

COLIFORM BACTERIA ANALYSIS

			_			
Date Sample Collected	Time Sample Collected	: ⊠AM		County:		
01/07/2015 Month Day Year	7:15	₽ AN		SNOHOMISH		
ype of Waler System (check o ☑ Group A Public ☐ Group B Public		☐ Private H ☐ Other	Private Household			
Group A and Group B Systems	Provide from W	ater Facilitie	s inv	ventory (WFI):		
IDa	# 28300Y	,				
System Name: CITY OF	GOLD B	AR				
Contact Person: RICHAR	D BAKER/JO	OHN LIGH	Т			
Day Phone: 360-793-11	01	Cell Phor	ne:	425 238 1935		
ve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)				
SAI	WPLE INFOR	RMATION				
Sample collected by (name):	RICHARD BA	KER		_		
Specific location where sample	collected:					
505 CROFT AVE pecial Instructions or Commen	ter					
iype of Sample (must check o		#1 through #	4 list	ed below)		
. ☑ Routine Distribution Sa	<u> </u>			ample (after unsat. routine)		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.21 mg/l Fre	☐ Distribution System ☐ Source Groundwater Rule (GWR)					
Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other	ole	Unsatisfactory routine lab number.				
		Unsatisfact	огу г	outine collect date:		
\$						
Public Systems must provide Source Num	nber from (WFI)	Chlorinated Chlorine Re				
. □ Sample Collected for Info □ Construction □ Repairs	rmation Only	sidence C	J Ott	ner		
LAB USE ONLY DR	INKING WA	TER RESI	JLT	S LAB USE ONLY		
Unsatisfactory otal Coliform Present and			E	2 Satisfactory		
□ E. coli present □ Fecal coliform present	☐ E. coli abser ☐ Fecal colifor					
☐ Replacement Sample Red Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	•	Test unsuit TNTC Turbid				
Bacterial Density Results Total Coliform < 1 /10		t / cal Colifor		E.coli /100 ml. <1 /100 ml.		
Method Code: MICR- 2810				Received: 7/2015		
Date Analyzed: 1/7/2015, 15:	.00		Date Reported: 1/8/15			
06600127 Sample Number (DOH number plus live	digits)		Lab Use Only:			



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

OLICODM DACTEDIA ANALVEIS

CC	DLIFORM	BACTE	RIA	ANALYSIS
Date Sample Collected 01/07/2015	Time Sample Collected	Ø∧	•••	County:
Month Day Year	9:00		M	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		□ Private I		hold
Group A and Group B Systems	Provide from W	/ater Faciliti	ies Inv	entory (WFI):
ID:	# 28300Y	,		
	GOLD B			
Contact Person: RICHAR	_		HT	
Day Phone: 360-793-11				425 238 1935
Eve. Phone: 425 238 19		FAX:		
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251	, address and z	ip code)		
	/IPLE INFOR	RMATION		 -
Sample collected by (name):				
Specific location where sample				
40507 SR 2				
Special Instructions or Comment Type of Sample (must check o		#1 through:	#4 list	ed below)
Routine Distribution Sar				imple (after unsat, routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.15 mg/l Fre-		☐ Distri	bution ce Gro	
3. Raw Water Source Sample □ E. coli - GWR source samp □ Fecal - Surface, GWI, som □ Other				outine lab number:
S				
,,,	,		d: Ye	No
Public Systems must provide Source Num	1 1	Chlorine F	Resid:	Total Free
 □ Sample Collected for Infor □ Construction □ Repairs 	mation Only □ Private Res	sidence [⊐ Oth	er
ANT THE WORK AND THE SECOND STREET STREET, STR	NKING WAT	TER RES	ULT	S LAB USE ONLY
☐ Unsatisfactory			$\overline{}$	Satisfactory
	☐ E. coli abser			
☐ Replacement Sample Req	☐ Fecal colifor ulred			
Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐		Test unsui		
Bacterial Density Results: Total Coliform < 1 /10		t		E.coli /100 ml
Method Code: MICR- 2810	- IIII 10		Date	Received: 7/2015
Date Analyzed: 1/7/2015, 15:0	00			Reported: 1/8/15
06600128 Sample Number (DOH number plus five of				Jse Only:



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

C	PLIFORIN	BACIE	CIA ANAL 1515
Date Sample Collected	Time Sample	e Ø AN	County:
01/07/2015 Month Day Year	Collected 8:15	□ PN	·
Type of Water System (check of ☑ Group A Public ☐ Group B Public		☐ Private H ☐ Other:	
Group A and Group B Systems	Provide from V	Vater Facilitie	s Inventory (WFI):
ID:	# 28300Y	•	
System Name: CITY O	GOLD B	AR	
Contact Person: RICHAR	D BAKER/J	OHN LIGH	Т
Day Phone: 360-793-11	01	Cell Phor	ne: 425 238 1935
Eve. Phone: 425 238 19	35	FAX:	
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		zip code)	
	IPLE INFOR	RMATION	
Sample collected by (name):	RICHARD BA	KER	
Specific location where sample		_	
715 CROFT AVE W			
Special Instructions or Comment Type of Sample (must check o		#1 thmuch #	4 listed helow)
Routine Distribution Sar		1	at Sample (after unsat, routin
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.36 mg/l Free	•	☐ Distrib☐ Source	ution System e Groundwater Rule (GWR) ation of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other			lory routine lab number:
S _		,	, , , , , , , , , , , , , , , , , , , ,
Public Contact and a side Court No.	han famili		: YesNo
Public Systems must provide Source Num	_ ` ′	Chlorine Re	esid: Total Free
 □ Sample Collected for Infor □ Construction □ Repairs 	mation Only Private Res	sidence 🗆	Other
LAB USE ONLY DRI	NKING WA	TER RESU	ILTS LABUSE ONI
Unsatisfactory Total Coliform Present and		, ,	☑ Satisfactory
☐ E. coli present	□ E. coli abser □ Fecal colifor	••	
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	uired	Test unsuita	able because: Culture
Bacterial Density Results: Total Coliform <1 /10		t/ cal Colifori	ml. E.coli /100 ı m <1 /100 ml.
Method Code; MICR- 2810		1	Date Received: 1/7/2015
Date Analyzed: 1/7/2015, 15:0	00	1	Date Reported: 1/8/15
06600126		l	_ab Use Only:

DOH Form #331-319 (revised 8/05)

DOH Form #331-319 (revised 8/05)



AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/03/2015	Time Sample Collected	e ☑ AM	County:		
Month Day Year	9:15	□ PM	SNOHOM	SH	
Type of Water System (check o ☑ Group A Public ☐ Group B Public	Other:	rivate Household ither:			
Group A and Group B Systems	Provide from W	ater Facilities In	ventory (WFI):		
IDi	# 28300Y	,			
System Name: COGB_					
Contact Person: RICHAR	D BAKER/JO	OHN LIGHT			
Day Phone: 360-793-11	01	Cell Phone:	425 238 1935		
Eve. Phone: 425 238 19	35	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251					
SAI	MPLE INFOR	RMATION			
Sample collected by (name):	RICHARD BA	KER			
Specific location where sample	collected:				
508 1ST AVE W Special Instructions or Commen	-				
Type of Sample (must check of		#1 through #4 lis	sted below)		
1. ☑ Routine Distribution Sa		2. Repeat S	Sample (after unsat, ro	utine)	
Chlorinaled: ☑ Yes ☐ No Chlorine: Total 0.60 mg/l Fre	e 0.45 mg/l	☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other	ole	Unsatisfactory	routine lab number:		
		Unsatisfactory	routine collect date:		
S _					
Public Systems must provide Source Num	Chlorinated: Yo Chlorine Resid				
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only Private Re	sidence □ Of	her		
LAB USE ONLY DR	INKING WA	TER RESULT	S LAB USE	ONLY	
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	□ E, coli abser □ Fecal colifor	nl	☑ Satisfactory		
M Deniscement Sample Rec	nnired				



☐ Replacement Sample Required

AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/03/2015	Time Sample Collected	: EZIAM	County:		
Month Day Year	8:15	□ PM	SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public	☐ Private Hous	sehold			
Group A and Group B Systems	Provide from W	ater Facilities I	nventory (WFI):		
ID:	# 28300Y	,			
System Name: COGB					
Contact Person: RICHARD BAKER/JOHN LIGHT					
Day Phone: 360-793-11	01	Cell Phone:	: 425 238 1935		
Eve. Phone: 425 238 19	35	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251					
SAM	MPLE INFOR	RMATION			
Sample collected by (name):	RICHARD BA	KER			
Specific location where sample	collected:				
818 EVERGREEN V					
Special Instructions or Commen					
Type of Sample (must check o					
	e 0.38 mg/l	☐ Distributi	Sample (after unsat. routine) on System Groundwater Rule (GWR) ion of 1,000 or less)		
3. Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other	le		y routine lab number:		
S	1	Crisalisiacion)	, ionaire collect date.		
Public Systems must provide Source Num	uber from (WFI)	Chlorinated: Y	/No d: Total Free		
4. ☐ Sample Collected for Info	mation Only '□ Private Re	sidence 🗆 C	Other		
LAB USE ONLY DRI	INKING WA	TER RESUL	TS LAB USE ONLY		
	☐ E. coli abser		☑ Satisfactory		



☐ Fecal coliform present

Replacement Sample Required

AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/03/2015	Time Sample Collected	e ⊠AM	County:				
Month Day Year	8:35	□ PM	SN	IOHOMISH			
Type of Water System (check only one box) ☑ Group A Public □ Private Household □ Group B Public □ Other:							
Group A and Group B Systems	Provide from W	/ater Facilities	inventory (WF	F1):			
ID# 28300Y							
System Name: COGB							
Contact Person: RICHAR	D BAKER/JO	OHN LIGHT					
Day Phone: 360-793-11	01	Cell Phone	: 425 238	1935			
Eve. Phone: 425 238 19	35	FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251							
SAN	IPLE INFOR	MATION					
Sample collected by (name):	RICHARD BAI	KER					
Specific location where sample	collected;						
501 LEWIS AVE							
Special Instructions or Comment							
Type of Sample (must check or		1 through #4	isted below)				
Routine Distribution San Chlorinated: ☑ Yes □ No Chlorine: Total 0.37 mg/l Free	nple e 0.33 mg/l	Repeat Sample (after unsat, routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, some Other		Unsatisfactory routine lab number: Unsatisfactory routine collect date:					
				-,,			
Chic			Chlorinated: Yes No Chlorine Resid: Total Free				
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Residence ☐ Other							
LAB USE ONLY DRI	NKING WAT	ER RESUL	TS LA	AB USE ONLY			
☐ Unsatisfactory Total Coliform Present and ☐ E. coti present	□ E. coli absen	t	Ø Satisfacto	ory			

☐ Fecal coliform absent



CC	PLIFORM	BACIERIA	AANALYSIS			
Date Sample Collected	Time Sample Collected		County:			
03/11/2015 Month Day Year	9:30	□ PM	SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private Hous ☐ Other:				
Group A and Group B Systems	Provide from W	ater Facilities II	nventory (WFI):			
ID# 28300Y						
System Name: CITY OF	GOLD B	4R				
Contact Person: RICHAR	D BAKER/JO	OHN LIGHT				
Day Phone: 360-793-1101 Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
SAI	WPLE INFOR	RMATION				
Sample collected by (name):	RICHARD BA	KER				
Specific location where sample						
715 CROFT AVE W						
Special Instructions or Commen Type of Sample (must check of		#1 through #4 lis	sted below)			
1. ☑ Routine Distribution Sa		T	Sample (after unsat, routine)			
Chlorinated: Ø Yes □ No Chlorine: Total 0.14 mg/l Free 0.13 mg/l Chlorine: Total 0.14 mg/l Free 0.13 mg/l						
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other	le	Unsatisfactor	routine lab number:			
_ 52.5.		Unsatisfactory	routine collect date:			
S _		/	esNo			
Public Systems must provide Source Num	ber from (WFI)		es No 1: Total Free			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	mation Only	sidence DO	ther			
	INKING WAT					
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory			
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abser ☐ Fecal colifor					
☐ Replacement Sample Required Sample not lested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
Bacterial Density Results Total Coliform < 1 /10		t / m cal Coliform	I. E.coli /100 ml. < 1 /100 ml.			
Method Code: MICR- 2810			le Received: 3/11/2015			
Date Analyzed: 3/11/2015, 15	:00		te Reported: 3/12/15			
06601578 Sample Number (DOH number plus five			Use Only:			
DOH Form #331-319 (revised 8/05)						



AMTEST

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034

425-885-1664 www.amtestlab.com

Time Sample

COLIFORM BACTERIA ANALYSIS

County:

Date Sample Collected	Time Sample		County:				
03/11/2015	Collected	MA 🖸	0110110111011				
Month Day Year	9:00	□ PM	SNOHOMISH				
Type of Water System (check of Group A Public ☐ Group B Public	☐ Private Ho ☐ Other:						
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):				
	# 28300Y						
0111 0	F GOLD B		-				
Contact Person: RICHARD BAKER/JOHN LIGHT							
Day Phone: 360-793-11	01	Cell Phon	e: 425 238 1935				
Eve. Phone: 425 238 19	35	FAX:					
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JC 107 5th St Gold Bar, Wa, 98251		tip code)					
SA	MPLE INFOR	RMATION					
Sample collected by (name):	RICHARD BA	KER					
Specific location where sample							
40503 SR2							
Special Instructions or Commer	nts:	#1 through #/	Lieted helow				
Type of Sample (must check			at Sample (after unsat, routine)				
1. 🗹 Routine Distribution Sa	mpie	☐ Distrib	ution System				
Chlorinated: ☑ Yes ☐ No	no 0.46 mail		e Groundwater Rule (GWR) ation of 1,000 or less)				
Chlorine: Total 0.20 mg/l Fr		- (i opui	agon at 1,000 or 1000/				
3. Raw Water Source Sample B. coli - GWR source sam		Unsatisfact	ory routine lab number.				
☐ Fecal - Surface, GWI, sor	ne springs						
□ Other		Unsatisfacto	ory routine collect date:				
S_		1					
Public Systems must provide Source Nu	mber from (WFI)	Chlorinated	ed: YesNo Resid: Total Free				
		Chionne Re	SIO; TOIZIPree				
4. ☐ Sample Collected for Inf	ormation Only Private Re	esidence 🗆	Other				
LAB USE ONLY DE	RINKING WA	TER RESU	JLTS LAB USE ONLY				
☐ Unsatisfactory			☑ Satisfactory				
Total Coliform Present and							
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse		•				
☐ Replacement Sample Re		upoviti					
Sample not tested because	Manaa		able because:				
☐ Sample too old (>30 hours	s)	☐ TNTC	Cultura				
☐ Improper Container ☐							
Bacterial Density Result	s: Plate Cou	nt /	ml. E.coli /100 ml.				
	00 ml. F	ecal Colifor					
Method Code:			Dale Received:				
MICR- 2810			3/11/2015				
Date Analyzed: 3/11/2015, 1	5:00		Date Reported: 3/12/15				
06601579 Sample Number (DOH number plus fr	ve digits)		Lab Use Only:				
DOH Form #331-319 (revised 8/05)							
	-S.1 2012	YED MAR	VIANA W				
			X				



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

	LII OILIII I	5 , , - , - , ,		
Date Sample Collected 03/11/2015	Time Sample Collected	✓ AM		inty:
Month Day Year	8:30	□ PM		SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public	!	□ Private Ho □ Other:	ousehold	
Group A and Group B Systems	Provide from W	ater Facilities	s invento	y (WFI):
IDa	# 28300Y	,		
System Name: CITY OF	GOLD BA	AR		
Contact Person: RICHAR	D BAKER/JO	OHN LIGH	Т	
Day Phone: 360-793-11	01	Cell Phon	e: 425	238 1935
Eve. Phone: 425 238 19	35	FAX:	-	
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)		
	MPLE INFOR	MATION		-
Sample collected by (name):			_	
Specific location where sample			•	
505 CROFT AVE				
Special Instructions or Commen				
Type of Sample (must check of				
1. ☑ Routine Distribution Sa	mple	☐ Distrib	ution Sys	
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.44 mg/l Fre	e 0.39 mg/l			water Rule (GWR) ,000 or less)
3. Raw Water Source Sample E. coil - GWR source samp Fecal - Surface, GWI, son Other	ole	Unsatisfact	lory routin	ne lab number:
L Ouler		Unsatisfact	ory routin	e collect date:
S _				<i>J</i>
Public Systems must provide Source Nur	nber from (WFI)	Chlorinated Chlorine Re		No Free
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs		sidence 🗆	Other	
LAB USE ONLY DR	INKING WA	TER RESU	JLTS	LAB USE ONL
☐ Unsatisfactory Total Coliform Present and			☑ Sat	isfactory
☐ E. coll present ☐ Fecal coliform present	☐ E. coli abser ☐ Fecal colifor			
☐ Replacement Sample Red Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container		Test unsuit TNTC Turbid (-	nuse:
Bacterial Density Results Total Coliform < 1 /10	: Plate Coun 00 ml. Fe			
Method Code: MICR- 2810			Date Rec 3/11/20	
Date Analyzed: 3/11/2015, 15	5:00		Date Rep	orted: 3/12/15
06601577 Sample Number (DOH number plus five			Lab Use	Only:
	-2			



DOH Form #331-319 (revised 8/05)

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

COLIFORN	DAOILIN	A ANAL TOIO					
Date Sample Collected Time Sam 04/07/2015 Collected	·	County:					
Month Day Year 8:20	□ PM	SNOHOMISH					
ype of Water System (check only one box) ☑ Group A Public ☑ Group B Public	☐ Private Hou	usehold					
Group A and Group B Systems Provide from	n Water Facilities	Inventory (WFI):					
ID# 28300	ΣY						
system Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER	JOHN LIGHT						
Day Phone: 360-793-1101 Cell Phone: 425 238 1935							
eve. Phone: 425 238 1935	FAX:						
Send results to: (Print full name, address an City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251							
SAMPLE INF	ORMATION						
Sample collected by (name): RICHARD	BAKER						
Specific location where sample collected: 818 EVERGREEN WAY							
pecial instructions or Comments: Type of Sample (must check only one box	of #1 through #4	listed below)					
1. ☑ Routine Distribution Sample	2. 🗆 Repea	t Sample (after unsat. routine)					
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.15 mg/l Fre< 0.1 mg/l	☐ Source	ution System Groundwater Rule (GWR) ation of 1,000 or less)					
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other Unsatisfactory routine lab number: Unsatisfactory routine collect date:							
\$ _	, character	i					
Public Systems must provide Source Number from (WFI)	Chlorinated	ted: Yes No Resid: Total Free					
4. ☐ Sample Collected for Information Onl ☐ Construction ☐ Repairs ☐ Private	ly	Other					
LAB USE ONLY DRINKING V	WATER RESU	JLTS LAB USE ONLY					
Unsatisfactory Total Coliform Present and	haani	☑ Satisfactory					
☐ E. coli present ☐ E. coli a ☐ Fecal coliform present ☐ Fecal co	oliform absent						
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test unsuit	able because:					
Bacterial Density Results: Plate C Total Coliform <1 /100 ml.	ount / Fecal Colifor	ml. E.coli /100 ml. m <1 /100 ml.					
Method Code: MICR-2810		Date Received: 4/ 7/2015					
Date Analyzed: 4/7/2015, 15:00		Date Reported: 4/ 8/15					
06602034 Sample Number (DOH number plus tive digits)		Lab Use Only:					

AMEST

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

CC	OLIFORM	BACTER	IA AI	NALYSIS		
Date Sample Collected	Time Sample)	Co	ounty:		
04/07/2015 Month Day Year	Collected 7:00	⊠ AM □ PM		SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Privale Ho	rate Household er:			
Group A and Group B Systems	Provide from W	/ater Facilities	s Invent	ory (WFI):		
lD:	# 28300Y	,				
	F GOLD B					
Contact Person: RICHAR			T			
Day Phone: 360-793-1101 Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19		FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
SAI	MPLE INFOR	RMATION				
Sample collected by (name):		KER				
Specific location where sample	collected:					
501 LEWIS AVE Special Instructions or Commen						
Type of Sample (must check of		#1 through #4	1 listed 1	below)		
1. ☑ Routine Distribution Sa		2. □ Repe	at Samp	ole (after unsal routine)		
Chiorinated: ☑ Yes ☐ No Chiorine: Total 0.15 mg/l Fre	ee 0.11 mg/l		Groun	stem dwater Rule (GWR) 1,000 or less)		
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, son Other	ple			ine lab number:		
 <u> S </u>		,				
,,,_	<u>'</u>	Chlorinated	l: Yes_	_/No		
Public Systems must provide Source Nur		Chlorine Re	Resid: TotalFree			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs		sidence 🗆	Other			
LAB USE ONLY DR	INKING WA	TER RESU	JLTS	LAB USE ONLY		
Unsatisfactory Total Coliform Present and			ØS	atisfactory		
☐ E. coli present ☐ Fecal coliform present	☐ E. coll abse ☐ Fecal colifo		-			
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Bacterial Density Results Total Coliform < 1 /1	s; Plate Cour 00 ml. Fe	nt / ecal Colifor	mi. E	coli /100 ml. < 1 /100 ml.		
Method Code: MICR- 2810			Date Re 4/ 7/2	eceived: 2015		
Date Analyzed: 4/ 7/2015, 15	i;00		Dale Re	eported: 4/ 8/15		
06602033 Sample Number (DOH number plus live	e digits)		Lab Us	e Only:		

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

CC	DLIFORM	BACTE	RIA	ANALYSIS		
Date Sample Collected	Time Sample			County:		
04/07/2015 Month Day Year	Collected 8:45	⊠ Al □ Pl		SNOHOMISH		
Type of Water System (check of Group A Public ☐ Group B Public	only one box)	☐ Private I				
Group A and Group B Systems	Provide from V	Vater Faciliti	es In	ventory (WFI):		
, , , , ,	# 28300Y			,,,,		
System Name: CITY OI	F GOLD B	AR				
Contact Person: RICHAR	D BAKER/J	OHN LIGH	I T			
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935		
Eve. Phone: 425 238 19	35	FAX:		1		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
SAI	MPLE INFOR	RMATION				
Sample collected by (name):	RICHARD BA	KER				
Specific location where sample 508 1ST AVE W	collected;					
Special Instructions or Commen	ts:					
Type of Sample (must check of	nly one box of	#1 through #	44 list	ted below)		
Routine Distribution San Chlorinated: ☑ Yes □ No Chlorine: Total 0.15 mg/l Fre Raw Water Source Sample □ E. coli - GWR source samp □ Fecal - Surface, GWI, som □ Other	e 0.15 mg/l	☐ Distri ☐ Sourc (Popu Unsatisfac	bution e Gre ulation ctory	ample (after unsal, routine in System coundwater Rule (GWR) in of 1,000 or less) routine lab number:		
S			·			
Public Systems must provide Source Num	ber from (WFI)	Chlorina Resid: Total Free				
4. ☐ Sample Collected for Info	rmation Only ☐ Private Re	sidence [Ott	ner		
LAB USE ONLY DR	INKING WA	TER RES	ULT	S LAB USE ONL		
☐ Unsatisfactory Total Coliform Present and			E	2 Satisfactory		
	☐ E. coll abser ☐ Fecal colifor					
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	uired	Test unsui TNTC Turbid				
Bacterial Density Results Total Coliform < 1 /10		t cal Colifo		E.coli /100 m		
Method Code: MICR- 2810				Received: 7/2015		
Dale Analyzed: 1/7/2015 15:	nn		Date	Reported: 4/ 8/15		

DOH Form #331-319 (revised 8/05)

06602032

Sample Number (DOH number plus five digits)

RECEIVED APR 22 2015

DOH Form #331-319 (revised 8/05)

RECEIVED APR 22 2015

Lab Use Only:



COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:		
05/06/2015 Month Day Year	Collected 8:15	☑ AM □ PM	· I	SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public	· 1	☐ Private He				
Group A and Group B Systems	Provide from W	ater Facilitie	s Inv	entory (WFI):		
ID:	# 28300Y					
System Name: CITY OF GOLD BAR						
Contact Person: RICHAR			Т			
Day Phone: 360-793-11	01	Cell Phor	ne:	425 238 1935		
Eve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
SAN	MPLE INFOR	MATION				
Sample collected by (name):		(ER_				
Specific location where sample	collected:					
40507 SR 2 Special Instructions or Comment	ks.			<u> </u>		
Type of Sample (must check or		1 through #4	1 list	ed below)		
1. ☑ Routine Distribution San	nple			ımple (after unsal, routine)		
Chlorinated: ☑ Yes ☐ No ☐ Sou			☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, some		Unsatisfact	ory r	outine lab number;		
☐ Other	ì	Unsatisfacto	огу го	outine collect date:		
<u> _</u> S				/		
Public Systems must provide Source Numl	handan OUTD	Chlorinated: Chlorine Re				
4. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs		_	Oth			
LAB USE ONLY DRI	NKING WAT	ER RESU	LTS	S LAB USE ONLY		
☐ Unsatisfactory			Ø	Satisfactory		
	□ E. coli absent □ Fecal coliform					
☐ Replacement Sample Requisample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐		Test unsuita TNTC Turbid C				
Bacterial Density Results: Total Coliform <1 /10				E.coli /100 ml. < 1 /100 ml.		
Method Code: MICR- 2810				Received: 6/2015		
Date Analyzed: 5/ 6/2015, 15:0	00		Date Reported: 5/7/15			
06602723	(laits)	L	ab L	lse Only:		
Sample Number (DOH number plus live of	- Gray					



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

C,	JLIFURIVI	DACIE	KIA A	ANALTSIS	
Date Sample Collected	Time Sample		1	County:	
05/06/2015 Month Day Year	Collected 7:00	Ø AN □ PN	" I	SNOHOMISH	
Type of Water System (check o ☑ Group A Public ☐ Group B Public	•	☐ Private H ☐ Other:	louseho	eld	
Group A and Group B Systems	Provide from V	Vater Facilitie	es Inver	ntory (WFI):	
ID:	# 28300Y	•			
System Name: CITY O	F GOLD B	AR			
Contact Person: RICHAR			HT	•	
Day Phone: 360-793-11	01	Cell Pho	ne: 42	25 238 1935	
Eve. Phone: 425 238 19		FAX:			
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		zip code)			
SAI	MPLE INFOR	RMATION			
Sample collected by (name):					
Specific location where sample 505 CROFT AVE	collected:				
Special Instructions or Commen		#4 # H	La 15-12	L-13	
Type of Sample (must check of 1. ☑ Routine Distribution Sample (must check of 1. ☑		r			
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.22 mg/l Fre	· 	☐ Distrib☐ Source	oution S e Grour	ple (after unsat routine) ystem ndwater Rule (GWR) f 1,000 or less)	
3. Raw Water Source Sample □ E. coli - GWR source samp □ Fecal - Surface, GWI, som	·le	1		itine lab number:	
□ Other		Unsatisfact	ory rout	tine collect date:	
S		Ι,		1	
Public Systems must provide Source Nurr	ber from (WFI)		niorinated: YesNo Norine Resid: Total Free		
4. ☐ Sample Collected for Info	mation Only	sidence 🗆	l Other		
LAB USE ONLY DR	INKING WAT	TER RESU	JLTS	LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and			₽s	atisfactory	
☐ E. coll present	☐ E. coll abser ☐ Fecal colifor				
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container		Test unsuitz TNTC Turbid (cause:	
Bacterial Density Results Total Coliform <1 /10		t/ cal Colifor		.coli /100 ml. < 1 /100 ml.	
Method Code; MICR- 2810			Date Re 5/ 6/2	eceived: 2015	
Date Analyzed: 5/ 6/2015, 15:	00		Date Re	eported: 5/ 7/15	
06602724	.5.	ı	Lab Use	e Only:	
Sample Number (DOH number plus five	ligits)				

AMTES

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

C	JLIFORIN	DACIE	KIA	ANAL 1 515
Date Sample Collected 05/06/2015	Time Sample Collected	e 🗹 A	м	County:
Month Day Year	7:50	□ Pi		SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public	,	☐ Private h		nold
Group A and Group B Systems	Provide from V	Vater Faciliti	es Inv	entory (WFI):
IDa	# 28300 \	•		
System Name: CITY OI	GOLD B	AR		
Contact Person: RICHAR	D BAKER/J	OHN LIGH	ΗT	
Day Phone: 360-793-11	01	Cell Pho	ne: 4	425 238 1935
Eve. Phone: 425 238 19	35	FAX:		
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		zip code)		
SAI	MPLE INFOR	RMATION		
Sample collected by (name):		KER		
Specific location where sample				
715 CROFT AVE W Special Instructions or Commen				_
Type of Sample (must check o		#1 through #	4 liste	d below)
1. ☑ Routine Distribution Sar	mple	2. ☐ Repo		mple (after unsat, routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.26 mg/l Fre	e 0.21 mg/l	☐ Source	æ Gro	undwater Rule (GWR) of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other		Unsatisfad	ctory n	outine lab number:
		Unsatisfac	tory ro	utine collect date:
S _			·	/ No
Public Systems must provide Source Num	ber from (WFI)	Chlorinate Chlorine R	d: Yes .esid:	No 「olai Free
4. ☐ Sample Collected for Info	mation Only ☐ Private Re	sidence D	I Othe	er
LAB USE ONLY DRI	NKING WA		ULTS	LAB USE ONLY
Unsatisfactory Total Coliform Present and				Satisfactory
☐ E. coli present	□ E, coli absei □ Fecal colifor			
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	uired	Test unsuf TNTC Turbid		
Bacterial Density Results: Total Coliform < 1 /10	Plate Coun			
Method Code: MICR-2810	·		Date	Received: 6/2015
Date Analyzed: 5/ 6/2015, 15:0	00			Reported: 5/7/15

Sample Number (DOH number plus five digits)
DOH Form #331-319 (revised 8/05)

06602725

Lab Use Only:



COLIFORM BACTERIA ANALYSIS

	Ties Comple		County:			
Date Sample Collected 06/08/2015 Month Day Year	Time Sample Collected 9:30	⊠ AM □ PM	SNOHOMISH			
rpe of Water System (check o ☑ Group A Public ☐ Group B Public] Private House] Other:				
roup A and Group B System	s Provide from Wa	ater Facilities In	ventory (WFI):			
	# 28300Y					
ystem Name: CITY C	F GOLD BA	\R				
Contact Person: RICHA	RD BAKER/JC	HN LIGHT				
	ay Phone: 360-793-1101 Cell Phone: 425 238 1935					
Eve. Phone: 425 238 1		FAX:				
Send results to: (Print full nam City of Gold Bar RICHARD BAKER/J 107 5th St Gold Bar, Wa, 9825	OHN LIGHT	ip code)				
	AMPLE INFO	RMATION				
Sample collected by (name):	RICHARD BA	KER				
Specific location where samp	ole collected:					
508 1ST AVE W	- alo					
Special Instructions or Comm Type of Sample (must chec	k only one box of	#1 through #4	listed below)			
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.33 mg/l Free 0.24 mg/l 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Raw Water Source Sam ☐ E. coli - GWR source s ☐ Fecal - Surface, GWI,	iple ample		ory routine lab number:			
Other		Unsatisfacto	ory routine collect date:			
S		Chlorinated	: YesNo			
Public Systems must provide Source		Chlorine Re	esia: otal Free			
4. ☐ Sample Collected for ☐ Construction ☐ Rep	Information Only airs Private I	Residence C	1 Other			
LAB USE ONLY	DRINKING W		JLTS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present an ☐ E. coli present ☐ Fecal coliform present	□ E. coli ab	senl liform absent	☑ Satisfactory			
Replacement Sample Sample not tested because Sample loo old (>30 h	e Required se nours)	☐ TNTC ☐ Turbid ☐				
Bacterial Density Re	sults: Plate Co	ount Fecal Colifo	/ ml. E.coli /100 ml. orm <1 /100 ml.			
Method Code: MICR- 2810			Date Received: 6/ 8/2015			
Date Analyzed: 6/ 8/20	15, 15:00		Date Reported: 6/ 9/15			
06603477			Lab Use Only:			
Sample Number (DOH number	plus five digits)					



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

0,					
Date Sample Collected 06/08/2015 Month Day Year	Time Sample Collected 7:40	⊠ AM □ PM	county: SNOHOMISH		
ype of Water System (check of Group A Public	:	Private Hous Other:	ehold		
Group A and Group B Systems	s Provide from Wa	ater Facilities Ir	ventory (WFI):		
	# 28300Y				
	F GOLD BA	AR.			
Contact Person: RICHAI					
Day Phone: 360-793-1			425 238 1935		
		FAX:			
Eve. Phone: 425 238 1 Send results to: (Print full name					
City of Gold Bar RICHARD BAKER/JU 107 5th St Gold Bar, Wa, 98251	OHN LIGHT				
	MPLE INFOR	RMATION			
Sample collected by (name):					
Specific location where samp	le collected:				
501 LEWIS					
Special Instructions or Comm Type of Sample (must check	ents:		listed below)		
1. ☑ Routine Distribution		2 Repeat	Sample (after unsat, routine)		
1. ☑ Routina Distribution (Chlorinated: ☑ Yes □ No Chlorine: Total 0.21 mg/l		☐ Distribu	tion System Groundwater Rule (GWR) tion of 1,000 or less)		
3. Raw Water Source Samp E. coli - GWR source sa Fecal - Surface, GWI, s	ple mpie	Unsatisfactory routine lab number: Unsatisfactory routine collect date:			
<u> S </u>		O I Salis indice			
' '		Chlorinated:	/No		
Public Systems must provide Source	Number from (WFI)	Chlorine Re	Resid: Total Free		
4. ☐ Sample Collected for I☐ Construction ☐ Repair	nformation Only irs Private R	esidence 🗆	Other		
LAB USE ONLY	DRINKING WA	ATER RESU	ILTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and ☐ E. coti present ☐ Fecal coliform present	□ E. coli abs		☑ Satisfactory		
☐ Replacement Sample Sample not tested because ☐ Sample too old (>30 ho ☐ Improper Container ☐	eurs)	☐ TNTC ☐ Turbid			
Bacterial Density Res Total Coliform < 1	ults: Plate Cou /100 ml. F	int / ecal Colifor	ml. E.coli /100 ml. m <1 /100 ml.		
Method Code: MICR- 2810			Date Received: 6/ 8/2015		
Date Analyzed: 6/ 8/2015	, 15:00		Date Reported: 6/ 9/15		
06603476	ue five dients)		Lab Use Only:		



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

COLIFORI	ARACIEKI	A ANALTSIS
Date Sample Collected Time Sam	·	County:
06/08/2015 Collecte Month Day Year 8:35	□ PM	SNOHOMISH
Type of Water System (check only one box) ☑ Group A Public ☑ Group B Public	☐ Private Hou	usehold
Group A and Group B Systems Provide from	n Water Facilities	Inventory (WFI):
ID# 28300		
System Name: CITY OF GOLD		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101		e: 425 238 1935
Eve. Phone: 425 238 1935	FAX:	3
Send results to: (Print full name, address ar City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
SAMPLE INF	ORMATION	
Sample collected by (name): RICHARD		
Specific location where sample collected:		
818 EVERGREEN WAY		
Special Instructions or Comments: Type of Sample (must check only one box	of #1 through #4	listed helmul
		t Sample (after unsat, routine)
Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Tolal 0.20 mg/l Free 0.17 mg/l	☐ Distribu☐ Source	tion System Groundwater Rule (GWR) Hion of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, some springs Other		ory routine lab number:
S		1
Subsection of the Court State of	Chlorinated:	
Public Systems must provide Source Number from (WFI)		sid: Total Free
 □ Sample Collected for Information Ont □ Construction □ Repairs □ Private 		Other
LAB USE ONLY DRINKING V	VATER RESU	LTS LAB USE ONL'
□ Unsatisfactory Total Coliform Present and □ E. coli present □ E. coli a □ Fecal coliform present □ Fecal co	bsent liform absent	☑ Satisfactory
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test unsuitz TNTC Turbid (uble because: Culture
Bacterial Density Results: Plate Co Total Coliform < 1 /100 ml.	ount / Fecal Colifor	ml. E.coli /100 п n < 1 /100 ml.
Method Code: MICR- 2810	1	Date Received: 6/ 8/2015
Date Analyzed: 6/ 8/2015, 15:00	1	Date Reported: 6/9/15
06603475	1	_ab Use Only:

RECEIVED JUN 2 2 2015

DOH Form #331-319 (revised 8/05)

RECEIVED JUN 2 2 2015

DOH Form #331-319 (revised 8/05)





DOH Form #331-319 (revised 8/05)

RECEIVED JUL: 2 3 2016
AmTest Laboratories
13600 NE 126th PL STE C, Kirkland, WA 98034
425-885-1664 www.amtestlab.com

CC	DLIFORM	BACTER	IA ANALYSIS		
Date Sample Collected	Time Sample		County:		
07/09/2015 Month Day Year	Collected 8:30	☑ AM □ PM	SNOHOMISH		
ype of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private Ho ☐ Other:			
Froup A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):		
	# 28300Y	_			
	F GOLD B				
Contact Person: RICHAR			Γ		
рау Рhопе: 360-793-11		_	e: 425 238 1935		
ve. Phone: 425 238 19		FAX:			
cend results to: (Print full name City of Gold Bar RICHARD BAKER/JC 107 5th St	e, address and a	zip code)			
Gold Bar, Wa, 98251	T EMAIL .				
	MPLE INFO	RMATION			
Sample collected by (name):					
Specific location where sample 40507 SR 2		.,			
pecial Instructions or Comme	nts:				
Type of Sample (must check		#1 through #	l listed below)		
Section 2 2. □ Record 2. □ Distribution Sample 2. □ Distribution Sample 2. □ Distribution Sample 2. □ Record 2. □ Distribution Sample 2. □ Record 2. □ Distribution Sample 2. □ Record 2. □ Record 2. □ Distribution Sample 2. □ Record 2. □ Record 2. □ Distribution Sample 2. □ Record 2. □ Rec			☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) nsatisfactory routine lab number:		
☐ E. coli - GWR source sam ☐ Fecal - Surface, GWI, sor ☐ Other	ple ne springs	İ			
	ī	Unsatisfact	ory routine collect date:		
S		Chlorinated			
Public Systems must provide Source Nu		Chlorine Re	ne Resid; Total, Free		
	☐ Prîvate Re		l Other		
LAB USE ONLY DE	RINKING WA	TER RESU	JLTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present	☐ E. colì abse		☑ Satisfactory		
☐ Fecal coliform present	_	AIR aUSEIR			
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
		nt / ecal Colifor	ml. E.coli /100 ml. m < 1 /100 ml.		
Method Code: MICR- 2810			Date Received: 7/10/2015		
Date Analyzed: 7/10/2015,	9:30		Date Reported: 7/11/15		
06604160	n & 1		Lab Use Only:		





DOH Form #331-319 (revised 8/05)

RECEIVED JUL 2 3 2015

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

	JEII OKINI E	JAOTEIN	ור רוזר	AL I OIO	
Date Sample Collected 07/09/2015	Time Sample Collected	⊠ AM	Coun	ty:	
Month Day Year	8:00	□ PM		SNOHOMISH	
Type of Water System (check o ☑ Group A Public ☐ Group B Public		rivate Household			
Group A and Group B Systems	Provide from W	ater Facilities	Inventory	(WFI):	
ID	# 28300Y				
System Name: CITY O	F GOLD BA	ΑR			
Contact Person: RICHAR	RD BAKER/JC	HN LIGH	Γ		
Day Phone: 360-793-11	01	Cell Phon	e: 425 2	38 1935	
Eve. Phone: 425 238 19	935	FAX:	-		
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251	HN LIGHT	p code)			
Data Delivery: MAIL					
	MPLE INFOR				
Sample collected by (name): Specific location where sample		VEK		_	
715 CROFT AVE VA					
Special Instructions or Commer	nts:				
Type of Sample (must check of	only one box of #				
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.09 mg/l Fre< 0.1 mg/l Chlorine: Total 0.09 mg/l Fre< 0.1 mg/l					
☐ Fecal - Surface, GWI, some springs			nsatisfactory routine lab number:		
S		,			
Public Systems must provide Source Nur	wher from (MEI)		ted: YesNo		
		Chlorine Re	sid; Total_	Free	
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	Private Res	sidence 🗆	Other		
LAB USE ONLY DR	INKING WAT	ER RESU	LTS	LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present	□ E. coli absen	st	☑ Satis	factory	
☐ Fecal coliform present	☐ Fecal colifor				
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
Bacterial Density Results Total Coliform < 1 /1		t / cal Colifor		ii /100 ml /100 ml.	
Method Code: MICR- 2810			Date Recei 7/10/201		
Date Analyzed: 7/10/2015, 9	:30		Dale Repo	rted: 7/11/15	
06604158 Sample Number (DCH number plus five	e digits)		Lab Use Only:		

RECEIVED JUL 2 3 2015 AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/09/2015	Time Sample Collected	: ☑ AN	County	r:		
Month Day Year	7:40	□ PM	9	SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public	□ Private H □ Other:	Private Household Other:				
Group A and Group B Systems	Provide from W	ater Facilitie	s inventory (WFI):		
ID# 28300Y						
System Name: CITY OI	GOLD B	AR				
Contact Person: RICHAR	D BAKER/JO	DHN LIGH	Т			
Day Phone: 360-793-11	01	Cell Phor	ie: 425 23	38 1935		
Eve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)				
Data Delivery: MAIL D	D EMAIL:					
SAI	MPLE INFOR	RMATION				
Sample collected by (name):		KER				
Specific location where sample 501 CROFT AVE	collected.					
Special Instructions or Commen	ts:					
Type of Sample (must check of	only one box of #	#1 through #	1 listed belov	v)		
1. ☑ Routine Distribution Sal Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.40 mg/l Fre	mple e 0.31 mg/l	☐ Distrib☐ Source	ution System	er Rule (GWR)		
3. Raw Water Source Sample B. coli - GWR source sample Fecal - Surface, GWI, som	ole	Unsatisfactory routine lab number:				
		Unsatisfact	ory routine a	ollect date:		
S		/				
Public Systems must provide Source Num	nber from (WFI)		ted; Yes No Resid; Tolal Free			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only □ Private Res	sidence 🗆	Other			
LAB USE ONLY DR	INKING WAT	TER RESU	ILTS	LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and			☑ Satisfa	actory		
☐ Fecal coliform present	☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent					
□ Replacement Sample Required Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbld Culture □ □ □ □ □ □						
Bacterial Density Results Total Coliform < 1 /10		t / cal Colifor	ml. E.coli m <1	/100 ml.		
Method Code: MICR- 2810			Date Receive 7/10/2015			
Date Analyzed: 7/10/2015, 9:	30		Date Report	ed: 7/11/15		
06604159			Lab Use Onl	v:		

Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)



COLIFORM BACTERIA ANALYSIS

		SACTER	IIA	ANALY 515			
Date Sample Collected 08/06/2015 Month Day Year	Time Sample Collected 8:40	EŽ AM □ PM	· I	County: SNOHOMISH			
ype of Water System (check only ☑ Group A Public ☐ Group B Public	y one box)	□ Private Ho	ouse				
Group B Systems P			s Inv	rentory (WFI):			
	28300Y			J. J			
ystem Name: CITY OF			_				
Contact Person: RICHARD							
Day Phone: 360-793-110	1	-	ie:	425 238 1935			
Eve. Phone: 425 238 193		FAX:					
end results to: (Print full name, a City of Gold Bar RICHARD BAKER/JOH 107 5th St Gold Bar, Wa, 98251	N LIGHT						
Data Delivery: CI MAIL C		MATION					
	PLE INFOR						
Sample collected by (name): If Specific location where sample or		VEK					
508 1ST AVE W							
pecial Instructions or Comments	_						
ype of Sample (must check onl							
. ☑ Routine Distribution Sam Chlorinaled: ☑ Yes ☐ No Chlorine: Total 0.62 mg/l Fre<		☐ Distrib	ulior e Gr	ample (after unsat. routine) n System oundwater Rule (GWR) n of 1,000 or less)			
J. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some ☐ Other		Unsatisfactory routine lab number: Unsatisfactory routine collect date:					
S	ı	Olisausiau	LUI J	odane concot date.			
	1	Chlorinated	í: Ye	s No			
Public Systems must provide Source Number	er from (WFI)	I .	Chlorine Resid: TotalFree				
I. ☐ Sample Collected for Inform ☐ Construction ☐ Repairs	nation Only Private Res	sidence 🗆	Ott	ner			
LAB USE ONLY DRIN	KING WA	TER RESU	JLT	S LAB USE ONLY			
	J E. coli absei		6	☑ Satisfactory			
•	Fecal colifor	m absent					
☐ Replacement Sample Requestample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	ired	Test unsuit TNTC Turbid					
Bacterial Density Results: Total Coliform <1 /100		t / ecal Colifor		. E.coli /100 ml. <1 /100 ml.			
Method Code: MICR- 2810				e Received: / 6/2015			
Date Analyzed: 8/ 6/2015, 16:3	0		Date	e Reported: 8/7/15			
06604824			Lab	Use Only:			
Sample Number (DOH number plus five di	gits)	-WED	Al	G-2.4 2015			



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

O8/06/2015 Month Day Year Collected 8:20	Date Sample Collected	Time Sample		-	ANALYSIS County:	
☐ Group A Public ☐ Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y	08/06/2015	Collected	Ø AM		SNOHOMISH	
System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT Day Phone: 360-793-1101	☑ Group A Public					
System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT Day Phone: 360-793-1101 Cell Phone: 425 238 1935 Eve. Phone: 425 238 1935 FAX: Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251 Data Delivery: MAIL EMAIL: SAMPLE INFORMATION Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. Routine Distribution Sample Chlorinated: Yes No Chlorine: Total 0.06 mg/l Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample Chlorinated: Yes No Chlorine: Total 0.06 mg/l Chlorine: Surface, GWI, some springs Unsatisfactory routine lab number: Unsatisfactory routine collect date: Unsatisfactory routine collect date: Lab USE ONLY DRINKING WATER RESULTS LAB USE ONL Unsatisfactory DRINKING WATER RESULTS LAB USE ONL Unsatisfactory Total Coliform Present and E. coli absent Freal coliform present Fecal coliform present Fecal coliform present Fecal coliform present Fecal coliform present Total Coliform Present and E. coli absent Total Coliform Total Coli	Group A and Group B Systems	Provide from W	later Facilities	s Inve	entory (WFI):	
Contact Person: RICHARD BAKER/JOHN LIGHT Day Phone: 360-793-1101 Cell Phone: 425 238 1935 Eve. Phone: 425 238 1935 FAX: Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251 Data Delivery: MAIL EMAIL: SAMPLE INFORMATION Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY Special instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. El Routine Distribution Sample Chlorinated: El Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample Collected for Information Only Chlorinated: Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample Unsatisfactory routine lab number: Unsatisfactory routine collect date: Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine: Resid: Total Free LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL Unsatisfactory Lab Use Only Improper Container Chlorination Fecal coliform present Chlorination Chlor	ID:	# 28300Y	7			
Day Phone: 360-793-1101 Cell Phone: 425 238 1935 Eve. Phone: 425 238 1935 FAX: Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251 Data Delivery: MAIL EMAIL: SAMPLE INFORMATION Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. El Routine Distribution Sample Chlorinated: El Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, some springs Other Chlorinated: El Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample Call - GWR source sample Fecal - Surface, GWI, some springs Other Unsatisfactory routine lab number: LS	System Name: CITY O	F GOLD B	AR			
Eve. Phone: 425 238 1935 FAX: Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251 Data Delivery: MAIL EMAIL: SAMPLE INFORMATION Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. Ø Routine Distribution Sample Chlorinated: Ø Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample E. coli - GWR source Sample E. coli - GWR source sample Fecal - Surface, GWI, some springs Other Unsatisfactory routine lab number: LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL Replacement Sample Required E. coli present Pecal coliform Present and E. coli present Pecal coliform Peca	Contact Person: RICHAR	D BAKER/JO	OHN LIGH	T		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251 Data Delivery:	Day Phone: 360-793-11	01	Cell Phon	ie: 4	25 238 1935	
City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251 Data Delivery:	Eve. Phone: 425 238 19	935	FAX:			
SAMPLE INFORMATION Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes ☐ No Chlorine Resid: Total ☐ Free 4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Residence ☐ Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL ☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ E. coli absent ☐ Fecal coliform absent ☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ TNTC ☐ Turbid Culture ☐ Turbid Culture ☐ Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml. Method Code: MICR-2810 Date Reported: 8/ 6/2015 Date Reported: 8/ 7/15 Lab Use Only:	Send results to: (Print full name, address and zlp code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St					
Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample ☐ Ecoll - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other Unsatisfactory routine lab number: LS ☐ Unsatisfactory routine collect date:						
Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other Unsatisfactory routine lab number: [_S						
818 EVERGREEN WAY Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below) 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample ☐ E. coli - GWR source Sample ☐ Fecal - Surface, GWI, some springs ☐ Other Unsatisfactory routine lab number: LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY Unsatisfactory Total Coliform Present and ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent ☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ Unit Description ☐ Results: Plate Count ☐ Turbld Culture ☐ Date Received: 8/ 6/2015 Bate Analyzed: 8/ 6/2015, 16:30 Date Reported: 8/ 7/15 Date Analyzed: 8/ 6/2015, 16:30 Date Reported: 8/ 7/15 Lab Use Only:			וויכע			
Type of Sample (must check only one box of #1 through #4 listed below) 1. Routine Distribution Sample Chlorinated: Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample Fecal - Surface, GWI, some springs Other Unsatisfactory routine lab number: LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY Unsatisfactory Total Coliform Present	818 EVERGREEN \	NAY				
1. Routine Distribution Sample Chlorinated: Yes No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 3. Raw Water Source Sample			44 44 44	A Caka	d below	
Chlorinated:					_	
□ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other Unsatisfactory routine collect date: □ S □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐ Distribution System Chlorinated: ☑ Yes ☐ No ☐ Source Groundwater Rule (GWR)					
Unsatisfactory routine collect date:	3. Raw Water Source Sample □ E. coli - GWR source sample Unsatisfactory routine lab number:					
Public Systems must provide Source Number from (WFI) Chlorinated: YesNo Chlorine Resid: TotalFree 4. □ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL □ Unsatisfactory Total Coliform Present and □ E. coli absent □ Fecal coliform absent □ Fecal coliform present □ Fecal coliform absent □ Replacement Sample Required Sample not tested because □ Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbld Culture □ □ □ Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Method Code: MICR-2810 Date Received: 8/ 6/2015 Date Reported: 8/ 7/15 Lab Use Only:	L) Other		Unsatisfact	ory ro	outine collect date:	
Public Systems must provide Source Number from (WFI) 4. □ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL □ Unsatisfactory Total Coliform Present and □ E. coli absent □ Fecal coliform absent □ Fecal coliform present □ Fecal coliform absent □ Replacement Sample Required Sample not tested because □ Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbld Culture □ □ Bacterial Density Results: Plate Count □ Iml. E.coli □ I100 ml. Method Code: MICR-2810 Date Received: 8/ 6/2015 Date Reported: 8/ 7/15 Date Reported: 8/ 7/15 Lab Use Only:	[_S_]_		Chlorinated	i Voc	No.	
□ Construction □ Repairs □ Private Residence □ Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL □ Unsatisfactory Total Coliform Present and □ E. coli absent □ Fecal coliform absent □ Replacement Sample Required Sample not tested because □ TNTC □ Improper Container □ Turbid Culture □ □ □ □ Bacterial Density Results: Plate Count □ Iml. E.coli □ I100 ml. Method Code: MICR-2810 □ Date Received: 8/ 6/2015 Date Analyzed: 8/ 6/2015, 16:30 □ Date Reported: 8/ 7/15 Lab Use Only:	Public Systems must provide Source Nu	mber from (WFI)				
□ Unsatisfactory Total Coliform Present and □ E. coli present □ E. coli absent □ Fecal coliform present □ Fecal coliform absent □ Replacement Sample Required Sample not tested because Test unsultable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbld Culture □ □ □ Bacterial Density Results: Plate Count □ / ml. E.coli / 100 ml. Method Code: MICR-2810 Date Received: 8/ 6/2015 Date Reported: 8/ 7/15 Date Reported: 8/ 7/15 Lab Use Only:	4. □ Sample Collected for Info □ Construction □ Repairs	ormation Only ☐ Private Re	sidence 🗆	I Othe	er	
Total Coliform Present and E. coli present E. coli absent Fecal coliform present Fecal coliform absent Total Coliform absent Fecal coliform Fecal coliform Fecal coliform absent Fecal coliform Feca	LAB USE ONLY DR	INKING WA	TER RESU	JLTS	LAB USE ONLY	
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ Bacterial Density Results: Plate Count / ml. E.coli /100 r Total Coliform <1 /100 ml. Fecal Coliform <1 /100 ml. Method Code: MICR-2810 Date Received: 8/ 6/2015 Date Reported: 8/ 7/15 Date Reported: 8/ 7/15 Date Solve: Date Reported: 8/ 7/15 Date Use Only:	Total Coliform Present and ☐ E. coli present			12	Satisfactory	
Sample not tested because Sample too old (>30 hours) Improper Container Improper Co			rm absent			
Total Coliform <1 /100 ml. Fecal Coliform <1 /100 ml. Method Code: Date Received: 8/ 6/2015 Date Analyzed: 8/ 6/2015, 16:30 Date Reported: 8/ 7/15 06604823 Lab Use Only:	Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbld Culture					
MICR-2810 8/ 6/2015 Date Analyzed: 8/ 6/2015, 16:30 Date Reported: 8/ 7/15 06604823 Lab Use Only:						
06604823 Lab Use Only:						
	Date Analyzed: 8/6/2015, 16	:30		Date	Reported: 8/7/15	
		e digits)		Lab l	Jse Only:	
DOH Form #331-319 (revised 8/05) RECEIVED AUG: 2.4 2015 (DECE	VE	D AUG 9 4 2015	



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

-	EII OIXIII		417	THE TOIL
Date Sample Collected 08/06/2015	Time Sample Collected	: ⊠ A!		County:
Month Day Year	8:00		VI	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☑ Group 8 Public		□ Private F □ Other: _		
Group A and Group B Systems	Provide from W	aler Faciliti	es In	ventory (WFI):
	# 28300Y			
System Name: CITY OF				
Contact Person: RICHAR				
Day Phone: 360-793-11			ne:	425 238 1935
Eve. Phone: 425 238 19		FAX:		
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		ip code)		
Data Delivery: MAIL	EMAIL:			
SAM	MPLE INFOR	RMATION		
Sample collected by (name):	RICHARD BA	KER		
Specific location where sample	collected:			
501 LEWIS AVE Special Instructions or Comment	(
Type of Sample (must check o		#1 through #	44 lis	ted below)
1. ☑ Routine Distribution Sar				Sample (after unsat routine
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.08 mg/l Fre		☐ Distril☐ Sourc	bulio æ Gr	n System roundwater Rule (GWR) in of 1,000 or less)
3. Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other				routine lab number:
<u> _</u> S_ _			•	
	-	Chlorinated: Yes No		
Public Systems must provide Source Num		Chlorine R		
□ Sample Collected for Information □ Construction □ Repairs		sidence C	□ Ot	her
LAB USE ONLY DRI	NKING WA	TER RES	ULT	S LAB USE ONL
	□ E. coll abser		E	☑ Satisfactory
☐ Fecal coliform present ☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐			Cult	e because; ure
Bacterial Density Results Total Coliform < 1 /10	: Plate Coun 0 ml. Fe			. E.coli /100 i <1 /100 ml.
Method Code; MICR- 2810				e Received: / 6/2015
Date Analyzed: 8/ 6/2015, 16:	30		Date	e Reported: 8/7/15
06604822 Sample Number (DOH number plus five	digits)		Lab	Use Only:

DOH Form #331-319 (revised 8/05)

RECEIVED AUG: 24 2015



AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Comple			Country		
09/17/2015	Time Sample Collected	Ø AN		County:		
Month Day Year	8:00	□ PI	1	SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private H ☐ Other: _				
Group A and Group B Systems	Provide from W	/ater Facilitie	es In	ventory (WFI);		
ID:	‡ 28300Y	,				
System Name: CITY OF	GOLD B	AR				
Contact Person: RICHAR	D BAKER/JO	OHN LIGH	IT_			
Day Phone: 360-793-1101 Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
Data Delivery: 🗆 MAIL 🗆	EMAIL:					
SAN	IPLE INFOR	RMATION				
Sample collected by (name):		KER				
Specific location where sample	collected:					
505 CROFT AVE Special Instructions or Comment	e·					
Type of Sample (must check or		±1 through #	4 list	ed below)		
1. ☑ Routine Distribution San	-	_ <u> </u>		ample (after unsat. routine)		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.15 mg/l Fre-		☐ Distrib☐ Sourc	utior e Gri	n System oundwater Rule (GWR) n of 1,000 or less)		
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, some		Unsatisfac	tory	routine lab number:		
□ Other		Unsatisfact	ory r	outine collect date		
S		,		,		
Public Systems must provide Source Numb	per from (WFI)			sNo		
4. ☐ Sample Collected for Inform☐ Construction ☐ Repairs		Chlorine Ro	2510:) Oth			
	NKING WAT					
	TAMO WAI	EN KESU				
☐ Unsatisfactory Total Coliform Present and ☐ E. coli absent ☐ Fecal coliform absent ☐ Fecal coliform absent						
□ Replacement Sample Requisample not tested because □ Sample too old (>30 hours) □ Improper Container		Test unsui				
Bacterial Density Results: Total Coliform <1 /100				E.coli /100 ml.		
Method Code: MICR- 2810			Date Received: 9/17/2015			
Date Analyzed: 9/17/2015, 16:0	00		Date	Reported: 9/18/15		
06605798 Sample Number (DOH number plus five d	igits)		Lab I	Use Only:		
DOH Form #331-319 (revised 11/10)						

AMTES

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

	JEIL OKINI	DAGIE	KIA	ANALTSIS	
Date Sample Collected 09/17/2015	Time Sample Collected	₽	м	County:	
Month Day Year	8:30	□P	М	SNOHOMISH	
Type of Water System (check o ☑ Group A Public ☐ Group B Public	☐ Private I☐ Other: _	Household			
Group A and Group B Systems	Provide from W	Vater Facilit	es Inv	rentory (WFI):	
ID:	# 28300Y	•			
System Name: CITY O	F GOLD B	AR			
Contact Person: RICHAR	D BAKER/JO	OHN LIGI	HT.		
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935	
Eve. Phone: 425 238 19	935	FAX:			
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)			
Data Delivery: D MAIL D EMAIL:					
SAMPLE INFORMATION					
Sample collected by (name): RICHARD BAKER Specific location where sample collected:					
40507 SR 2	conected:				
Special Instructions or Commen	ts:				
Type of Sample (must check of	nly one box of a	#1 through a	#4 list	ed below)	
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☑ No Chlorine: Total 0.06 mg/l Fre< 0.1 mg/l 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
☐ Fecal - Surface, GWI, some springs ☐ Other ———			Unsatisfactory routine fab number:		
S _		Onoublico		sume concer date.	
Public Systems must provide Source Num	her from AVED	Chlorinate	nated: YesNo		
4. Sample Collected for Info	` '	Chlorine R	esid:	TotalFree	
☐ Construction ☐ Repairs	☐ Private Res	sidence E	Oth	er	
Contract of the second	NKING WAT	TER RES	ULT	S LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and	.			Satisfactory	
	□ E. coli absen□ Fecal colifor	•			
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
Bacterial Density Results: Total Coliform <1 /10		l cal Colifo		E.coli /100 ml. <1 /100 ml.	
Method Code: MICR- 2810				Received: 7/2015	
Date Analyzed: 9/17/2015, 16:	00		Date Reported: 9/18/15		
06605797 Sample Number (DOH number plus five digits)				Jse Only:	



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

CC	PLIFURIN	DACIE	XIA ANAL I SIS
Date Sample Collected	Time Sample		County:
09/17/2015 Month Day Year	Collected 8:15	⊠ AN □ PN	100
Type of Water System (check o ☑ Group A Public ☐ Group B Public	nly one box)	☐ Private H ☐ Other:	
Group A and Group B Systems	Provide from V	Vater Facilitie	es Inventory (WFI);
10:	‡ 28300Y	,	
System Name: CITY OF	GOLD B	AR	
Contact Person: RICHAR	D BAKER/J	OHN LIGH	Ī
Day Phone: 360-793-11	01	Cell Pho	ne: 425 238 1935
Eve. Phone: 425 238 19	35	FAX:	
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251	HN LIGHT	ap code)	
Data Delivery: MAIL C	-		
	IPLE INFOR		
Sample collected by (name): Specific location where sample		KER	
715 CROFT AVE W	collected;		
Special Instructions or Comment	s:		
Type of Sample (must check o		#1 through #	4 listed below)
1. ☑ Routine Distribution Sar Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.06 mg/l Fre-	•	☐ Distrib☐ Source	at Sample (after unsat. routine ution System e Groundwater Rule (GWR) lation of 1,000 or less)
3. Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other			tory routine lab number:
<u> _</u> S_ _	1	Olisausiaci	ory roduine contect date.
Public Systems must provide Source Num	ber from (WFI)	Chlorinated Chlorine Re	l: Yes No esid: Total Free
4. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs	mation Only Private Re	sidence 🗆	_,_,
LAB USE ONLY DRI	NKING WAT	TER RESU	ILTS LAB USE ONL
	☐ E. coli abser ☐ Fecal colifor		☑ Satisfactory
□ Replacement Sample Requisample not tested because □ Sample too old (>30 hours) □ Improper Container □			
Bacterial Density Results: Total Coliform <1 /10		cal Colifor	
Method Code: MICR-2810			Date Received: 9/17/2015
Date Analyzed: 9/17/2015, 16:	00	- 1	Date Reported: 9/18/15

Lab Use Only:

06605796 Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 11/10)



AmTest Laboratories

13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample	_	County:			
10/21/2015	Collected 9:20	Ø AM □ PM		NOHOMISH		
Month Day Year				DINOHORISH		
Type of Water System (check of Group A Public ☐ Group B Public		□ Private Hou □ Other:	Private Household Other:			
Group A and Group B Systems	s Provide from W	ater Facilities	Inventory (WFI):		
	# 28300Y					
	F GOLD BA					
Contact Person: RICHAP				20.4005		
Day Phone: 360-793-1		Cell Phone	e: 425 23	88 1935		
Eve. Phone: 425 238 1	935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
Data Delivery: MAIL	□ EMAIL:					
SA	MPLE INFOR	MATION				
Sample collected by (name):	RICHARD BAI	KER				
Specific location where sample						
508 1ST AVE W						
Special Instructions or Comme Type of Sample (must check	nts:	Hi through #A	Listed hele	<u> </u>		
				after unsat, routine)		
1. ☑ Routine Distribution S	ampie	☐ Distribu	ıtion Systen	n		
Chlorinated: ☑ Yes ☐ No Chlorine: Tolal 0.14 mg/l Fi	m< 0.1 mg/l		Groundwa ation of 1,00	ter Rute (GWR) 20 or less)		
3. Raw Water Source Samp		, , , ,	20011 01 11			
☐ E. coli - GWR source san ☐ Fecal - Surface, GWI, so ☐ Other	nple		Jnsatisfactory routine lab number:			
		Unsatisfacte	isfactory routine collect date:			
S (//			
Public Systems must provide Source N	umber from (WFI)		ed: Yes No Resid: Tolal Free			
4. ☐ Sample Collected for In	formation Only	Oliibilito I				
☐ Construction ☐ Repairs		sidence 🗆	Other			
LAB USE ONLY D	RINKING WA	TER RESU	JLTS	LAB USE ONLY		
☐ Unsatisfactory	-ra		☑ Satis	factory		
Total Coliform Present and		_1	1			
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse ☐ Fecal colifo			1		
□ Replacement Sample R Sample nol tested because □ Sample too old (>30 hour □ Improper Container		Test unsuit	able becaus	se:		
D	L. Dist. O		ml E aci	i /400 ml		
Bacterial Density Resul Total Coliform <1 /	its: Plate Cour	ecal Colifor	m <1	/100 ml.		
Method Code: MICR- 2810			Date Recei 10/21/201	15		
Date Analyzed: 10/21/2015,	16:00			rted: 10/22/15		
06606540 Sample Number (DOH number plus	five dicute)		Lab Use Or	· 1		
DOH Form #331-319 (revised 8/05)	nto (Gira)		יבח חר	1.30 206		
Coursement and frames and		RECEIV	שט טט	X		



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

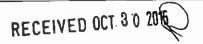
COLIFORM BACTERIA ANALYSIS

	CII OIGIN D	AO I EI III	ANALIS			
Date Sample Collected 10/21/2015	Time Sample Collected	⊠ AM	County:			
Month Day Year	8:45	□ PM	SNOF	HOMISH		
ype of Water System (check o ☑ Group A Public ☐ Group B Public		Private Hous Other:	Private Household Other:			
roup A and Group B Systems	Provide from Wa	iter Facilities I	nventory (WFI):			
ID:	# 28300Y					
ystem Name: CITY OF	GOLD BA	R				
Contact Person: RICHAR	D BAKER/JO	HN LIGHT				
Day Phone: 360-793-11	01	Cell Phone	425 238 19	35		
ve. Phone: 425 238 19		FAX:				
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		p code)				
Data Delivery: 🔲 MAIL	D EMAIL:					
	MPLE INFOR					
Sample collected by (name): Specific location where sample		KER				
818 EVERGREEN Special Instructions or Commer	WAY					
Type of Sample (must check	only one box of #					
1. 🗹 Routine Distribution Sa	ample	2. D Repeat	: Sample (after u	nsat. routine)		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.12 mg/l Fr	e< 0.1 mg/l	☐ Source	Groundwaler Ru tion of 1,000 or l			
3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other						
S	1		Insatisfactory routine collect date:			
-		Chlorinated: YesNo				
Public Systems must provide Source No		Chlorine Res	sid: Total	_Free		
4. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs	formation Only : □ Private Re	sidence 🗆	Other			
	RINKING WA		LTS LA	B USE ONLY		
☐ Unsatisfactory			☑ Satisfactor	у		
Total Coliform Present and E. coli present Fecal coliform present	☐ E. coli abse ☐ Fecal colifo					
☐ Replacement Sample Re Sample not lested because ☐ Sample too old (>30 hour ☐ Improper Container	2)	☐ TNTC ☐ Turbid C				
Bacterial Density Resul Total Coliform < 1 I'	ts: Plate Cour 100 ml. Fe	it / ecal Coliforn	ml. E.coli n _ < 1 /100	/100 ml) ml.		
Method Code: MICR-2810		ļ.	Date Received: 10/21/2015			
Date Analyzed: 10/21/2015,	16:00	1	Date Reported:	10/22/15		
06606539		Lab Use Only:				
Sample Number (DOH number plus fi		EIVED				



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

C(DEIFORIM B	SACIERI	A ANALTSIS
Date Sample Collected	Time Sample		County:
10/21/2015 Month Day Year	Collected 8:30	Ø AM □ PM	SNOHOMISH
Type of Water System (check of ☑ Group A Public ☐ Group B Public		□ Private Hou □ Other:	
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):
ID	# 28300Y	•	
System Name: CITY O	F GOLD BA	AR	
Contact Person: RICHAF	RD BAKER/JO	OHN LIGHT	
Day Phone: 360-793-11	101	Cell Phone	e: 425 238 1935
Eve. Phone: 425 238 1	935	FAX:	
Send results to: (Print full nam City of Gold Bar RICHARD BAKER/JC 107 5th St Gold Bar, Wa, 98251	DHN LIGHT		
Data Delivery: MAIL			
	MPLE INFOR		
Sample collected by (name): Specific location where sample		KER	
501 LEWIS	e concoled.		
Special Instructions or Comme	nts:		
Type of Sample (must check	only one box of		
1. ☑ Routine Distribution State Chlorinated: ☑ Yes □ No Chlorine: Total 0.15 mg/l Fr		☐ Distribu☐ Source	It Sample (after unsal. routine) Ition System Groundwater Rule (GWR) Ition of 1,000 or less)
3. Raw Water Source Sampl E. coli - GWR source sam Fecal - Surface, GWI, so Other	ple		ory routine lab number:
<u> S_ </u>			
Public Systems must provide Source No	mher from (WEI)	Chlorinated	: Yes No
		Chlonne Re	sid: Total Free
4. ☐ Sample Collected for Inl ☐ Construction ☐ Repairs	ormation Only Private Re	esidence D	Other
LAB USE ONLY DI	RINKING WA	TER RESU	LTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse		☑ Satisfactory
□ Replacement Sample Re Sample not tested because □ Sample too old (>30 hour □ Improper Container		Test unsuit	
Bacterial Density Resul Total Coliform < 1 I	ts: Plate Cour	nt / ecal Colifor	ml. E.coli /100 n m <1 /100 ml.
Method Code: MICR- 2810		1	Date Received: 10/21/2015
Date Analyzed: 10/21/2015,	16:00		Date Reported: 10/22/15
06606538 Sample Number (DOH number plus 6	ve digits)		Lab Use Only:





DOH Form #331-319 (revised 8/05)

AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sampl		أ	County:		
11/04/2015 Month Day Year	Collected 8:20		AM PM	CNOLIONIOLI		
			141	SNOHOMISH		
Type of Water System (check o ☑ Group A Public	nly one box)	□ Private	: House	ehold		
☐ Group B Public		Other:				
Group A and Group B Systems	Provide from V	Water Facil	ities In	ventory (WFI);		
ID	‡ 28300 \	1				
	GOLD B	-				
Contact Person: RICHAR	D BAKER/J	OHN LIG	HT			
Day Phone: 360-793-110	01	Cell Ph	one:	425 238 1935		
Eve. Phone: 425 238 19	 35	FAX:				
Send results to: (Print full name,	address and z	zip code)				
City of Gold Bar		' '				
RICHARD BAKER/JOH	IN LIGHT					
107 5th St Gold Bar, Wa, 98251						
Data Delivery:						
		NI A TIO				
	IPLE INFOR		N			
Sample collected by (name): Specific location where sample of	RICHARD BAI	KER	-			
40507 SR2	onected.					
Special Instructions or Comments						
Type of Sample (must check on	ly one box of #	1 through	#4 liste	ed below)		
1. ☑ Routine Distribution Sam	ple	2. 🗆 Rep	eat Sa	mple (after unsal routine)		
Chlorinated: ☑ Yes □ No		☐ Distri	ibution ce Gro	System undwater Rule (GWR)		
Chlorine: Total 0.28 mg/l Fre<	0.1 mg/l			of 1,000 or less)		
3. Raw Water Source Sample		Unneticia	don	aution (ab auch a		
☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some	springs	Unsatisfactory routine lab number: Unsatisfactory routine collect date:				
□ Other						
<u> S </u>	1	Onsausiac	lory 10	dune conect date.		
	_'	Chiorinate	ated: YesNo.			
Public Systems must provide Source Number	er from (WFI)		ne Resid: Total Free			
4. ☐ Sample Collected for Inform	nation Only					
2 1	□ Privale Res	idence [□ Othe	T .		
	IKING WAT	ER RES	ULTS	LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and			Ø	Satisfactory		
	l E. coli absent)		1		
	Fecal coliform					
Replacement Sample Requi						
Sample not tested because Sample too old (>30 hours)		Test unsuit TNTC	lable b	ecause;		
□ Improper Container □ Turbid Culture						
		<u> </u>	_			
Bacterial Density Results: F Total Coliform < 1 /100		/ al Colifor		coli /100 ml.		
Method Code: MICR- 2810			Date Received: 11/4/2015			
Date Analyzed: 11/4/2015, 15:30)		Date Reported: 11/5/15			
06606944				se Only:		
Sample Number (DOH number plus five digit	ts)					

BECEIVED NOV 16 7015



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/04/2015	Time Samp Collected		AM	County:		
Month Day Year	8:10		PM	SNOHOMISH		
Type of Water System (check o ☑ Group A Public □ Group B Public	nly one box)	☐ Private Household ☐ Other:				
Group A and Group B Systems	Provide from 1	Water Faci	lities In	ventory (WFI):		
	‡ 28300`					
System Name: CITY OF	GOLD B	BAR				
Contact Person: RICHAR	D BAKER/J	OHN LIC	SHT			
Day Phone: 360-793-110	01	Cell Ph	ione:	425 238 1935		
Eve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name, City of Gold Bar RICHARD BAKER/JOH 107 5th St Gold Bar, Wa, 98251		zip code)				
Data Delivery: □ MAIL □	EMAIL:	_				
SAM	IPLE INFOI	RMATIO	N			
Sample collected by (name):		KER				
Specific location where sample of	collected;					
715 CROFT AVE W special Instructions or Comments						
Type of Sample (must check on		#1 through	#4 lista	ed helow)		
1. ☑ Routine Distribution Sam				imple (after unsat, routine)		
Chlorinated; ☑ Yes □ No Chlorine: Total 0.46 mg/l Fre<		☐ Dist	ribution rce Gro	System undwater Rule (GWR) of 1,000 or less)		
Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some □ Other	Nater Source Sample oli - GWR source sample al - Surface, GWI, some springs er		Unsatisfactory routine lab number: Unsatisfactory routine collect date:			
<u> _</u> \$_	1	Olisausia	ctory ru	urune collect date;		
,,,,		Chlorinale	lorinated: YesNo			
ublic Systems must provide Source Number	r from (WFI)	Chlorine I				
. □ Sample Collected for Inform □ Construction □ Repairs I	nation Only Private Res	sidence i	□ Othe	er		
LAB USE ONLY DRIN	KING WAT	ER RES	ULTS	LAB USE ONLY		
☐ Unsatisfactory olal Coliform Present and			Ø	Satisfactory		
	E. coli absen Fecal coliforn					
☐ Replacement Sample Requi ample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	reď	Test unsui				
		□ Turbld	Culture			
acterial Density Results: Polal Coliform < 1 /100	Plate Count	al Colifo	/ ml. E	.coli /100 ml.		
ethod Code: IICR- 2810		20110	Date F	leceived; /2015		
ate Analyzed: 11/4/2015, 15:30				eported: 11/5/15		
06606946 ample Number (DOH number plus five digit	s)		Lab Use Only:			



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/04/2015	Time Sample Collected	☑ AN	1	County:
Month Day Year	7:00	□ PN	A	SNOHOMISH
Type of Water System (check of ☑ Group A Public ☐ Group B Public		□ Private H □ Other:	ous	ehold
Group A and Group B Systems	Provide from W	ater Facilitie	es In	ventory (WFI);
IDa	# 28300Y	•		
System Name: CITY OF	GOLD B	AR		
Contact Person: RICHAR			IT	
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935
Eve. Phone: 425 238 19	35	FAX:		,
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		lp code)		
Data Delivery: MAIL D	EMAIL:			
	MPLE INFOR	_		
Sample collected by (name):		KER	_	
Specific location where sample	collected:			
505 CROFT AVE Special Instructions or Commen	le.	-		
Type of Sample (must check of		f1 through #	4 lis	ted below)
1. ☑ Routine Distribution San Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.78 mg/l Fre 3. Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other	< 0.1 mg/l	□ Distrib □ Source (Popu	e Gr latio	roundwater Rule (GWR) In of 1,000 or less) routine lab number:
1811	1	Unsalisfaci	iory	routine collect date:
Public Systems must provide Source Num	iber from (WFI)	Chlorinated Chlorine R		
4. ☐ Sample Collected for Info	rmation Only □ Private Res	sidence C] Ot	her
LAB USE ONLY DRI	INKING WAT	ER RES	JLT	S LAB USE ONLY
	☐ E. coli abser ☐ Fecal colifon	-	E	☑ Satisfactory
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container		Test unsuit		
Bacterial Density Results Total Coliform < 1 /10		: / cal Colifor		. E.coli /100 m < 1 /100 ml.
Method Code: MICR- 2810		1	Date	e Received: // 4/2015
Date Analyzed: 11/4/2015, 15	·30			Reported: 11/5/15

Lab Use Only:

RECEIVED NOV 16 Lip

06606945 Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

RECEIVED NOV 16 2015



COLIFORM BACTERIA ANALYSIS

			4 417	MINETOIO		
Date Sample Collected 12/16/2015 Month Day Year	Time Sample Collected 7:40			County: SNOHOMISH		
Type of Water System (check o ☑ Group A Public	nly one box)	□ Private Household				
Group B Public Group A and Group B Systems		☐ Other: _ /ater Facilit	ies In	ventory (WFI):		
	# 28300Y F GOLD B					
Contact Person: RICHAR			JT			
Day Phone: 360-793-11				425 238 1935		
Eve. Phone: 425 238 19		FAX:	/I IG.	423 230 1333		
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251	, address and z					
Data Delivery: D MAIL D EMAIL:						
SAN	IPLE INFOR	RMATION	!			
Sample collected by (name): RICHARD BAKER						
specific location where sample						
501 LEWIS pecial Instructions or Comment						
ype of Sample (must check or						
. ☑ Routine Distribution San Chlorinated; ☑ Yes ☐ No Chlorine: Total 0.75 mg/l Fre-		Distri	bution œ Gπ	ample (after unsat. routine) 1 System Dundwater Rule (GWR) 1 of 1,000 or less)		
. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other		Unsatisfactory routine lab number: Unsatisfactory routine collect date:				
8	1	Olisausiau		obline conect date.		
I— —I——I—		Chlorinated: Yes No				
ublic Systems must provide Source Numb		Chlorine Resid: Total Free				
. Sample Collected for Infor Construction Repairs	mation Only Private Res	sidence [Oth	er		
LAB USE ONLY DRI	NKING WAT	ER RES	ULT	S LAB USE ONLY		
☐ Unsatisfactory olal Coliform Present and			E	Satisfactory		
	☐ E. coli absen ☐ Fecal colifor					
☐ Replacement Sample Requample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	uired	Test unsui TNTC Turbid				
Bacterial Density Results: otal Coliform <1 /10		cal Colifo		E.coli /100 ml. <1 /100 ml.		
flethod Code: MICR- 2810				Received: 16/2015		
ate Analyzed: 12/16/2015, 11	:00		Date	Reported: 12/17/15		
06607956 Sample Number (DOH number plus five d	iigits)		Lab	Use Only:		



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

CC	DLIFORM	BACTE	RIA	ANALYSIS			
Date Sample Collected 12/16/2015 Month Day Year	Time Sample Collected 8:00			County: SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private ☐ Other:		ehold			
Group A and Group B Systems				ventory (WFI);			
	# 28300Y			•••			
	GOLD B						
Contact Person: RICHAR			HT				
Day Phone: 360-793-11		Τ		425 238 1935			
Eve. Phone: 425 238 19		FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251							
	J EMAIL:						
Sample collected by (name):	APLE INFOR		N .				
Specific location where sample 818 EVERGREEN V pecial Instructions or Comment type of Sample (must check o	collected: VAY ls:		#A lie!	ad balawa			
. M Routine Distribution Sar				ample (after unsat, routine)			
Chlorinated: 🗹 Yes 🗆 No				☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			
. Raw Water Source Sample ☐ E. coli ~ GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other		Unsatisfactory routine lab number:					
		Unsatisfac	ctory r	outine collect date:			
S _		Obligation to Many					
ublic Systems must provide Source Numb	ber from (WFI)	Chlorinated: YesNo Chlorine Resid: Total Free					
. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs	mation Only □ Private Res	sidence (□ Oth	er			
LAB USE ONLY DRI	NKING WAT	ER RES	ULT	S LAB USE ONLY			
	□ E. coli absen □ Fecal colifor	-	E	1 Satisfactory			
Replacement Sample Requample not tested because Sample too old (>30 hours) Improper Container	uired	Test unsui					
acterial Density Results: otal Coliform <1 /10		cal Colifo		E.coli /100 ml. <1 /100 ml.			
ethod Code: IICR- 2810	:-=			Received: 16/2015			
ate Analyzed: 12/16/2015, 11:	00		Date	Reported: 12/17/15			
06607955	luite)		Lab l	Jse Only:			



AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

	LIFURIAL I	DACIER	IA ANAL I SIS
Date Sample Collected	Time Sample Collected	₽ AM	County:
12/16/2015 Month Day Year	8:20	□ PM	SNOHOMISH
ype of Water System (check or ☑ Group A Public ☐ Group B Public		☐ Private Ho	usehold
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):
ID#	28300Y	,	
System Name: CITY OF	GOLD B	AR _	
Contact Person: RICHAR	D BAKER/JO	OHN LIGHT	<u> </u>
Day Phone: 360-793-110	01	Cell Phon	e: 425 238 1935
Eve. Phone: 425 238 19	35	FAX:	
Send results to: (Print full name, City of Gold Bar RICHARD BAKER/JOH 107 5th St Gold Bar, Wa, 98251	HN LIGHT	rip code)	
Data Delivery: MAIL MAIL		_	
	IPLE INFOR		
Sample collected by (name): Specific location where sample 508 1ST AVE W Special Instructions or Comment	collected:	KER	
Type of Sample (musl check o		#1 (hrough #4	listed below)
1. ☑ Routine Distribution Sar Chlorinated: ☑ Yes □ No Chlorine: Total 0.75 mg/l Fre 3. Raw Water Source Sample □ E. coli - GWR source samp □ Fecal - Surface, GWI, som □ Other	< 0.1 mg/l	☐ Distribi ☐ Source (Popul	at Sample (after unsat, routine ution System e Groundwater Rule (GWR) ation of 1,000 or less) ory routine lab number:
		Unsatisfacto	ory routine collect date:
Public Systems must provide Source Num	-	Chlorinated	: YesNo esid: Total Free
4. ☐ Sample Collected for Info		Chlorine Re	ISIO; TOLAI FIEE
☐ Construction ☐ Repairs	☐ Private Re	sidence 🗆	Other
LAB USE ONLY DRI	INKING WA	TER RESU	ILTS LAB USE ONL
— =	. □ E. coli abse □ Fecal colifo		☑ Satisfactory
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	juired		able because:
Bacterial Density Results Total Coliform < 1 /10	: Plate Cour 0 ml. Fe		ml. E.coli /100 ml.
Method Code: MICR- 2810			Date Received: 12/16/2015
Date Analyzed: 12/16/2015, 1	1:00		Date Reported: 12/17/15
06607954			Lab Use Only:

Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

RECEIVED DEC 28 5 2