



**Goldendale School District #404**  
**Dr. Ellen Perconti, Superintendent     Dean Schlenker, Business Manager**  
604 E. Brooks St., Goldendale, WA 98620,  
phone (509) 773-5177, fax (509) 773-6028

September 8, 2021

RE: Lead Water Testing Requirements

To Whom it May Concern:

New legislation was enacted requiring school district's sample for potential lead in the water system. The Goldendale School District utilizes the City of Goldendale water as its source. A copy of the test results completed are attached to this letter.

We had one sink test higher than authorized because of the lack of use over the summer months. A new certified lead-free sink was installed and the water retested. The retest was well below the standards authorized.

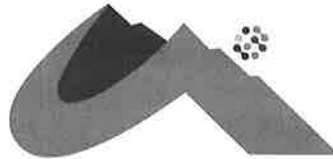
A copy of the testing procedures outlined by the Environmental Protection Agency (EPA) is posted to our District Website. If you need further information please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Dean M. Schlenker". The signature is fluid and cursive.

Dean M. Schlenker  
Business Manager  
[Dean.schlenker@gsd404.org](mailto:Dean.schlenker@gsd404.org)  
509-773-5177

1008 W. Ahtanum Rd.  
 Union Gap, WA 98903  
 (509) 452-7707  
 Fax: (509) 452-7773



3019 G.S. Center Rd.  
 Wenatchee, WA 98801  
 (509) 662-1888  
 Fax: (509) 662-8183

EUROFINS CASCADE ANALYTICAL

Billing Code: 22265

Batch #: 127211

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <u>Goldendale School Dist</u> <u>604 E Brooks St</u> <u>Goldendale, WA 98620</u>	Bill to: (Client Name) <u>Goldendale School Dist</u> <u>604 E Brooks St</u> <u>Goldendale, WA 98620</u>
Date Collected: (MM/DD/YY) <u>08</u> / <u>17</u> / <u>21</u>	System Group Type: (Circle one) <input checked="" type="radio"/> A <input type="radio"/> B Other: (Specify)
Water System ID Number <u>28459C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>016701</u>	County: <b>Klickitat</b>
Sample Location: <u>H/S Kit First Draw</u>	Source Numbers(s) _____
<b>Sample Purpose: (Check Appropriate Box)</b> <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)	Date Received: (MM/DD/YY) <u>08</u> / <u>17</u> / <u>21</u> Date <sup>Analyzed</sup> Analyzed: (MM/DD/YY) <u>08</u> / <u>25</u> / <u>21</u> Date <sup>Reported</sup> Reported: (MM/DD/YY) <u>08</u> / <u>26</u> / <u>21</u> COMMENTS: _____
*Confirmation: Original Sample Lab # _____ Original Sample Date _____	
<b>Sample Composition: (Check Appropriate Box)</b> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	Sample Type: (Check one) <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown  Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.003485	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

**105-151**

**016701**

**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to SRL.
- NTU:** Nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).
- 1: Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- :** No existing value.

**Comments:** \_\_\_\_\_

*Jessica G-schultz*

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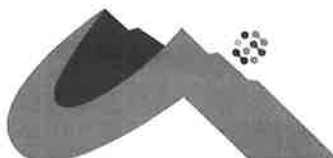


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Billing Code: 22265

Batch #: 127211

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <u>Goldendale School Dist</u> <u>604 E Brooks St</u> <u>Goldendale, WA 98620</u>	Bill to: (Client Name) <u>Goldendale School Dist</u> <u>604 E Brooks St</u> <u>Goldendale, WA 98620</u>
Date Collected: (MM/DD/YY) <u> 8 / 17 / 21 </u>	System Group Type: (Circle one) <input checked="" type="radio"/> A <input type="radio"/> B Other: (Specify)
Water System ID Number <u> 28450C </u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u> 105-151 -- 016702 </u>	County: <b>Klickitat</b>
Sample Location: <u> H/S Kit Flush </u>	Source Numbers(s) _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u> 8 / 17 / 21 </u> Date Analyzed: (MM/DD/YY) <u> 8 / 23 / 21 </u> Date Reported: (MM/DD/YY) <u> 8 / 26 / 21 </u> COMMENTS: _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <u> Client </u> Phone Number: <u> 509-773-4903 </u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.002130	mg/L	0.001		0.015	No	ED0 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

**105-151**

**016702**

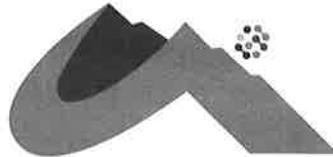
**NOTES:**

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- <sup>1</sup>: **Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- :** No existing value.

