

**Complete Inorganic Chemistry  
ANALYSIS REPORT**

Date Collected: 03/06/25	System Group Type: <input checked="" type="checkbox"/> A   B   Other:
Water System ID Number: 28300	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A25C0170-01	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) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 03/07/25 Date Reported: 03/14/25 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) 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		ND	0.001	0.01	0.01	mg/L		03/13/25	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.

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



**ElementStationManager For Seth Farb**

Vice President

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**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:
Email: r.baker@cityofgoldbar.us	<input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" 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: 3-6-25 Time Collected: 1:45 pm. AM ☐ PM ☒
3. Collected By: Richard Baker Telephone: 425-238-1935
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>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<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>  <b>X -</b> _____
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Relinquished By	Date	Time	Received By	Date	Time
<i>Michael Baker</i>	3-7-25	10:15 AM	SF	3/7/25	10:15

***FOR LABORATORY USE ONLY***		YES	NO	N/A
SAMPLE TEMP. 48 °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#	REQUESTED TAT:	PAYMENT:		
A25C0170-01	<input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS			

\*\*\*Helpful Hints to fill out form on reverse\*\*\*