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Professional  
 Analytical  
 Services

## Select Inorganic Chemistry Report of Analysis

Date Collected: 09/29/20	System Group Type: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> Other: Private
Water System ID Number: PRIVATE	System Name: INGEBRIGHT
Lab--Sample No: 066--15835	County:
Sample Location: KITCHEN FAUCET	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: 9/29/20 Date Analyzed: 9/29/20 Nitrates Date Reported: 10/16/20 Comments:
Sample Composition: (Check Appropriate Box) <input 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 checked="" 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: DAVID INGEBRIGHT Phone Number: 425-220-5331
Send Report To: DAVID INGEBRIGHT Attention: DAVID INGEBRIGHT 15819 JORDAN RD ARLINGTON, WA 98223	Bill To: DAVID INGEBRIGHT 15819 JORDAN RD ARLINGTON, WA 98223

### ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0004	Arsenic		0.0010	0.0001	0.01	0.01	mg/l		10/ 5/20	EPA 200.8 /JDR
0114	Nitrite		ND	0.1	0.5	1	mg/l		9/29/20	EPA 300.0 /AY
0020	Nitrate		ND	0.5	5	10	mg/l		9/29/20	EPA 300.0 /AY
0161	Total Nitrate + Nitrite		ND	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.

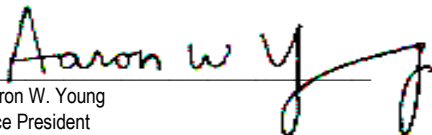
NTU: milligrams per liter or parts per million.

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.

  
 Aaron W. Young  
 Vice President

Report To: <i>DAVID INGEBRIGT</i>	Bill To:
Address: <i>15819 JORDAN RD</i>	Address: <i>SAME</i>
City: <i>ARLINGTON</i> State: <i>VA</i> Zip: <i>91223</i>	City: State: Zip:
Phone: <i>425 220 5331</i>	SEND REPORT BY:
Email: <i>daveingeb@comcast.net</i>	<input 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: *9/29/20* Time Collected: *9:46* AM  PM

3. Collected By: *D. INGEBRIGT* Telephone: *425 220 5331*

4. Specific Location where sample was taken: *KITCHEN FAUCET*

**Water System Information REQUIRED**

5. System Name: *VALHALLA SPRING* 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:

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>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<b>Inorganic Compounds</b> <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	<b>OTHER ANALYSIS, Please List:</b>
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Relinquished By	Date	Time	Received By	Date	Time
<i>D. INGEBRIGT</i>	<i>9/29/20</i>	<i>11:20</i>	<i>[Signature]</i>	<i>9/29/20</i>	<i>11:20</i>

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

	YES	NO	N/A
SAMPLE TEMP. <i>17.6 °C</i> 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>15835</i>	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT: <b>PAID</b>