EPA 200.8_5.4_1994/ AE

**NOTES**

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

NA -No trigger value for combined nitrate plus nitrite.

1 Secondary MCL (Established for aesthetic purposes, not health based)

2 TDS is required to be run if conductivity exceeds the MCL.

**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.

**mg/L:** milligrams per liter or parts per million.

**NTU:** Nephelometric turbidity units.

**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.

**µmhos/cm:** micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).

**LAB COMMENTS**



**ElementStationManager For Seth Farb**

Vice President

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: 6-5-24    Time Collected: 3:00 P.M.    AM  PM

3. Collected By: Richard Baker    Telephone: 425-238-1995

4. Specific Location where sample was taken: Tank Road

**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:

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 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>  <input checked="" type="checkbox"/> - _____
<b>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides		

Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Baker</i>	6-6-24	10:20 AM	SE	6/6/24	10:20

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

	YES	NO	N/A
SAMPLE TEMP. 6.7 °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# A24F0110-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT: