

**Complete Inorganic Chemistry  
 ANALYSIS REPORT**

Date Collected: 06/05/26	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-A26F0135-01	County: Snohomish
Sample Location: Tank Road	Source Number (s): S04 & S03
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: 06/05/26 Date Reported: 06/12/26 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		0.0076	0.001	0.01	0.01	mg/L		06/11/26	EPA 200.8_5.4_1994/ LF

**NOTES**

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

**ND:** Analyte not detected at or above the SDRL.

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.

**ElementStationManager For Seth Farb**

Vice President

Report To: <i>City of Gold Bar</i>	Bill To:
Address: <i>107 5<sup>th</sup> street</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.parker@cityofgoldbar.wa.gov</i>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input 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: *6-5-26* Time Collected: *7:40* AM  PM

3. Collected By: *Richard Parker* Telephone: *425-238-1935*

4. Specific Location where sample was taken: *park Road*

**Water System Information REQUIRED**

5. System Name: *City of Gold Bar* System ID #: *283004*

6. 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)

7. Group:  A  B 8. County:  *Sno.*

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>
<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 Parker</i>	<i>6-5-26</i>	<i>10:30 AM</i>	<i>[Signature]</i>	<i>6-5-26</i>	<i>10:30</i>

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

	YES	NO	N/A
SAMPLE TEMP <i>35</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>A26F0135-01</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\*\*\*