

**Complete Inorganic Chemistry  
ANALYSIS REPORT**

Date Collected: 05/02/24	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
Lab Number/Sample Number: 0660-A24E0031-01	County: SNOHOMISH
Sample Location: 508 1ST AVE W	Source Number (s): S04/S03
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: 05/02/24 Date Reported: 05/09/24 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	Bill To: Richard Baker

**ANALYTICAL RESULTS**

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
	Comment		0	NA	NA	NA	N/A		05/09/24	N/A/ SF

**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**

**Seth Farb**  
Vice President

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

**AMTEST**  
 LABORATORIES

DRINKING WATER SAMPLE  
 INFORMATION (WSI)  
 For Chemical Analysis

Report To: <i>City of Gold Bar</i>	Bill To:
Address: <i>107 5<sup>th</sup> St</i>	Address: <i>same</i>
City: <i>Gold Bar</i> State: <i>wa</i> Zip: <i>98251</i>	City: State: Zip:
Phone: <i>425-238-1935</i>	SEND REPORT BY:
Email: <i>r.baker@cityofgoldbar.wa</i>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input type="checkbox"/> EMAIL

**Sampling Information REQUIRED**

- Investigative  Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: *5-2-24* Time Collected: *9:30* AM  PM
- Collected By: *Richard Baker* Telephone: *425-238-1935*
- Specific Location where sample was taken: *508 1<sup>st</sup> Ave W.*

**Water System Information REQUIRED**

- System Name: *City of Gold Bar* System ID #: *28900Y*
- DOH Source #: *504/503*  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)
- Group:  A  B 8. County: *Snohomish*
- Source Type:  Surface  Well/Ground Water  Well Field  Spring  Purchased
- Sample Taken:  Before Treatment  After Treatment  No Treatment  In Distribution
- 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 type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	<b>OTHER ANALYSIS, Please List:</b>  <i>Asbestos</i>
<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>	<i>5-2-24</i>	<i>11:30 AM</i>	<i>KH</i>	<i>5/2/24</i>	<i>11:28</i>

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

	YES	NO	N/A
SAMPLE TEMP. <i>7.3</i> °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# <i>A24EQ031-01</i>	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\*\*\*

**Report for:**

**Client: AmTest**  
**Address: 13600 NE 126th PI**  
**Suite C**  
**Kirkland, WA 98034**

**Regarding:**

**Project ID:**  
**Project Description:** City of Gold Bar - Richard Baker  
**PO Number:** 22-226  
**Eurofins ID:** 3630878R01  
**Reference No.:**  
**PWSID:** 28300Y

**Service:** EPA 100.2 - Asbestos in Drinking Water (>10um length)  
**Date of Analysis:** 5/7/2024


Service SOPs: Asbestos TEM EPA 100.2 Drinking Water - Long Fibers (> 10 um only);  
(SOP:TM-500-V01\_1.02)  
NELAP Lab ID: 11747

All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank correction of results is not applied. The results relate only to the samples as received and tested. Information supplied by the client which can affect the validity of results: sample air volume. Interpretation of these results is the sole responsibility of the client.

Eurofins EPK Built Environment Testing, LLC ('the Company'), a member of the Eurofins Built Environment Testing group of companies, shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Thank you for allowing the staff at Eurofins Built Environment Testing - LabCor Seattle the opportunity to provide you with the analytical services.

**Approved by:**

  
**Shauna Bjornson**  
**Eurofins - LabCor Seattle**

## EPA 100.2 - Asbestos in Drinking Water (>10um length) Summary Data - Final Report

Job Number: 3630878      SEA

Client: AmTest

Report Number: 3630878R01

Project Name: City of Gold Bar - Richard Baker

Date Received: 5/3/2024

Eurofins Sample No.: S1

Sample Area/Mass/Volume (ml) : 800

Client Sample No.: A24E0031-01 - WA Water ID#: 11925403

Lab Filter Area (mm2) : 289.38

Filter Fraction: 1

Aliquot Dilution: 1

Grid Openings Analyzed : 4

Begin Volume: 40 ml

Final Dilution: 1

Average Grid Opening Area : 0.011

Volume Taken: 40 ml

Area Analyzed (mm2) : 0.044

Analytical Sens. (struc/MFL>10-um) : 0.164

Analyst(s)	Analysis Date	Microscope	Magnification
SB	5/7/2024	JEOL-Sr 1200	10000

Structure Type	Concentration MFL>10-um	95% Confidence Interval MFL>10-um	Structure Count <sup>1</sup> Prim/Total
TEM Water Amphibole	< 0.164	0 - 0.607 - Poisson	0
TEM Water Chrysotile	< 0.164	0 - 0.607 - Poisson	0
TEM Water Total	< 0.164	0 - 0.607 - Poisson	0

**Reviewed by:**

*Shauna Bjornson*  
 X  
 Shauna Bjornson  
 Eurofins - LabCor Seattle

\* One-sided upper 95% Poisson confidence limits may be used to calculate sample concentrations ([Struc count] \* [Analytical Sensitivity]) when the structure count is below 4. The limits are: 0 str - 0, 1 str - 1, 2 str - 2, 3 str - 3



003630878

**ASBESTOS STATE REPORTING FORM**  
*Report of Analysis*

Date Collected: (MM/DD/YY) <u>05/02/24</u>	System Group Type: (circle one) <u>(A)</u> B Other:
Water System ID Number: <u>283004</u>	System Name: <u>City of Gold Bar</u>
LAB USE - Sample #: <u>1 1 9 - 2 5 4 0 3</u>	County: <u>Snohomish</u>
Sample Location: <u>508 1st Ave, W</u>	Source Number(s): (list sources if blended or composited) <u>04 03</u>
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)	LAB USE ONLY: Date Received: (MM/DD/YY) <u>05/03/24</u> Date Analyzed: (MM/DD/YY) <u>05/07/24</u> Date Reported: (MM/DD/YY) <u>05/07/24</u> Comments:
Sample Composition: (check appropriate box) <input type="checkbox"/> S - Single Source <input checked="" type="checkbox"/> B - Blended (list sources in 'Source Number(s)' field) <input type="checkbox"/> C - Composite (list sources in 'Source Number(s)' field) <input type="checkbox"/> D - Distribution sample	Sample Type: (check one) <input type="checkbox"/> Untreated (raw) <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Unknown Sample Collected by: (name) <u>Richard Baker</u> Phone Number: <u>425-238-1935</u>
Send Report to: <u>SB 5/7/24 Amtest</u> <u>City of Gold Bar</u> <u>107 5th St</u> <u>Gold bar, WA 98251</u>	Bill to: (client name) <u>" Richard Baker</u> <u>R. Baker@cityofgoldbar.us</u>
Phone: <u>SB 5/7/24</u> <del>425-885-1664</del> <u>425-238-1935</u>	Email: (Required) <u>SB 5/7/24</u> <del>seth@amtestlab.com</del>

**EPA REGULATED AND STATE REGULATED OR REQUIRED**

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded? (X if YES)	METHOD/ Analyst initials
0115	Asbestos	<	0.164	MFL	0.2	7	7	—	EPA 100.2 SB

**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum contaminant level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- < (0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

<b>Comments:</b>		
Sample Relinquished By: <u>See COC</u>	Date/Time:	Condition on Receipt:
Sample Received By: <u>See COC</u>	Date/Time:	Temp on Receipt: