

Am Test Inc.
13600 NE 126TH PL
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Kirkland, WA 98034
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Professional
Analytical
Services

Arsenic Report of Analysis

Date Collected: 06/05/23	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 47660W	System Name: LOCLAMAN WATER ASSOC
Lab--Sample No: 066--09719	County: King
Sample Location: WELL HOUSE SAMPLE TAP	Source Number(s): S02
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 6/ 6/23 Date Analyzed: 6/13/23 Date Reported: 6/26/23 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: TOM CUNNINGHAM Phone Number: 253-273-7339
Send Report To: LOCLAMAN WATER ASSOCIATION PO BOX 481 HOBART, WA 98025	Bill To: TOM CUNNINGHAM HOBART, WA 98025

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0026	0.0014	0.01	0.01	mg/l		EPA 200.8 /CM

NOTES:

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

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.

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.

Aaron Young
Laboratory Manager

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

AMTEST
LABORATORIES

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

Report To: Tom Cunningham	Bill To: Locloman Water Association
Address: PO Box 431	Address: PO Box 481
City: Kent State: WA Zip: 98035	City: Hobart State: WA Zip: 98025
Phone: 253-273-7339	SEND REPORT BY: <input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL
Email: h2otom@gmail.com	

Sampling Information REQUIRED

- ☐ Investigative ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: 6/5/23 Time Collected: 6:00 AM ☐ PM ☒
- Collected By: Tom Cunningham Telephone: 253-273-7339
- Specific Location where sample was taken: Well house sample tap

Water System Information REQUIRED

- System Name: Locloman Water Association System ID #: 47660W
- DOH Source #: SO2 ☐ 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: King
- 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

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 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>Tom Cunningham</i>	6-6-23	11:00 am	<i>RL</i>	6/6/23	14:04

FOR LABORATORY USE ONLY

SAMPLE TEMP. 16.2 °C SATISFACTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# 9719	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