**Comments:** \_\_\_\_\_

*Joanne G-scheller*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

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Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013839</u>	County: <b>Klickitat</b>
Sample Location: <u>HS Kit</u>	Source Numbers(s) _____, _____, _____, _____, _____
<b>Sample Purpose: (Check Appropriate Box)</b> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>27</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
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0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.03120	mg/L	0.001		0.015	Yes	EPA 200.8/RLK
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0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013839

**NOTES:**

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

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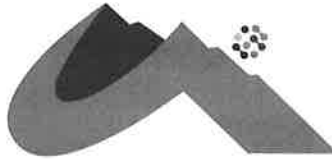
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--: No existing value.

**Comments:** \_\_\_\_\_

*Joanna B. Smith*

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Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013840</u>	County: <b>Klickitat</b>
Sample Location: <u>HS EBR</u>	Source Numbers(s) _____, _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date <del>Received</del> Analyzed: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date <del>Reported</del> Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date <del>Reported</del> Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

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0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		



DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.009250	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013840

**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to SRL.
- NTU:** Nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).
- 1: Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- :** No existing value.

*Joanne G. Smith*

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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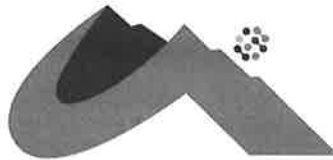
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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <input checked="" type="checkbox"/> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013841</u>	County: <b>Klickitat</b>
Sample Location: <u>HS WBR</u>	Source Numbers(s) _____, _____, _____, _____, _____
<b>Sample Purpose: (Check Appropriate Box)</b> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<b>Sample Composition: (Check Appropriate Box)</b> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<b>Sample Type: (Check one)</b> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown  Sample Collected by: <b>Client</b> <u>509-773-4903</u> Phone Number: _____

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.005140	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013841

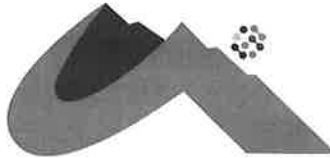
**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to SRL.
- NTU:** Nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).
- 1: Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- :** No existing value.

**Comments:** \_\_\_\_\_

*Joanna G. Smith*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013842</u>	County: <b>Klickitat</b>
Sample Location: <u>HS CTE</u>	Source Numbers(s) _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Analyzed: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <b>Client</b> Phone Number: <b>509-773-4903</b>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.000570	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013842

**NOTES:**

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

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

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

**NTU:** Nephelometric turbidity units (a measure of water clarity).

**umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).

**1: Secondary MCL** (Established for esthetic purposes, not health based)

**<(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

--: No existing value.

**Comments:** \_\_\_\_\_

*Joanna G. Smith*

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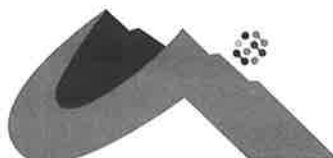


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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265

Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013843</u>	County: <b>Klickitat</b>
Sample Location: <u>MS Kit</u>	Source Numbers(s) _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.002130	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013843

**NOTES:**

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

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

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

**NTU:** Nephelometric turbidity units (a measure of water clarity).

**umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).

**1: Secondary MCL** (Established for esthetic purposes, not health based)

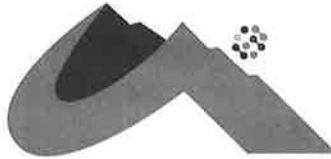
**<(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

**--:** No existing value.

**Comments:** \_\_\_\_\_

*Joanna B-S RLK*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>284500</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013844</u>	County: <b>Klickitat</b>
Sample Location: <u>MS Staff</u>	Source Numbers(s) _____, _____, _____, _____, _____
<b>Sample Purpose: (Check Appropriate Box)</b> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Analyzed: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<b>Sample Composition: (Check Appropriate Box)</b> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<b>Sample Type: (Check one)</b> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown  Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		



DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.001700	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013844

**NOTES:**

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

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

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

**NTU:** Nephelometric turbidity units (a measure of water clarity).

**umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).

**1: Secondary MCL** (Established for esthetic purposes, not health based)

**<(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

**--:** No existing value.

**Comments:** \_\_\_\_\_

*Downing 6-5-11*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450L</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013845</u>	County: <b>Klickitat</b>
Sample Location: <u>MS 7&amp;B</u>	Source Numbers(s) _____, _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Analyzed: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.004440	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013845

**NOTES:**

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

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

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

**NTU:** Nephelometric turbidity units (a measure of water clarity).

**umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).

**1: Secondary MCL** (Established for esthetic purposes, not health based)

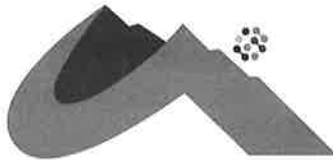
**<(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

**--:** No existing value.

**Comments:** \_\_\_\_\_

*Joanne BSM*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013846</u>	County: <b>Klickitat</b>
Sample Location: <u>MS 516</u>	Source Numbers(s) _____, _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Analyzed Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Reported Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos, Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <b>Client</b> <u>509-773-4903</u> Phone Number: _____

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.005560	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013846

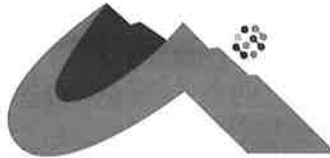
**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to SRL.
- NTU:** Nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).
- 1: Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- :** No existing value.

**Comments:** \_\_\_\_\_

*Joanna BSL*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <u>Goldendale School Dist</u> <hr/> <u>604 E Brooks St</u> <hr/> <u>Goldendale, WA 98620</u> <hr/>	Bill to: (Client Name) <u>Goldendale School Dist</u> <hr/> <u>604 E Brooks St</u> <hr/> <u>Goldendale, WA 98620</u> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <u>City of Goldendale</u>
Lab -- Sample Number <u>105-151</u> -- <u>013847</u>	County: <u>Klickitat</u>
Sample Location: <u>PS KIT</u>	Source Numbers(s) _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____
*Confirmation: Original Sample Lab # _____ Original Sample Date _____	
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown  Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTALNITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.000800	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013847

**NOTES:**

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

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

**NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.

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

**NTU:** Nephelometric turbidity units (a measure of water clarity).

**umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).

**1: Secondary MCL** (Established for esthetic purposes, not health based)

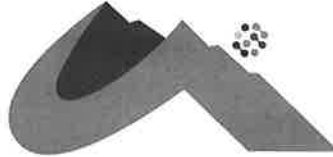
**<(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

--: No existing value.

**Comments:** \_\_\_\_\_

*Jonathan G.S.M.*

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 Fax: (509) 662-8183

EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <u>Goldendale School Dist</u> <hr/> <u>604 E Brooks St</u> <hr/> <u>Goldendale, WA 98620</u> <hr/>	Bill to: (Client Name) <u>Goldendale School Dist</u> <hr/> <u>604 E Brooks St</u> <hr/> <u>Goldendale, WA 98620</u> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <u>City of Goldendale</u>
Lab -- Sample Number <u>105-151</u> -- <u>013848</u>	County: <u>Klickitat</u>
Sample Location: <u>PS Staff</u>	Source Numbers(s) _____, _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <u>Client</u> Phone Number: <u>509-773-4903</u>

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		



DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.000730	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPHOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013848

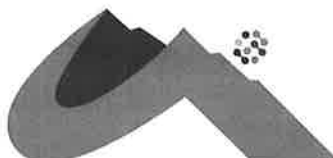
**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
- MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to SRL.
- NTU:** Nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).
- <sup>1</sup>: **Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- : No existing value.

**Comments:** \_\_\_\_\_

*Downing 6-5-11*

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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265

Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013849</u>	County: <b>Klickitat</b>
Sample Location: <u>PS RMB</u>	Source Numbers(s) _____, _____, _____, _____, _____
<u>Sample Purpose: (Check Appropriate Box)</u> <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) _____  <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<u>Sample Composition: (Check Appropriate Box)</u> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<u>Sample Type: (Check one)</u> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown  Sample Collected by: <b>Client</b> <u>509-773-4903</u> Phone Number: _____

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	0.001830	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013849

**NOTES:**

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

**SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).

**Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL (maximum containment level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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

**NTU:** Nephelometric turbidity units (a measure of water clarity).

**umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).

**1: Secondary MCL** (Established for esthetic purposes, not health based)

**<(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

--: No existing value.

