

 **ANALYTICAL REPORT****PREPARED FOR**

Attn: Steven Randell  
Goldendale School District  
604 East Brooks St.  
Goldendale WA 98620

Generated 12/29/2023 9:10 AM

**JOB DESCRIPTION**

Drinking water

**JOB NUMBER**

580-134332-1

# Eurofins Seattle

## Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

The test results in this report relate only to the samples as received by the laboratory and will meet all requirements of the methodology, with any exceptions noted. This report shall not be reproduced except in full, without the express written approval of the laboratory. All questions should be directed to the Eurofins Environment Testing Northwest, LLC Project Manager.

## Authorization



Generated  
12/29/2023 9:10 AM

Authorized for release by  
Randee E Arrington, Business Unit Manager  
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509 924-9200



## Environment Testing

5755 8th Street East, Tacoma, WA 98424 / Tel: (509) 924-9200 / Lab ID No. C1089

### Lead and Copper Distribution System - Report of Analyses

<b>Lead and Copper Analyses (LCR)</b>	System Group Type: (circle one) <input checked="" type="radio"/> A <input type="radio"/> B Other:
Water System ID Number: 28450C	System Name: City of Goldendale
Source: S93 (standing distribution samples)	County: Klickitat
	Consecutive System? (circle one) Yes No
<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 - does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) 11/30/23 Date Analyzed: (MM/DD/YY) 12/04/23 Date Reported: (MM/DD/YY) 12/29/23  COMMENTS:
<u>Sample Composition: (check appropriate box)</u> <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (list source numbers in "Source Numbers" field) <input type="checkbox"/> C - Composite (list source numbers in "Source Numbers" field) <input checked="" type="checkbox"/> D - Distribution Sample	<u>Sample Type: (check one)</u> <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other  Sample Collected by: (name) Steven Randall Phone Number: 509-773-4903
Send Report to: Goldendale School District 604 East Brooks St. Goldendale, WA 98620	Bill to: (client name)

### ANALYTICAL RESULTS

(DOH #) Analyte	(0009) Lead	(0023) Copper
State Reporting Level (SDRL)	0.001 mg/L	0.02 mg/L
Regulatory Action Level	0.015 mg/L	1.3 mg/L
Analytical Method / Analyst's Initials	200.8/EV	200.8/EV

Lab Number / Sample Number	Date Collected	Sample Location	Lead (mg/L)	Copper (mg/L)
288 / 33201	11/30/2023	MS7&8DF	ND	
288 / 33202	11/30/2023	MSKIT	ND	
288 / 33203	11/30/2023	PSSR	ND	
288 / 33204	11/30/2023	PSRM109	ND	
288 / 33205	11/30/2023	HSCTEDF	ND	
288 / 33206	11/30/2023	HSKIT	0.0021	
288 / 33207	11/30/2023	MSSR	ND	
288 / 33208	11/30/2023	MS5&6DF	ND	
288 / 33209	11/30/2023	PSKIT	ND	
288 / 33210	11/30/2023	PSRM8	ND	
288 / 33211	11/30/2023	HSDEF	ND	
288 / 33212	11/30/2023	HSWDF	ND	

**NOTES:**

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

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

**Regulatory Action Level:** The concentration against which the 90<sup>th</sup> percentile of all distribution samples collected during the monitoring period that, if exceeded, signals the system is in violation.

**SDRL (State Detection Reporting Limit):** The minimum reporting level established by the department.

**LAB COMMENTS AND DATA QUALIFIER** - Note data qualifiers next to the individual result. Note the definition of the qualifier here: