Am Test Inc.
13600 NE 126th Place Suite C
Kirkland, WA
(425) 885-1664
www.amtestlab.com

AMTEST LABORATORIES

Professional Analytical Services

Complete Inorganic Chemistry
ANALYSIS REPORT

Date Collected: 08/06/26	System Group Type: [A] B Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A26H0156-01	County: Snohomish
Sample Location: 715 Craft Ave W.	Source Number (s): S03 / S04
Sample Purpose: (Check Appropriate Box) ☑ 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: 08/06/26 Date Reported: 08/21/26 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source ☑ 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) ☑ 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
	DBAA		ND	1	NA	NA	ug/L		08/18/26	EPA 552.2_1_1995/ NN
	DCAA		ND	1	NA	NA	ug/L		08/18/26	EPA 552.2_1_1995/ NN
	MBAA		ND	1	NA	NA	ug/L		08/18/26	EPA 552.2_1_1995/ NN
	MCAA		ND	2	NA	NA	ug/L		08/18/26	EPA 552.2_1_1995/ NN
	TCAA		ND	1	NA	NA	ug/L		08/18/26	EPA 552.2_1_1995/ NN
	Total HAAs		ND	1	NA	60	ug/L		08/18/26	EPA 552.2_1_1995/ NN
	Bromodichloromethane		9.41	0.5	NA	NA	ug/L		08/13/26	EPA 524.2_4.1_1995/ NN
	Bromoform		10.3	0.5	NA	NA	ug/L		08/13/26	EPA 524.2_4.1_1995/ NN
	Chlorodibromomethane		12.7	0.5	NA	NA	ug/L		08/13/26	EPA 524.2_4.1_1995/ NN
	Chloroform		5.91	0.5	NA	NA	ug/L		08/13/26	EPA 524.2_4.1_1995/ NN
	Total THM		38.4	0.5	NA	80	ug/L		08/13/26	EPA 524.2_4.1_1995/ NN

The contents of this report apply to the sample(s) analyzed in accordance with the chain of custody document.
No duplication of this report is allowed, except in its entirety.

Sample ID: A26H0156-01
Sample Name: 715 Craft Ave W.

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

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DRINKING WATER SAMPLE INFORMATION (WSI) For Chemical Analysis

Report To: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: wa Zip: 98251	City: State: Zip:
Phone: 360-793-1101	**SEND REPORT BY:**
Email: r.baker@cityofgoldbar.us	☐ MAIL ☐ WEB ☐ 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: 8-6-26 Time Collected: 7:30 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: 715 Craftaven.

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 293004
6. DOH Source #: 503 / 504 ☐ 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

Organic Compounds
- ☐ 524.2 - VOC
- ☒ 552.2 - Haloacetic Acids (HAA)
- ☒ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides
- ☐ 531 - Carbamates

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☐ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
Richard Baker	8-6-26	11:17 AM		8/6/26	11:17

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 16.3 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID# A26H0156-01

REQUESTED TAT: ☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS

PAYMENT:

Helpful Hints to fill out form on reverse