**Comments:** \_\_\_\_\_

*Joanne B. S. L.*

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 (509) 452-7707  
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EUROFINS CASCADE ANALYTICAL

Billing Code: 22265  
 Batch #: 125686

## INORGANIC CONTAMINANTS (IOC) ANALYTICAL REPORT

Send Report to: <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>	Bill to: (Client Name) <b>Goldendale School Dist</b> <hr/> <b>604 E Brooks St</b> <hr/> <b>Goldendale, WA 98620</b> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u>	System Group Type: (Circle one) A <sup>X</sup> B Other: (Specify)
Water System ID Number <u>28450C</u>	System Name: <b>City of Goldendale</b>
Lab -- Sample Number <u>105-151</u> -- <u>013850</u>	County: <b>Klickitat</b>
Sample Location: <u>PS RM10</u>	Source Numbers(s) _____, _____, _____, _____, _____
<b>Sample Purpose: (Check Appropriate Box)</b> <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) _____ <small>*Confirmation: Original Sample Lab # _____ Original Sample Date _____</small>	Date Received: (MM/DD/YY) <u>7</u> / <u>13</u> / <u>21</u> Date Analyzed: (MM/DD/YY) <u>7</u> / <u>20</u> / <u>21</u> Date Reported: (MM/DD/YY) <u>7</u> / <u>29</u> / <u>21</u> COMMENTS: _____ _____
<b>Sample Composition: (Check Appropriate Box)</b> <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. Field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution sample	<b>Sample Type: (Check one)</b> <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown Sample Collected by: <b>Client</b> <u>509-773-4903</u> Phone Number: _____

### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded	METHOD/Analyst Initials
0004	ARSENIC	NA	mg/L	0.0014	0.010	0.010		
0005	BARIUM	NA	mg/L	0.1	2	2		
0006	CADMIUM	NA	mg/L	0.001	0.005	0.005		
0007	CHROMIUM	NA	mg/L	0.007	0.1	0.1		
0011	MERCURY	NA	mg/L	0.0002	0.002	0.002		
0012	SELENIUM	NA	mg/L	0.002	0.05	0.05		
0110	BERYLLIUM	NA	mg/L	0.0003	0.004	0.004		
0111	NICKEL	NA	mg/L	0.005	--	--		
0112	ANTIMONY	NA	mg/L	0.003	0.006	0.006		
0113	THALLIUM	NA	mg/L	0.001	0.002	0.002		
0116	CYANIDE	NA	mg/L	0.01	0.2	0.2		
0019	FLUORIDE	NA	mg/L	0.5	2	4		
0114	NITRITE-N	NA	mg/L	0.1	0.5	1		
0020	NITRATE-N	NA	mg/L	0.5	5	10		
0161	TOTAL NITRATE/NITRITE	NA	mg/L	0.5	5	10		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	>MCL? Exceeded	METHOD/Analyst Initials
0008	IRON	NA	mg/L	0.1	--	0.3 <sup>1</sup>		
0010	MANGANESE	NA	mg/L	0.01	--	0.05 <sup>1</sup>		
0013	SILVER	NA	mg/L	0.1	--	0.1 <sup>1</sup>		
0021	CHLORIDE	NA	mg/L	20	--	250 <sup>1</sup>		
0022	SULFATE	NA	mg/L	50	--	250 <sup>1</sup>		
0024	ZINC	NA	mg/L	0.2	--	5 <sup>1</sup>		

0014	SODIUM	NA	mg/L	5	--	--		
0015	HARDNESS	NA	mg/L	10	--	--		
0016	CONDUCTIVITY	NA	umhos/cm	70	--	700 <sup>1</sup>		
0017	TURBIDITY	NA	NTU	0.1	--	--		
0018	COLOR	NA	color units	15	--	15 <sup>1</sup>		
0026	TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	100	--	500 <sup>1</sup>		
0009	LEAD	<del>0.003300</del>	mg/L	0.001		0.015	No	EPA 200.8/RLK
0023	COPPER	NA	mg/L	0.02		AL 1.3		

**OTHER**

0171	ORTHOPOSPHATE	NA	mg/L	0.01				
0172	SILICA	NA	mg/L	1.0				
0402	ALUMINUM	NA	mg/L	0.05				
0403	ALKALINITY	NA	mg/L	0.1				
0404	MAGNESIUM	NA	mg/L	0.01				
0405	CALCIUM	NA	mg/L	0.5				
0406	AMMONIA	NA	mg/L	1.0				
	pH	NA						
0421	Total Organic Carbon	NA	mg/L	0.7	--	--		

105-151

013850

**NOTES:**

- \***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.
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- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to SRL.
- NTU:** Nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of water conductivity).
- 1:** **Secondary MCL** (Established for esthetic purposes, not health based)
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- :** No existing value.

**Comments:** \_\_\_\_\_

*Jannine B...*