

Am Test Inc.
13600 NE 126TH PL
Suite C
Kirkland, WA 98034
(425) 885-1664
www.amtestlab.com



Professional
Analytical
Services

Select Inorganic Chemistry Report of Analysis

Date Collected: 01/08/20	System Group Type: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> Other: Private
Water System ID Number: PRIVATE	System Name: ANDERSON
Lab-Sample No: 066-00339	County: SNOHOMISH
Sample Location: SINK	Source Number(s):
Sample Purpose: (Check Appropriate Box) <input type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input checked="" type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 1/ 9/20 Date Analyzed: 1/ 9/20 Nitrates Date Reported: 1/16/20 Comments:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input checked="" type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: DAVE ANDERSON Phone Number: 206-295-2031
Send Report To: DAVE ANDERSON Attention: DAVE ANDERSON 22533 165TH AVE SE MONROE, WA 98272	Bill To: DAVE ANDERSON 22533 165TH AVE SE MONROE, WA 98272

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0004	Arsenic		0.0087	0.001	0.01	0.01	mg/l		1/15/20	EPA 200.8 /HKL
0114	Nitrite		ND	0.1	0.5	1	mg/l		1/ 9/20	EPA 300.0 /SH
0020	Nitrate		0.78	0.5	5	10	mg/l		1/ 9/20	EPA 300.0 /SH
0161	Total Nitrate + Nitrite		0.78	0.5	5	10	mg/l			EPA 300.0 /

NOTES:

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

- No existing trigger or MCL.

ANALYTE: The name of the analyte being tested for.

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.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

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

NTU: milligrams per liter or parts per million.

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. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/08/2020 Month Day Year	Time Sample Collected 7:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other: _____			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# N/A			
System Name:			
Contact Person:			
Day Phone: 206 295 2031		Cell Phone:	
Eve. Phone:		FAX:	
Send results to: (Print full name, address and zip code) DAVE ANDERSON , WA,			
SAMPLE INFORMATION			
Sample collected by (name): DAVE			
Specific location where sample collected: SINK			
Project Name or Comments:			
Type of Sample (select only one type of sample from types 1 through 5 below)			
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
3. Ground Water Rule Source Sample _____ S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)			
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _____ S _____			
5. <input checked="" type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input checked="" type="checkbox"/> Other			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____			
Bacterial Density Results:			
Plate Count / ml.		E.coli /100 ml.	
Total Coliform /100 ml.		Fecal Coliform /100 ml.	
Method Code: SM 9223B		Date Received: 1/ 9/2020	
Date Analyzed: 1/ 9/2020, 9:15		Date Reported: 1/10/20	
066-00138 Sample Number (DOH number plus five digits)		Lab Use Only: PAID	

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AMTEST
 LABORATORIES

**DRINKING WATER SAMPLE
 INFORMATION (WSI)
 For Chemical Analysis**

Report To: <i>DAVE ANDERSON</i>	Bill To: <i>DAVE ANDERSON</i>
Address: <i>22533 165th AVE SE</i>	Address:
City: <i>MUNROE</i> State: <i>WA</i> Zip: <i>98072</i>	City: State: Zip:
Phone: <i>206-295-2031</i>	SEND REPORT BY:
Email: <i>SUMMITHTG@AOL.COM</i>	<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: *11/9/20* Time Collected: *7:00* AM PM

3. Collected By: *DAVE* Telephone: *206-295-2031*

4. Specific Location where sample was taken: *SINK*

Water System Information REQUIRED

5. System Name: *WELL* System ID #:

6. DOH Source #: 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 <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM) Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input checked="" type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	OTHER ANALYSIS, Please List:
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Relinquished By	Date	Time	Received By	Date	Time
<i>[Signature]</i>	<i>11/9/20</i>	<i>8:25</i>	<i>[Signature]</i>	<i>11/9/20</i>	<i>8:25</i>

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

	YES	NO	N/A
SAMPLE TEMP. <i>15.7</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>339</i>	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS	PAYMENT: \$ PAID
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*****Helpful Hints to fill out form on reverse*****

