



# ANALYTICAL REPORT

## PREPARED FOR

Attn: Water Report  
NW Natural Water Services, LLC  
107 S Main St  
Coupeville, Washington 98239

Generated 9/1/2026 1:08:03 PM

## JOB DESCRIPTION

SARATOGA - ARSENIC  
S05

## JOB NUMBER

110-15771-1

## 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 Drinking Water and Wastewater West, LLC Project Manager.

## Authorization



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Authorized for release by  
Crystal Deighton, Project Manager  
[Crystal.Deighton@et.eurofinsus.com](mailto:Crystal.Deighton@et.eurofinsus.com)  
(360)757-1400

Client Sample Results

Client: NW Natural Water Services, LLC  
Project/Site: SARATOGA - ARSENIC

Job ID: 110-15771-1  
SDG: S05

Client Sample ID: SARATOGA - ARSENIC - WEEK 3  
Date Collected: 08/24/26 16:08  
Date Received: 08/25/26 15:32

Lab Sample ID: 110-15771-1  
Matrix: Drinking Water  
PWSID Number: 763000

Method: 200.8 - Metals (ICP/MS)

| Analyte | Result | Qualifier | RL     | Unit | D | Analyzed       | Dil Fac | Analyst |
|---------|--------|-----------|--------|------|---|----------------|---------|---------|
| Arsenic | 0.020  |           | 0.0010 | mg/L |   | 08/31/26 14:48 | 1       | T8BB    |

## Action Limit Summary

Client: NW Natural Water Services, LLC  
Project/Site: SARATOGA - ARSENIC

Job ID: 110-15771-1  
SDG: S05

**Client Sample ID: SARATOGA - ARSENIC - WEEK 3**

**Lab Sample ID: 110-15771-1**

**PWSID Number: 763000**

### Compliance Check

The results obtained from the analytical testing of this data set were checked against compliance limits received from the client. Any results at or above the compliance limits have been highlighted for your convenience.

| Analyte | Result | Qualifier | Unit | EPAMCL<br>Limit | RL     | Method | Prep Type |
|---------|--------|-----------|------|-----------------|--------|--------|-----------|
| Arsenic | 0.020  |           | mg/L | 0.01            | 0.0010 | 200.8  | Total/NA  |

Eurofins Washington

1620 S Walnut Street  
Burlington, WA 98233  
Phone (360) 757-1400

Chain of Custody Record



ting

Client Information

Client Contact: JESSICA ZIMMER

Sample: Jessica Zimmer  
Phone: PWSID: 763000

Lab PM: CRYSTAL DEIGHTON

E-Mail: crystal.deighton@et.eurofins.com

Carrier Tracking No(s):

State of Origin: WA

COC No:

Page: 110-15771 COC  
Page 1 of 1



Company: NW NATURAL WATER SERVICES

Address: 102 SW TERRY ROAD

City: COUPEVILLE

State, Zip: WA, 98239

Phone: 360-226-5007 / 360-226-4745

Email: wa.testing@nwnaturalwaterservices.com

Project Name: SARATOGA - ARSENIC

Compliance Source Number: S05

Analysis Requested

| COMPLIANCE INVESTIGATIVE |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|
| BACTERIA - COLIFORM      |  |  |  |  |  |  |  |  |  |
| ARSENIC                  |  |  |  |  |  |  |  |  |  |
| NITRATE                  |  |  |  |  |  |  |  |  |  |
| IRON                     |  |  |  |  |  |  |  |  |  |
| MANGANESE                |  |  |  |  |  |  |  |  |  |
| CHLORIDE                 |  |  |  |  |  |  |  |  |  |
| CONDUCTIVITY             |  |  |  |  |  |  |  |  |  |
| PFAS                     |  |  |  |  |  |  |  |  |  |
| LEAD & COPPER            |  |  |  |  |  |  |  |  |  |
| DBP (TTHM / HAA5)        |  |  |  |  |  |  |  |  |  |

Total Number of containers

Special Instructions/Note:

SARATOGA - ARSENIC - WEEK 3

8-24-26

11:08 PM

G

DW

X

X

Possible Hazard Identification

☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Deliverable Requested: I, II, III, IV, Other (specify)

Date:

Time:

Method of Shipment:

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

☐ Return To Client ☐ Disposal By Lab ☐ Archive For Months

Special Instructions/QC Requirements:

Relinquished by:

Date/Time:

Company: NW Natural Water

R

Relinquished by:

Date/Time:

Company:

R

EDGE RECIO 8/25/26 1532

Date/Time: 8/25/26

Company: Eurofins WA

Relinquished by:

Date/Time:

Company:

Received by:

Date/Time: 8/25/26

Company:

Custody Seals Intact: ☐ Yes ☒ No

Custody Seal No.:

Cooler Temperature(s) °C and Other Remarks:



| Client Information (Sub Contract Lab)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | Lab PM:                            | Carrier Tracking No(s): | COC No:     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------|-------------------------|-------------|
| Client Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | Deighton, Crystal                  | N/A                     | 110-2810 1  |
| Shipping/Receiving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | E-Mail:                            | State of Origin:        | Page:       |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | Crystal Deighton@et.eurofinsus.com | Washington              | Page 1 of 1 |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | Accreditations Required (See note) | Job #:                  |             |
| Eurofins Drinking Water and Wastewater W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | NELAP - Oregon, State - Washington | 110-15771-1             |             |
| Due Date Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | Preservation Codes:                |                         |             |
| 9/8/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                    |                         |             |
| TAT Requested (days):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                    |                         |             |
| PO #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                    |                         |             |
| WO #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                    |                         |             |
| Project #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                    |                         |             |
| 11001269                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                    |                         |             |
| SSOW#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                    |                         |             |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                    |                         |             |
| Sample Identification - Client ID (Lab ID)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | Special Instructions/Note:         |                         |             |
| SARATOGA - ARSENIC - WEEK 3 (110-15771-1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                    |                         |             |
| Sample Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | Total Number of Containers         |                         |             |
| 8/24/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | 1                                  |                         |             |
| Sample Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                    |                         |             |
| 16:08 Pacific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                    |                         |             |
| Sample Type (C=Comp, G=grab)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                         |             |
| G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                    |                         |             |
| Matrix (W=water, S=solid, O=on-site, A=air)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                    |                         |             |
| G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                    |                         |             |
| Preservation Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                    |                         |             |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                    |                         |             |
| Field Filtered Sample (Yes or No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                    |                         |             |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                    |                         |             |
| Perform MS/MSD (Yes or No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                    |                         |             |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                    |                         |             |
| 200.8_SDW/Auto_ME_NoPrep(MOD) Arsenic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                    |                         |             |
| Note: Since laboratory accreditations are subject to change, Eurofins Drinking Water and Wastewater West, LLC places the ownership of method analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/test/matrix being analyzed, the samples must be shipped back to the Eurofins Drinking Water and Wastewater West, LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Drinking Water and Wastewater West, LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Drinking Water and Wastewater West, LLC. |  |  |  |                                    |                         |             |
| <b>Possible Hazard Identification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| Unconfirmed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                    |                         |             |
| Deliverable Requested I, II, III, IV, Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| Primary Deliverable Rank: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                    |                         |             |
| Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                    |                         |             |
| <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                    |                         |             |
| Special Instructions/QC Requirements:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                    |                         |             |
| Method of Shipment: Fed Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                    |                         |             |
| Received by: [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                    |                         |             |
| Date/Time: 8/28/26 9:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                    |                         |             |
| Company: ELAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                    |                         |             |
| Received by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                         |             |
| Date/Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                    |                         |             |
| Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                    |                         |             |
| Received by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                    |                         |             |
| Date/Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                    |                         |             |
| Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                    |                         |             |
| Cooler Temperature(s) °C and Other Remarks: (SAR) 21.7 + 0.2 749 no box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                    |                         |             |

