

COLIFORM BACTERIA ANALYSIS

		57 (0 1 11)	*17 *	7 (1 (7 (2 (0) 0		
Date Sample Collected 01/15/2014	Time Sample Collected	: ⊠AN		County:		
Month Day Year	9:00	□ PI		SNOHOMISH		
ype of Water System (check o ☑ Group A Public □ Group B Public		☐ Private Household ☐ Other:				
roup A and Group B Systems	Provide from W	/ater Facilitie	es Inv	ventory (WFI):		
IDa	# 28300Y	,				
stem Name: CITY Of	GOLD B	AR				
onlact Person: RICHAR	D BAKER/J	DHN LIGH	łΤ			
ay Phone: 360-793-1101 Cell Phone: 425 238 1935						
ve. Phone: 425 238 19	35	FAX:				
end results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)				
SAI	MPLE INFOR	RMATION				
ample collected by (name):		KER				
pecific location where sample	collected:					
10507 SR 2 ecial Instructions or Commen	her					
pe of Sample (must check o		#1 through #	4 list	ed below)		
☑ Routine Distribution Sa		1		ample (after unsal, routine)		
□ Distribution System □ Distribution System □ Source Groundwater Rule (GWR) Open control of 1,000 or less)						
Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som	ole	Unsatisfac	tory (routine lab number:		
☐ Other		Unsatisfac	tory r	outine collect date:		
S _				1		
blic Systems must provide Source Nur	nber from (WFI)		rinated: YesNo rine Resid: TotalFree			
☐ Sample Collected for Info		sidence C] Oth	er		
LAB USE ONLY DR	INKING WA	TER RES	JLT	S LAB USE ONLY		
Unsatisfactory otal Coliform Present and			R	Satisfactory		
3 E. coli present 3 Fecal coliform present	☐ E, coil abser☐ Fecal colifor					
☐ Replacement Sample Required ample not tested because Test unsuitable because: ☐ Sample too old (>30 hours) ☐ TNTC ☐ Improper Container ☐ Turbid Culture						
acterial Density Results otal Coliform < 1 /10		t I cal Colifor				
ethod Code: IICR- 2810				Received: 15/2014		
ate Analyzed: 1/15/2014, 15	:30		Date	Reported: 1/16/14		
06600331	4		Lab	Use Only:		
ample Number (DOH number plus five	digits)					

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 01/15/2014 Month Day Year	Time Sample Collected 8:20	⊠ AM □ PM	County:	Date Sample Collected 01/15/2014 Month Day Year
Type of Water System (check o ☑ Group A Public ☑ Group B Public	;	☐ Private Hou	sehold	Type of Water System (check only ☑ Group A Public ☐ Group B Public
Group A and Group B Systems		ater Facilities 1	nventory (WFI):	Group A and Group B Systems Pro
	# 28300Y			ID# 2
	F GOLD BA	D		System Name: CITY OF (
				Contact Person: RICHARD I
Contact Person: RICHAF				
Day Phone: 360-793-1			425 238 1935	Day Phone: 360-793-1101
Eve. Phone: 425 238 1		FAX:		Eve. Phone: 425 238 1935
Send results to: (Print full nam City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251	OHN LIGHT	p code)		Send results to: (Print full name, ac City of Gold Bar RICHARD BAKER/JOHN 107 5th St Gold Bar, Wa, 98251
SA	MPLE INFOR	MATION		SAMP
Sample collected by (name):	RICHARD BAH	KER		Sample collected by (name): RI
Specific location where sample				Specific location where sample coll
715 CROFT AVE V	505 CROFT AVE			
Special Instructions or Comme	ents:		n (1b story)	Special Instructions or Comments:
Type of Sample (must check				Type of Sample (must check only
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) Chlorine: Total 0.10 mg/l Fre< 0.1 mg/l (Population of 1,000 or less)				1. ☑ Routine Distribution Sampl Chlorinated: ☑ Yes □ No Chlorine: Tota< 0.1 mg/l Free< 0
3. Raw Water Source Samp E. coli - GWR source sam Fecal - Surface, GWI, so Other	ile nple		ory routine lab number:	3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some sp □ Other
	1	O I SOLIDIZORO	, todalio dellost actor	
Public Systems must provide Source N	I lumber from (WFI)	Chlorinated: Chlorine Res	YesNo Sid: TolalFree	Public Systems must provide Source Number fi
4. □ Sample Collected for In □ Construction □ Repair	iformation Only s □ Private Re	sidence 🗆	Other	4. ☐ Sample Collected for Informal ☐ Construction ☐ Repairs ☐
LAB USE ONLY D	RINKING WA	TER RESU	LTS LAB USE ONL	Y LAB USE ONLY DRINK
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory	☐ Unsatisfactory Total Coliform Present and
☐ E. coli present ☐ Fecal coliform present	☐ E, coli abse ☐ Fecal colifor			☐ E. coll present ☐ E
☐ Replacement Sample Required Sample not lested because Test unsuitable because: ☐ Sample too old (>30 hours) ☐ TNTC ☐ Improper Container ☐ Turbid Culture ☐ ☐				☐ Replacement Sample Require Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐
Bacterial Density Resul	Its: Plate Coun		ml. E.coli /100 ı	ml. Bacterial Density Results: Pl Total Coliform < 1 /100 n
Method Code: MICR- 2810		I	Date Received: 1/15/2014	Method Code: MICR- 2810
Date Analyzed: 1/15/2014,	15:30		Date Reported: 1/16/14	Date Analyzed: 1/15/2014, 15:30
06600332 Sample Number (DOH number plus			Lab Use Only:	06600330 Sample Number (DOH number plus live digits



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/15/2014	Time Sample Collected	⊠ AM	County:
Month Day Year	8:30	□ PM	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private Hou: ☐ Other:	sehold
Group A and Group B Systems	Provide from W	ater Facilities I	nventory (WFI):
ID;	# 28300Y		
System Name: CITY OF	GOLD BA	AR	
Contact Person: RICHAR	D BAKER/JO	DHN 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 City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		p code)	
SAN	IPLE INFOR	MATION	•
Sample collected by (name):	RICHARD BAH	(ER	
Specific location where sample 505 CROFT AVE	collected:		
pecial Instructions or Comment	s:		
Type of Sample (must check o		1 through #4 li	sted below)
1. ☑ Routine Distribution San	nple		Sample (after unsat, routing
Chlorinated: ☑ Yes □ No Chlorine: Tota< 0.1 mg/l Free	:< 0.1 mg/l		on System roundwater Rule (GWR) on of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, some Other			routine lab number:
S _		•	
Dublic Curtage reset aguide Covere Num	har from (MEI)	Chlorinated: Y	es/No
Public Systems must provide Source Numb		Chlorine Resid	: Total Free
4. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs		idence 🗆 O	ther
LAB USE ONLY DRI	NKING WAT	ER RESUL	TS LABUSE ONL
☐ Unsatisfactory Total Coliform Present and	5 2		☑ Satisfactory
	□ E. coli absen □ Fecal coliforn		
☐ Replacement Sample Requiscontrol Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ _	uired	Test unsuitable TNTC Turbid Cut	
Bacterial Density Results: Total Coliform < 1 /10			I. E.coli /100 r < 1 /100 ml.
Method Code: MICR- 2810			e Received: /15/2014
Date Analyzed: 1/15/2014, 15:	30	Dal	e Reported: 1/16/14
06600330		Lat	Use Only:

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



C(JLIFORM	BACIE	RIA	ANALYSIS	
Date Sample Collected 02/04/2014	Time Samp Collected	ØA		County:	
Month Day Year	8:20	ПΡ	M	SNOHOMISH	
Type of Waler System (check o ☐ Group A Public ☐ Group B Public	nly one box)	☐ Private Household			
Group A and Group B Systems	Provide from \	Vater Faciliti	ies Inv	entory (WFI);	
_ ·	‡ 28300\	1			
System Name: CITY OF	GOLD B	AR			
Contact Person: RICHAR	D BAKER/J	OHN LIGH	(T		
Day Phone: 360-793-110	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/JOH 107 5th St Gold Bar, Wa, 98251		rip code)			
SAM	IPLE INFOR	RMATION			
Sample collected by (name):	RICHARD BA	KER			
Specific location where sample of	collected:				
501 LEWIS					
Special Instructions or Comments					
Type of Sample (must check or					
Routine Distribution Sam Chlorinated: ☑ Yes □ No Chlorine: Total 0.26 mg/l Free	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 sample □ Fecal - Surface, GWI, some □ Other	,	Unsatisfac	tory ro	utine lab number:	
S		Unsatisfact	ory rol	utine ∞llect date:	
Public Systems must provide Source Number		Chlorinated: YesNo Chlorine Resid: Total Free			
Sample Collected for Inform Construction □ Repairs	nation Only Private Res	idence 🗆	Other		
	KING WAT	ER RESU	LTS	LAB USE ONLY	
Unsatisfactory Total Coliform Present and			₩:	Satisfactory	
— —	E. coll absent Fecal coliforn				
□ Replacement Sample Requisample not tested because □ Sample too old (>30 hours) □ Improper Container	ired	Test unsuita TNTC Turbid C			
Bacterial Density Results: Fotal Coliform < 1 /100		/ ral Coliforn		.coli /100 ml. < 1 /100 ml.	
Method Code: MICR- 2810		E		eceived: 2014	
Date Analyzed: 2/ 4/2014, 15:00		0	_	eported: 2/ 5/14	
06600734 Sample Number (DOH number plus five dig	is)			e Only:	
OH Form #331-319 (revised 8/05)					



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected				ANALTSIS
02/04/2014	Time Samp Collected		I AM	County:
Month Day Year	9.20		PM	SNOHOMISH
Type of Water System (check on ☑ Group A Public ☐ Group 8 Public	-	☐ Privat	e Hous	ehold
Group A and Group B Systems P		Water Fac	lities In	ventory (WFI)
i l	28300			, ,
System Name: CITY OF	GOLD B	AR		
Contact Person: RICHARD				
Day Phone: 360-793-1101				425 238 1935
Eve. Phone: 425 238 1935	5	FAX:		120 200 1000
Send results to: (Print full name, a City of Gold Bar RICHARD BAKER/JOHN 107 5th St Gold Bar, Wa, 98251		zip code)		
SAMP	LE INFOR	RMATIO		
Sample collected by (name); R	CHARD BAI			
Specific location where sample col	lected:			
508 1ST AVE W. Special Instructions or Comments:				
Type of Sample (must check only	one box of #	1 through	#4 linto	d haloud
1. M Routine Distribution Sample	e		_	mple (after unsat, routine)
Chlorinated: ☑ Yes □ No Chlorine: Total 0.35 mg/l Free 0.3		☐ Distri	bution : ce Grou	System Indwater Rule (GWR) of 1,000 or less)
B. Raw Water Source Sample E. coll - GWR source sample Fecal - Surface, GWI, some sp Other	rings	Unsatisfa	ctory ro	utine lab number:
•	-1	Chlorinato	d: Voc	/ No
ublic Systems must provide Source Number Iro	m (WFI)	Chlorinated: YesNo Chlorine Resid: Total Free		
. □ Sample Collected for Information □ Repairs □ I	on Only Private Resid	iones -	7 (741	
	NG WATE			LAB USE ONLY
3 Unsatisfactory			_	atisfactory
	coli absent			dusiactory
	cal coliform	absent		
Replacement Sample Required ample not tested because		est unsuita	thie her	ZIIEO.
Sample too old (>30 hours) Improper Container	[J TNTC		
		Turbid (
acterial Density Results: Plat etal Coliform < 1 /100 ml.	e Count _		ml. E.	coli /100 ml.
thod Code: CR- 2810			ale Re	ceived:
te Analyzed: 2/ 4/2014, 15:00				orted: 2/5/14
06600733			ab Use	
riple Number (DOH number plus five digits)				



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COLIF	ORM E	BAC1	ERIA	ANALYSIS			
	Sample llected 40	₽	I AM I PM	County: SNOHOMISH			
Type of Water System (check only one ☑ Group A Public ☐ Group B Public		☐ Privat	e House	ehold			
Group A and Group B Systems Provide		iter Fac	ities Inv	ventory (WEI):			
ID# 283				, small (111 l).			
System Name: CITY OF GOI		R					
Contact Person: RICHARD BAK			SHT				
Day Phone: 360-793-1101 Cell Phone: 425 238 1935							
Eve. Phone: 425 238 1935		AX:		.20 200 1000			
Send results to: (Print full name, address City of Gold Bar RICHARD BAKER/JOHN LIG 107 5th St Gold Bar, Wa, 98251		code)					
SAMPLE II	VFORM	ATIO					
Sample collected by (name): RICHAR	RD BAKE						
Specific location where sample collected 818 EVERGREEN WAY	:	<u> </u>					
Special Instructions or Comments:	(24)						
Type of Sample (must check only one binds to the sample of Sample	-						
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.39 mg/l Free 0.35 mg/		J Sour	bution S ce Grou	ople (after unsat. routine) system ndwater Rule (GWR) f 1,000 or less)			
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other				illne lab number:			
S	Un	satisfac	lory rout	ine collect date:			
Public Systems must provide Source Number from (WFI)	Chi	orinated	d: Yes_ esid: To	No No lal Free			
. ☐ Sample Collected for Information Oni	ly			1166			
1.15.115			Other				
LAB USE ONLY DRINKING V Unsatisfactory	VAIER	RESU		LAB USE ONLY			
otal Coliform Present and □ E. coli present □ Fecal coliform present □ Fecal coliform		inos	M Sa	tisfactory			
☐ Replacement Sample Required ample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test		bie becauture	ause:			
acterial Density Results: Plate Colotal Coliform < 1 /100 ml.	unt Fecal C	/ r oliform		oli /100 ml. 1 /100 ml.			
ethod Code: IICR- 2810			ale Rec	eived:			
ale Analyzed: 2/ 4/2014, 15:00		D:	2/ 4/20 ate Ren	orled: 2/ 5/14			
06600732 ample Number (DOH number plus five digits)			ib Use (
H Form #331-319 (revised 8/05)		i					

RECEIVED FEB 19 2014



COLIFORM BACTERIA ANALYSIS

						
Date Sample Collected 03/11/2014 Month Day Year	Time Sample Collected 7:45	⊠ AM □ PM	County:			
	1		ONOTIONION			
Type of Water System (check ☑ Group A Public ☐ Group B Public	; [3 Private Hou	sehold			
Group A and Group B Systems	s Provide from Wi	ater Facilities I	nventory (WFI).			
ID	# 28300Y					
System Name: CITY OF GOLD BAR						
Contact Person: RICHAF	RD BAKER					
Day Phone: 360-793-1	101	Cell Phone	: 425 238 1935			
Eve. Phone: 425 238 1	935	FAX:				
City of Gold Bar RICHARD BAKER, 107 5th St Gold Bar, Wa, 98251	RICHARD BAKER,					
SA	MPLE INFOR	MATION				
Sample collected by (name):	RICHARD BAI	KER				
Specific location where sample	e collected:					
40507 SR2	_					
Special Instructions or Comments:						
Type of Sample (must check	only one box of #					
1. ☑ Routine Distribution S	ample	2. C Repeat Distribut	Sample (after unsat routine)			
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.23 mg/l Fr	ree 0.21 mg/l	□ Source	Groundwater Rule (GWR) tion of 1,000 or less)			
3. Raw Water Source Sampl ☐ E. coli - GWR source sam ☐ Fecal - Surface, GWI, so ☐ Other	nple		ry routine lab number: y routine collect date:			
S_	1					
Public Systems must provide Source N		Chlorinated: Yes No Chlorine Resid: Total Free				
4. ☐ Sample Collected for In ☐ Construction ☐ Repairs	formation Only Private Re	sidence 🗆	Other			
LAB USE ONLY D	RINKING WA	TER RESU	LTS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	□ E. coli abse □ Fecal colifor		☑ Satisfactory			
□ Replacement Sample Required Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbid Culture □ □ □						
	lts: Plate Coun 100 ml. Fe	t / ecal Coliforn	ml. E.coli /100 ml. n <1 /100 ml.			
Method Code: MICR- 2810			Date Received: 3/11/2014			
Date Analyzed: 3/11/2014.	15:00	1	Date Reported: 3/12/14			
06601480 Sample Number (DOH number plus			ab Use Only:			
Sample number (DON number plus)	ara anguary					



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CC	DLIFORM I	BACTER	IA ANALYSIS	
Date Sample Collected 03/11/2014 Month Day Year	Time Sample Collected 7:15	Ø AM □ PM		MISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private Ho	-	
Group A and Group B Systems	Provide from W	ater Facilitie	s Inventory (WFI):	
ID:	# 28300Y	,		
	F GOLD B			
Contact Person: RICHAR		71.		-
		Cell Phon	e: 425 238 1935	
24) Thomas 330 TO TTO				
Eve. Phone: 425 238 19		FAX:		
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	s, address and 2	ip code)		
SAI	MPLE INFOR	NOITAMS		
	RICHARD BA			
Specific location where sample	collected:			
505 CROFT AVE				
Special Instructions or Commen Type of Sample (must check o		#1 thmuch #	1 listed helow)	
1. ☑ Routine Distribution Sa		Ť	at Sample (after unsat.	routine)
Chlorinated: ☑ Yes □ No Chlorine: Total 0.14 mg/l Fre		☐ Distrib☐ Source	ution System Groundwater Rule (Gation of 1,000 or less)	
3. Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, son Other	ple		lory routine lab number	
<u> </u>	1			
,,-	,	Chlorinated	: YesNo	
Public Systems must provide Source Nur	nber from (WFI)	Chlorine Re	esid: Total Fre	e
□ Sample Collected for Info □ Construction □ Repairs	ormation Only Private Re	sidence C	Other	
LAB USE ONLY DR	INKING WA	TER RESU	JLTS LABUS	E ONLY
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory	
☐ E. coli present ☐ Fecal coliform present	☐ E. coli absei ☐ Fecal colifor			
☐ Replacement Sample Red Sample not tested because ☐ Sample too old (>30 hours ☐ Improper Container		Test unsuit		
Bacterial Density Results Total Coliform < 1 /10	s: Plate Coun 00 ml. Fe	t / ecal Colifor	ml. E.coli m < 1 /100 ml.	
Method Code: MICR- 2810			Date Received: 3/11/2014	
Date Analyzed: 3/11/2014, 15	5:00		Date Reported: 3/12/	14
06601481 Sample Number (DOH number plus five	e digits)		Lab Use Only:	



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COLIFORM BACTERIA ANALYSIS

COLIFORIVI	DAOILIN	AAIAETOIO		
Date Sample Collected 03/11/2014 Time Sample Collected	MA ₪	County:		
Month Day Year 8:40	□ PM	SNOHOMISH		
Type of Water System (check only one box) ☑ Group A Public □ Group 8 Public	☐ Private Hou			
Group A and Group B Systems Provide from V				
D# 28300Y	1			
System Name CITY OF GOLD B.	AR			
Contact Person: RICHARD BAKER				
Day Phone: 360-793-1101	Cell Phone	: 425 238 1935		
Eve. Phone: 425 238 1935	FAX;			
Send results to: (Print full name, address and a City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	zip code)			
SAMPLE INFOR	RMATION			
Sample collected by (name): RICHARD BA	KER			
Specific location where sample collected: 715 CROFT AVE W.				
pecial Instructions or Comments: Type of Sample (must check only one box of	#1 through #4 ti	etad halmu\		
1. ☑ Routine Distribution Sample	T	Sample (after unsat, routine)		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.60 mg/l Free 0.56 mg/l	☐ Distribution ☐ Source G			
3 Raw Water Source Sample □ E. coll - GWR source sample □ Fecal - Surface, GWI, some springs □ Other		y rouline lab number:		
SII	Unsatisfactory	routine collect date:		
Public Systems must provide Source Number from (WFI)	Chlorinated: YesNo Chlorine Resid: Total Free			
4. ☐ Sample Collected for Information Only	1			
□ Construction □ Repairs □ Privale Res				
LAB USE ONLY DRINKING WAT				
□ Unsatisfactory Total Coliform Present and □ E. coli present □ Fecal coliform present □ Fecal coliform present	nt	☑ Satisfactory		
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Tesl unsuitable TNTC Turbid Cult			
Bacterial Density Results: Plate Count Fotal Coliform <1 /100 ml. Fee	/ mi	I. E.coli /100 ml. <1 /100 ml.		
Vethod Code: MICR- 2810	Dat	e Received: //11/2014		
Date Analyzed: 3/11/2014, 15.00		e Reported: 3/12/14		
06601482 Sample Number (DOH number plus five digrts)		Use Only:		
DOH Form #331-319 (revised 8/05)				



CC	OLIFORM	BACTE	RIA	AANALYSIS
Date Sample Collected 04/03/2014	Time Sample Collected	⊠ A	•••	County:
Month Day Year	8:00	P	M	SNOHOMISH
Type of Water System (check c ☑ Group A Public ☐ Group 8 Public		☐ Private I☐ Other: _	ious	ehold
Group A and Group B Systems	Provide from V	/ater Facilit	ies In	ventory (WFI).
ID:	# 28300Y	,		
	F GOLDBA			
Contact Person: RICHAR		11 \		
Day Phone: 360-793-11		Coll Dho	no.	425 238 1935
			AIIC.	423 230 1333
Eve. Phone: 425 238 19		FAX.	_	
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	s, address and 2	ip code)		
	MPLE INFOR	RMATION	1	
Sample collected by (name):		_		
Specific location where sample				
501 LEWIS AVE				
pecial Instructions or Commen		24.11	U4 P	
Type of Sample (must check o				
1. ☑ Routine Distribution Sar Chlomated: ☑ Yes □ No Chlorine: Total 0.28 mg/l Fre	•	☐ Distri ☐ Sour	butio œ Gr	Sample (after unsat. routine) n System roundwater Rule (GWR) n of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other	ile			routine lab number:
S _	1	Onociola		
	•	Chlorinate	/ d: Ye	/ es No
Public Systems must provide Source Num	per from (WFI)	Chlorine F		
 □ Sample Collected for Information □ Construction □ Repairs 	mation Only Private Res	sidence [] OII	her
LAB USE ONLY DRI	INKING WAT	TER RES	ULT	S LAB USE ONLY
Unsatisfactory Total Coliform Present and			5	2 Satisfactory
	☐ E. coli abser ☐ Fecal colifor			
□ Replacement Sample Req Sample not tested because □ Sample too old (>30 hours) □ Improper Container	uired	Test unsul TNTC Turbid		
Bacterial Density Results: Total Coliform <1 /10		tcal Colifo		
Method Code: MICR- 2810				e Received. 73/2014
Date Analyzed: 4/ 3/2014, 16.6	00		Date	Reported: 4/4/14
06602009 Sample Number (DCH number nus five	dinde)		Lab	Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/03/2014 Month Day Year	Time Sample Collected 8:45	MA	М	County:	
Month Day Year	8:45				
T		□ P	M	SNOHOMISH	
Type of Water System (check on ☑ Group A Public ☐ Group B Public		☐ Private } ☐ Other	louse	ehold	
Group A and Group B Systems P	rovide from W	/ater Faciliti	es In	ventory (WFI):	
ID#	28300Y	,			
System Name: CITY OF	GOLDBA	١R			
Contact Person: RICHARD	BAKER				
Day Phone: 360-793-1101 Cell Phone: 425 238 1935					
Eve. Phone: 425 238 193	 5	FAX:			
Send results to: (Print full name, a City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	ddress and z	ip code)			
SAMF	LE INFOR	RMATION			
Sample collected by (name): F		KER			
Specific location where sample co	llected:				
508 1ST AVE W. Special Instructions or Comments:					
Type of Sample (must check only	one box of #	+1 through #	44 list	ed below)	
1. ☑ Routine Distribution Samp	le	2. 🗆 Repe	eat S	ample (after unsal, routine)	
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.33 mg/l Free 0	.26 mg/l		e Gro	n System oundwater Rule (GWR) n of 1,000 or less)	
3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some s ☐ Other	prings			routine lab number.	
<u>SII</u>	,	Unsalistaci	югу п	outine collect date:	
Public Systems must provide Source Number	from (WEI)	Chiorinated			
4. Sample Collected for Information	ation Only	Chlorine R			
☐ Construction ☐ Repairs ☐ LAB USE ONLY			Oth		
	KING WAT	EK KESI			
☐ Unsatisfactory Total Coliform Present and				I Satisfactory	
	E. coli abseni Fecal coliforn				
☐ Replacement Sample Requir Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	ed	Test unsuit			
Bacterial Density Results: P Total Coliform < 1 /100		/ cal Colifor			
Method Code: MICR- 2810				Received: 3/2014	
Dale Analyzed: 4/3/2014, 16:00			Date	Reported: 4/4/14	
06602008 Sample Number (DOH member plus five ducti	-1		Labl	Jse Only:	



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CC	DLIFORM	RACTE	:RIA AN	IALYSIS
Date Sample Collected 04/03/2014 Month Day Year	Time Sampl Collected 7:30	e Ø#	⊾M Ť	INDHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public	nly one box)	☐ Private		
Group A and Group B Systems	Provide from V	Vater Facilit	ies Inventor	y (WFI)
	‡ 28300Y			, ,
	GOLDBA			
Contact Person: RICHARI		111		
Day Phone: 360-793-110		Call Pho	125	238 1935
Eve. Phone: 425 238 193		FAX:		230 1333
Send results to: (Print full name, City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251				
	IPLE INFOR	PMATION		
Sample collected by (name):				
Specific location where sample of 818 EVERGREEN William Special Instructions or Comments	collected: AY			
Type of Sample (must check on				
1. ☑ Routine Distribution Sam Chlorinated: ☑ Yes □ No Chlorine: Total 0.24 mg/l Free		☐ Distril	oution Syste	ater Rule (GWR)
3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some ☐ Other	springs	Unsallsfac	dory routine	lab number:
s	l			collect date:
Public Systems must provide Source Number		Chlorinated	i: Yes esid: Total_	No
 ☐ Sample Collected for Inform ☐ Construction ☐ Repairs 	nation Only □ Private Res	idence F	l Other	
· · · · · · · · · · · · · · · · · · ·	IKING WAT			LAB USE ONLY
	l E. coli abseni l Fecal coliforn	•	Ø Satis	factory
☐ Replacement Sample Requison Discours Properties of Lested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	red		able becaus Culture	se :
Bacterial Density Results: Fotal Coliform < 1 /100		/ al Colifori	mi. E.coli	/100 ml. /100 ml.
Method Code: MICR- 2810		I	Date Receiv 4/3/2014	
ate Analyzed. 4/3/2014, 16.00				ed: 4/4/14
06602007 Sample Number (DOH number plus five digit	ts)		ab Use On	

DOH Form #331-319 (revised 6/05)

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



CC	DLIFORM	BACTE	RIA.	ANA	LYSIS
Date Sample Collected 05/06/2014 Month Day Year	Time Sample Collected 7:15	E AN		Count	snohomish
Type of Water System (check of Group A Public		☐ Private H			SNOHOWISH
Group A and Group B Systems	Provide from V		es Inve	entory	(WFI):
	# 28300Y			·	
	GOLD B				
Contact Person: RICHAR	D BAKER/J	OHN LIGH	łT		
Day Phone: 360-793-11	01	Cell Pho	ne: 4	25 2	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		tip code)			
SAM	MPLE INFOR	RMATION			
Sample collected by (name):	RICHARD BA	KER			
Specific location where sample					
505 CROFT AVE					
pecial Instructions or Commen		0.4 (5	14.50.1		
ype of Sample (must check o					
1. ☑ Routine Distribution Sar Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.59 mg/l Fre		☐ Distrib☐ Source	oution : e Grou	Syster undwa	after unsat, routine) n Ier Rule (GWR) 00 or less)
Raw Water Source Sample E. coli - GWR source samp Fecal - Surlace, GWI, som Other			_		ab number:
S	ı	Unsatisfact	tory ro	utine c	ollect date:
	l	/_Chiorinated	ł. Vac	/_	No
Public Systems must provide Source Num	ber from (WFI)	Chlorine Re			Free
I. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs	mation Only □ Private Re	sidence 🗆	3 Othe	r	
LAB USE ONLY DRI	NKING WAT	ER RESU	JLTS	10	LAB USE ONLY
Unsatisfactory			Ø	Satisf	actory
	☐ E. coli abser ☐ Fecal colifon				
Replacement Sample Req Sample not tested because Sample too old (>30 hours) Improper Container		Test unsuit			e.
Bacterial Density Results:					/100 ml.
Method Code: MICR- 2810			Date F 5/ 6	Receiv /2014	ed:
Date Analyzed: 5/ 6/2014, 16:0	00		Date F	Report	ed: 5/7/14
06602635			Lab U	se Onl	у:
Sample Number (DOH number plus five o	nduz)				

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



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COLIFORM BACTERIA ANALYSIS

		,				
Date Sample Collected 05/06/2014	Time Sample Collected	☑ AM				
Month Day Year	8:30	C) PM	SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group 8 Public		□ Private He	ousehold			
Group A and Group B Systems	Provide from W	ater Facilitie	s Inventory (WFI):			
ID:	# 28300Y	•				
	GOLD B					
Contact Person: RICHAR		0 11 12	405 000 4005			
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 107 5th St Gold Bar, Wa, 98251	e, address and 2	op code)				
SAI	WPLE INFOR	RMATION				
Sample collected by (name):	RICHARD BAI	KER				
Specific location where sample						
40507 SR2						
Special Instructions or Commen						
Type of Sample (must check of	_	T		_		
Routine Distribution San Chlorinated: ☑ Yes □ No Chlorine: Tota< 0.1 mg/l Free		☐ Distrib☐ Source	at Sample (after unsat. routine oution 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	ole		ory routine lab number:			
S _		Ι,	1			
Dubba Custama unal arrunda Curran Mur	abor from AMEII	1	Chlorinated: Yes No			
Public Systems must provide Source Nun		Chlorine Re	esid: Total Free	_		
	rmation Only Private Res	sidence □	3 Other			
LAB USE ONLY DR	INKING WA	TER RESU	JLTS LAB USE ONL	Y		
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	☐ E. coli abser ☐ Fecal colifor		⊠ Satisfactory			
☐ Replacement Sample Rec Sample not tested because ☐ Sample too old (>30 hours) ☐ !mproper Container		Test unsuit TNTC Turbid	able because:			
Bacterial Density Results Total Coliform < 1 /10			ml. E.coli /100 m m < 1 /100 ml.	nl.		
Method Code: MICR- 2810			Date Received: 5/ 6/2014			
Date Analyzed: 5/ 6/2014, 16	00		Date Reported: 5/7/14			
06602633			Lab Use Only:			



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COLIFORM PACTEDIA ANALYSIS

	PLIFORIN	BACIER	A ANALTSIS
Date Sample Collected 05/06/2014	Time Sampl Collected	e ☑ AM	County:
Month Day Year	7.50	□ PM	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private Hou	
Group A and Group B Systems	Provide from V	Water Facilities	Inventory (WFI):
ID:	# 28300Y	1	
System Name: CITY OF	GOLD B	AR	
Contact Person: RICHAR			
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/JOI 107 5th St Gold Bar, Wa, 98251		zip code)	
SAN	IPLE INFOR	RMATION	
Sample collected by (name):	RICHARD BA	KER	
Specific location where sample	collected:		
715 CROFT AVE W Special Instructions or Comment			<u> </u>
Type of Sample (must check or		#1 through #4 li	isted holow)
1. ☑ Routine Distribution San			Sample (after unsat routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.24 mg/l Free		☐ Distribution ☐ Source G	on System Groundwater Rule (GWR) on of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, some			y routine lab number.
S <u> </u>	1	Unsatisfactory	routine collect date:
Public Systems must provide Source Numb		Chlorinated: Y	esNo d: Total Free
4. ☐ Sample Collected for Inform ☐ Construction ☐ Repairs	nation Only Private Res		
		ER RESUL	
☐ Unsatisfactory	TING WAI		TS LAB USE ONLY Satisfactory
Total Coliform Present and E. coli present	DE. coli absen Decal coliforn	ı į	E Satisfactory
☐ Replacement Sample Requipment tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐		Test unsuitable TNTC Turbid Cult	
Bacterial Density Results: Total Coliform < 1 /100			I. E.coli /100 ml.
fethod Code: MICR- 2810		Dat	e Received: / 6/2014
Date Analyzed: 5/ 6/2014, 16:00)		e Reported: 5/7/14
06602636 Sample Number (DOH number plus five dig			Use Only:
OH Form #331-319 (revised 8/05)			

DOH Form #331-319 (minsed \$005)

RECEIVED MAY 1 5 2014

Sample Number (DOH number plus five digits)



<u> </u>	OLIFORIN	BACIEN	IIA ANALYSIS		
Date Sample Collected	Time Sample		County:		
06/05/2014 Month Day Year	8:35	☑ AM			
Type of Water System (check ☑ Group A Public ☐ Group B Public		☐ Private Ho	ousehold		
Group A and Group B System	s Provide from W	ater Facilities	s Inventory (WFI):		
ID	# 28300Y	•			
are a samular	F GOLD B				
01110			· -		
Contact Person: RICHA		JHN LIGH	<u> </u>		
Day Phone: 360-793-1	101	Cell Phon	e: 425 238 1935		
Eve. Phone: 425 238 1	935	FAX:			
Send results to: (Print full nam City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)			
SA	MPLE INFOR	RMATION	· · · · · · · · · · · · · · · · · · ·		
Sample collected by (name):	RICHARD BA	KER			
Specific location where sample					
507 1ST AVE W					
special Instructions or Comme					
Type of Sample (must check					
1. ☑ Routine Distribution Se	ample		t Sample (after unsat, routine) ution System		
Chlorinated: ☑ Yes ☐ No		☐ Source	Groundwater Rule (GWR)		
Chlorine: Total 0.35 mg/l Fr		(Popuk	ation of 1,000 or less)		
3. Raw Water Source Sample □ E. coli - GWR source sam □ Fecal - Surface, GWI, soi	ple	Unsatisfacto	ory routine lab number:		
□ Cther		Unsatisfacto	ry routine collect date:		
S		,	1		
		Chlorinated:	hlorinated: YesNo		
Public Systems must provide Source Nu		Chlorine Re	sid: Tolal Free		
 □ Sample Collected for Info □ Construction □ Repairs 	ormation Only Private Res	sidence 🗆	Other		
	RINKING WAT	TER RESU	LTS LAB USE ONLY		
☐ Unsatisfactory			☑ Satisfactory		
Total Coliform Present and	☐ E. coli abser	n4			
☐ E. œii prosent ☐ Fecal coliform present	☐ Focal colifor				
Replacement Sample Re			ble because.		
☐ Sample too old (>30 hours ☐ Improper Container	3)	☐ TNTC	Culture		
	s: Plate Coun 00 ml. Fe	t / cal Coliforn	ml. E.coli /100 ml. m < 1 /100 ml.		
Method Code: MICR- 2810			Date Received: 6/ 5/2014		
Date Analyzed: 6/ 5/2014, 17	7:00		Date Reported: 6/6/14		
06603255			_ab Use Only:		
Sample Number (DOH number plus fiv	e digits)				

DOH Form #331-319 (revised 8/05) RECEIVED JUN 2 0 2014



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:			
06/05/2014 Month Day Year	Collected 7:45	⊠ AM □ PM		SNOHOMISH			
Type of Water System (check of				SINOHOIVIISH			
☐ Group B Public	nny one boxy	☐ Private ☐ Other:		ehold			
Group A and Group B Systems	Provide from V	/ater Facili	ties In	ventory (WFI):			
ID:	# 28300Y	7					
System Name: CITY OF	GOLD B	AR					
Contact Person: RICHAR	D BAKER/JO	OHN LIG	нт				
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							
SAN	IPLE INFOR	MATIO	V				
Sample collected by (name):		KER					
Specific location where sample	collected:						
501 LEWIS Special Instructions or Comment	S:						
Type of Sample (must check or		1 through	#4 list	ed below)			
1. Ø Routine Distribution San	nple			ample (after unsat, routine)			
Chlorinated: ☑ Yes ☐ No		☐ Sour	☐ Distribution System ☐ Source Groundwater Rule (GWR)				
Chlorine: Total 0.31 mg/l Free	e 0.27 mg/l	(Pop	ulation	of 1,000 or less)			
3. Raw Water Source Sample ☐ E coli - GWR source sampl ☐ Fecal - Surface, GWI, some		Unsatisfa	ctory r	outine lab number			
☐ Other		Unsatisfac	ctory n	outine collect date:			
<u>S</u>			1				
Public Systems must provide Source Numb	er from (WFI)		d: Yes	SNo Total Free			
Sample Collected for Information Construction □ Repairs	mation Only ☐ Private Res		Oth				
	NKING WAT						
☐ Unsatisfactory				Satisfactory			
—	□ E. coli absen □ Fecal coliforn	•		·			
☐ Replacement Sample Requisample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	pired	Test unsui					
Bacterial Density Results: Total Coliform < 1 /100		al Colifo					
Method Code: MICR- 2810				Received: 5/2014			
Date Analyzed: 6/5/2014, 17:0	0		Date	Reported: 6/6/14			
06603256 Sample Number (DOH number plus five di	arts)	ļ	Lab U	Ise Only:			
DOH Form #331-319 (revised 8/05)		VED	HAAI	9.0.204			
	NECE	TED .)UN	2 0 2014			



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COLIFORM BACTERIA ANALYSIS

			-1717	WINWE I 212
Date Sample Collected 06/05/2014 Month Day Year	Time Samp Collected			County:
	8:45		'M	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private ☐ Other: _		
Group A and Group B Systems	Provide from	Water Facilit	ies inv	enlory (WFI):
IDi	‡ 28300°	Υ		
	GOLDE	•		
Contact Person: RICHAR			—— НТ	
Day Phone: 360-793-110				425 238 1935
Eve. Phone: 425 238 19		FAX:	лі с. -	+20 236 1935
Send results to: (Print full name,		1.7.0		
City of Gold Bar RICHARD BAKER/JOH 107 5th St Gold Bar, Wa, 98251		2 р сосе)		
	IPLE INFO	PMATION		
Sample collected by (name):			_	
Specific location where sample of		WEN		
818 EVERGREEN W	ΆΥ			
Special Instructions or Comments				
Type of Sample (must check on		#1 through #	4 listed	d below)
1. ☑ Routine Distribution Sam Chlorinated: ☑ Yes □ No	•	│ □ Distrib │ □ Sourc	oution S e Grou	ndwater Rule (GWR)
Chlorine: Total 0.28 mg/l Free	0.24 mg/l	(Popu	lation o	of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, some Other	springs	Unsatisfac	tory ro	utine lab number:
		Unsatisfact	ory rou	tine collect date:
S _	_	,		1
Public Systems must provide Source Numbe		Chlorinated Chlorine Re	: Yes_ esid: To	NoNo
4. □ Sample Collected for Inform □ Construction □ Repairs (ation Only □ Private Res	idence 🗆	Other	
	KING WAT			LAB HOE ONLY
□ Unsatisfactory	MINO WAI	EK KEŞU		LAB USE ONLY satisfactory
	E. coli absen Fecal coliforn	•		,
Replacement Sample Requires ample not tested because Sample too old (>30 hours) Improper Container		Test unsuita		cause;
Bacterial Density Results: Potal Coliform < 1 /100		/ ı al Coliforn		coli /100 ml.
lelhod Code: /IICR- 2810		D		ceived;
ate Analyzed: 6/ 5/2014, 17:00		D		ported: 6/6/14
06603254 Sample Number (DOH number plus five digits	5)		ab Use	·
OH Form #331-319 (revised 8/05)				



COLIFORM BACTERIA ANALYSIS

Data Samula a ii		570	LLIVIA	ANALISIS
Date Sample Collected 07/08/2014 Month Day Year	Time Sam Collected 10:00	d 6	ZI AM Dipm	County:
Type of Water System (check only				SNOHOMISH
☐ Group & Public☐ Group B Pub		☐ Priva ☐ Other	r	
Group A and Group B Systems Pro	ovide from	Water Fac	cilities Inv	ventory (WFI):
1	28300			,
System Name: CITY OF (BAR		
Contact Person: RICHARD I	BAKER			
Day Phone: 360-793-1101		Cell Pl	none: 4	425 238 1935
Eve. Phone: 425 238 1935		FAX:		
Send results to: (Print full name, add City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	dress and	zip code)		
SAMPL	E INFOR	RMATIO	N .	
Sample collected by (name): RIC	HARD BAI	KER		
Specific location where sample collection	cted:			
715 CROFT AVE W. Special Instructions or Comments:				
Type of Sample (must check only or	e box of #	1 through:	#4 listed	helow
1. 🗹 Routine Distribution Sample				ple (after unsat. routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.18 mg/l Free 0.14	mg/l	☐ Source	ce Groun	ystern idwater Rule (GWR) (1,000 or less)
Raw Water Source Sample E. coli - GWR source sample Fecal - Surface, GWI, some sprin Other	1.	Unsalisfac	ctory roui	tine lab number
<u> </u>	∫ l	Unsalisfact	ory rouli	ne collect date.
thic Systems must provide Source Number from	WFI)	Chlorinated Chlorine Re	i: Yes	_/No
☐ Sample Collected for Information Construction ☐ Repairs ☐ Pri	Only		Other	
LAB USE ONLY DRINKING				LAB USE ONLY
Unsatisfactory tal Coliform Present and				tisfactory
E. coli present D E. co	li absent I coliform a	abseni		
Replacement Sample Required mple not tested because Sample too old (>30 hours) Improper Container	Te	est unsuital I TNTC I Turbid Cu		use:
cterial Density Results: Plate (al Coliform < 1 /100 ml.		/ n	nl. E.co)li /100 ml.
hod Code: CR- 2810			te Recei	ived:
Analyzed: 7/ 8/2014, 15:00				rted: 7/9/14
06603891 ple Number (DOH number plus five digits)			b Use Or	
form #331-319 (revised 8/05)				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Samp		ERIA	A ANALYSIS	
07/08/2014 Month Day Year	Collected 8.45	₽	I AM I PM	County SNOHOMISH	
Type of Water System (check or ☑ Group A Public ☐ Group B Public	nly one box)	☐ Privat	e Hous	ehold	
Group A and Group B Systems	Provide from V				
ID#	28300	1		,	
	GOLD B				
Contact Person: RICHARD					
Day Phone: 360-793-1101 Cell Phone: 425 238 1935					
Eve. Phone: 425 238 193	35	FAX:			
Send results to: (Print full name, City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	address and z	up code)			
SAM	PLE INFOR	MATIO	N		
Sample coflected by (name):	RICHARD BAI	KER			
Specific location where sample of 40507 SR2	ollected:				
Special Instructions or Comments:					
Type of Sample (must check only		1 through	#4 liste	ed below)	
1. ☑ Routine Distribution Samp Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.19 mg/l Free 0		☐ Dist	ribution rce Gro	mple (after unsat. routine) System undwater Rule (GWR) of 1,000 or less)	
3. Raw Water Source Sample E. coll - GWR source sample Fecal - Surface, GWI, some s Other		Unsatisfa	actory re	ouline lab number: utine collect date:	
S _	_			s de la contra del	
Public Systems must provide Source Number	from (WFI)	Chlorinate	d. Yes		
I. ☐ Sample Collected for Informa		Chlorine F	Cesia: I		
	(ING WATE				
Unsatisfactory				Satisfactory	
	E. coli absent Fecal coliform	aheani		,	
Replacement Sample Require ample not tested because Sample too old (>30 hours) Improper Container	ed 7 I	est unsum TNTC Turbid			
acterial Density Results: Pla otal Coliform < 1 /100 m	ate Count_			.coli /100 ml. < 1 /100 ml.	
ethod Code: IICR- 2810		- 1		eceived:	
ate Analyzed: 7/ 8/2014, 15:00				eported: 7/ 9/14	
06603890			Lab Use		



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COLIFORM RACTERIA ANALYSIS

Date Sample Collected	77.540.7		ANALYSIS
07/08/2014 Month Day Year	Time Sample Collected 7-30	! ☑ AM □ PM	County:
Type of Water System (check of	250		SNOHOMISH
☑ Group A Public ☐ Group B Public		☐ Private House ☐ Other:	
Group A and Group B Systems			
ID:	# 28300Y		
System Name: CITY OF	GOLD BA	\R	
Contact Person: RICHAR		<u></u>	
Day Phone: 360-793-110	01	Cell Phone:	425 238 1935
Eve. Phone: 425 238 19		FAX:	
Send results to: (Print full name, City of Gold Bar	, address and zip	code)	
RICHARD BAKER			
107 5th St			
Gold Bar, Wa, 98251			
	IPLE INFORI		
Sample collected by (name): Specific location where sample of		ER	
505 CROFT AVE	wherea:		
Special Instructions or Comments			
Type of Sample (must check on		through #4 liste	d below)
1. Ø Routine Distribution Sam			mple (after unsat, routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.20 mg/l Free		 □ Distribution □ Source Ground 	System Indwater Rule (GWR) of 1,000 or less)
3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some ☐ Other	springs		utine lab number:
	Ū	Insatisfactory ro	utine collect date:
<u> _S_ _</u>	_		
Public Systems must provide Source Numbe	r from (WFI) C	hlorinated: Yes_ hlorine Resid: T	No otal Free
□ Sample Collected for Inform □ Construction □ Repairs I			
	KING WATE		LAB USE ONLY
☐ Unsatisfactory			Satisfactory
Total Coliform Present and ☐ E. coli present ☐	E coli chassi		,
	E. coli absent Fecal coliform a	bsent	
☐ Replacement Sample Require Sample not tested because ☐ Sample too old (>30 hours)	Τe	est unsuitable be	cause:
Improper Container		Turbid Culture	
Bacterial Density Results: Potal Coliform < 1 /100 /	late Count _ ml. Fecal		.coli /100 ml. < 1 /100 ml.
Method Code:			eceived:
MICR- 2810		71 012	.V 17
MICR- 2810 Pate Analyzed: 7/ 8/2014, 15:00		Date Re	eported: 7/9/14

Sample Number (DOH number plus five digits)



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 08/08/2014 Month Day Year	Time Sample Collected 8:00	⊠ AM □ PM		County: SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public		□ Private H		hold		
Group A and Group B Systems	Provide from W	ater Facilitie	s Inv	entory (WFI):		
IDa	# 28300Y					
	GOLD BA					
Contact Person: RICHAR	D BAKER/JO	HN LIGH	IT_			
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						
SAI	MPLE INFOR	MATION				
Sample collected by (name):						
Specific location where sample						
501 LEWIS AVE						
Special Instructions or Commen						
Type of Sample (must check of		1				
Routine Distribution Sal Chlorinated: ☑ Yes □ No Chlorine. Tota< 0.1 mg/l Free		☐ Distrib	peat Sample (after unsat. routine) tribution System urce Groundwater Rule (GWR) pulation of 1,000 or less)			
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, som Other	ole	Unsatisfac	tory r	routine lab number:		
		Unsalisfact	tory r	outine collect date:		
S _	<u> </u>					
Public Systems must provide Source Nurt	nber from (WFI)		ed: YesNo Resid: TotalFree			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only Private Res	sidence C] Oth	er		
LAB USE ONLY DR	INKING WAT	TER RESI	ULT:	S LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present	☐ E. coli abser			Satisfactory		
☐ Fecal coliform present	☐ Fecal colifor	m absent				
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Bacterial Density Results Total Coliform < 1 /10		t/ cal Colifor		E.coli /100 ml. <1 /100 ml.		
Method Code: MICR- 2810				Received: 8/2014		
Date Analyzed: 8/8/2014, 14	00		Date	Reported: 8/9/14		
06604547 Sample Number (DOH number plus five	digits)		Lab	Use Only:		



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COLIFORM BACTERIA ANALYSIS

COLIFORN	DACIL	NIA ANAL I SIS				
Date Sample Collected Time Samp 08/08/2014 Collected Month Day Year 8:40						
ype of Water System (check only one box) ☑ Group A Public ☐ Group B Public	☐ Private I	Household				
Group A and Group B Systems Provide from			-			
		ioo iironoiy (vii i).				
ID# 28300`	-					
ystem Name: CITY OF GOLD E						
Contact Person: RICHARD BAKER/J	IOHN LIGI	HT				
Day Phone: 360-793-1101 Cell Phone: 425 238 1935						
Eve. Phone: 425 238 1935	FAX:					
Send results to: (Print full name, address and City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251	zip code)					
SAMPLE INFO	RMATION	1				
ample collected by (name): RICHARD BA	AKER					
pecific location where sample collected:						
508 1ST AVE W						
pecial Instructions or Comments: ype of Sample (must check only one box of	#1 through t	#A lieted holew)	_			
. ☑ Routine Distribution Sample		eat Sample (after unsat, routine)				
thiorinated: ☑ Yes ☐ No thiorine: Total 0.29 mg/l Free 0.28 mg/l	☐ Distri	ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less)				
. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other		ctory routine lab number:	_			
S						
Alla Cartan and a Cartan Market (1971)	Chlorinale	od: Yes No				
ublic Systems must provide Source Number from (WFI)	Chlorine R	Resid: TotalFree	_			
. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Re	esidence [J Other				
LAB USE ONLY DRINKING WA	TER RES	LAB USE ONLY				
□ Unsatisfactory otal Coliform Present and □ E. coli present □ E. coli abse □ Fecal coliform present □ Fecal colifo		☑ Satisfactory				
Replacement Sample Required ample not tested because Sample too old (>30 hours) Improper Container	Test unsui TNTC Turbid					
acterial Density Results: Plate Cour	nti ecal Colifo	/ ml. E.coli /100 ml	l.			
lethod Code; /ICR- 2810		Date Received: 8/ 8/2014				
ate Analyzed: 8/ 8/2014, 14:00		Date Reported: 8/9/14				
06604546		Lab Use Only:				



AmTest Laboratories

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C	OLIFORM	BACTE	RIA	ANALYSIS
Date Sample Collected 08/08/2014 Month Day Year	Time Sample Collected 9:00	e ☑ A.		County: SNOHOMISH
Type of Water System (check of Group A Public ☐ Group B Public		☐ Private I		ehoid
Group A and Group B Systems				
	# 28300Y			, ,
_	F GOLD B			
Contact Person: RICHAR				
Day Phone: 360-793-11				425 238 1935
Eve. Phone: 425 238 19		FAX:	110.	420 200 1900
Send results to: (Print full name		1 1 2 11		
Cily of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251	HN LIGHT			
	MPLE INFOR	MATION		
Sample collected by (name):				
Specific location where sample		_		
818 EVERGREEN V				
Special Instructions or Comment Type of Sample (must check o		#1 Homeson +	M liet	and holous
1. ☑ Routine Distribution Sar				ample (after unsat, routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.10 mg/l Fre-	•	☐ Distrit	oution æ Gr	n System oundwater Rule (GWR) n of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other				routine lab number:
S <u> </u> _]			1
Public Systems must provide Source Num	har from AVEII	Chlorinate	d: Ye	sNo
		Chlorine R	esid:	Total Free
 □ Sample Collected for Infor □ Construction □ Repairs 	mation Only Private Res	sidence C	Oth	er
LAB USE ONLY DRI	NKING WAT	ER RESI	JLT	S LAB USE ONLY
☐ Unsatisfactory Total Coliform Present and		· ·	E	1 Satisfactory
☐ E. coll present	□ E. coli absen □ Fecal colifor	-		
☐ Replacement Sample Reqi Sample not lested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐	uired	Test unsuit		
Bacterial Density Results: Total Coliform < 1 /10		/ cal Colifor		
Method Code: MICR- 2810				Received: 8/2014
Date Analyzed: 8/ 8/2014, 14:0	10			Reported: 8/ 9/14
06604545 Sample Number (DOH number plus five d	igits)		Lab (Jse Only:

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

RECEIVED AUG 2 7 2014

RECEIVED AUG 2 7 2014

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

RECEIVED AUG 27 2015



C	DLIFORM 8	BACTER	RIA ANALYSIS		
Date Sample Collected G9/04/2014 Month Day Year	Time Sample Collected 7:40	Ø AA □ PA	·	1	
Type of Water System (check of Group A Public ☐ Group B Public		☐ Private H ☐ Other:	rivate Household		
Group A and Group B Systems					
ID	# 28300Y	,			
	F GOLD BA				
Contact Person: RICHAF			_		
Day Phone: 360-793-11	ne: 425 238 1935				
Eve. Phone: 425 238 19		FAX:	10. 420 200 1000		
Send results to: (Print full name					
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	2, 4441000 4.114 4	,p vodo,			
SA	MPLE INFOR	RMATION			
Sample collected by (name):	RICHARD BAI	KER			
Specific location where sample	collected:				
40507 SR 2	- les				
Special instructions or Commer Type of Sample (must check		#1 through #	44 (isted below)		
1. ☑ Routine Distribution Sa			eat Sample (after unsat, routin	e)	
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.19 mg/l Fro	e< 0.1 mg/l	☐ Distrib	oution System be Groundwater Rule (GWR) slation of 1,000 or less)		
3. Raw Water Source Sample ☐ E. coli - GWR source sam ☐ Fecal - Surface, GWI, sor ☐ Other	Unsatisfactory routine lab number: Unsatisfactory routine collect date:				
S					
	mher from Ripels		// d: Yes No		
Public Systems must provide Source Nu		Chlorine R	rine Resid; Total Free		
 □ Sample Collected for Info □ Construction □ Repairs 	ormation Only Private Res	sidence [☐ Other		
	INKING WAT		ULTS LABUSE ON	LY	
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory		
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abser ☐ Fecal colifor				
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
	s: Plate Coun 00 ml. Fe	t cal Colifo	/ ml. E.coli /100 rm <1 /100 ml.	ml.	
Method Code: MICR- 2810			Date Received: 9/ 4/2014		
Date Analyzed: 9/4/2014, 13	i:00		Date Reported: 9/5/14		
06605146 Sample Number (DOH number plus fiv			Lab Use Only:		

DCH Form #331-319 (revised 6/05)



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CC	DLIFORM E	BACTER	IA ANALYSIS	
Date Sample Collected 09/04/2014 Month Day Year	Time Sample Collected 9:00	⊠ AM □ PM		
Type of Water System (check o ☑ Group A Public ☐ Group B Public	ı	☐ Private Ho	pusehold	
Group A and Group B Systems	Provide from W	ater Facilities	s Inventory (WFI)	
ID:	# 28300Y			
•—	F GOLD BA			
Contact Person: RICHAF			··· <u> </u>	
Day Phone: 360-793-11		Cell Phon	e: 425 238 1935	
Eve. Phone: 425 238 19		FAX:		
Send results to: (Print full name				
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251				
SA	MPLE INFOR	RMATION		
Sample collected by (name):		KER		
Specific location where sample				
715 CROFT AVE W Special Instructions or Commer				
Type of Sample (must check		#1 through #	4 listed below)	
1. L∄ Routine Distribution Sa Chiorinated: ☑ Yes □ No		☐ DisInb	at Sample (after unsat. routine) ution System e Groundwaler Rule (GWR)	
Chlorine: Tota< 0.1 mg/l Free< 0.1 mg/l 3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other		(Population of 1,000 or less) Unsatisfactory routine lab number. Unsatisfactory routine collect date:		
S				
,	enhar from AUCIL	Chlorinated		
Public Systems must provide Source No.		Chlorine R	esid: Total Free	
 □ Sample Collected for Info □ Construction □ Repairs 		sidence 🗆] Other	
	RINKING WA	TER RESI	JLTS LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory	
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abser☐ Fecal colifor			
☐ Replacement Sample Re Sample not tested because ☐ Sample too old (>30 hours ☐ Improper Container		Test unsuit TNTC Turbid		
	s: Plate Coun	t / ecal Colifor	ml. E.coli /100 m m <1 /100 mi.	
Method Code: MICR- 2810			Date Received: 9/ 4/2014	
Date Analyzed: 9/ 4/2014, 13	3:00		Date Reported: 9/5/14	
06605145 Sample Number (DOH number plus fiv			Lab Use Only:	

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



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e C	JLIFORM	BACIE	KIA	ANALYSIS	
Date Sample Collected	Time Sampli Collected	e € ⊠ A		County:	
09/04/2014 Month Day Year	7:15		***	SNOHOMISH	
Type or Water System (cheux of Group A Public ☐ Group B Public		☐ Private I		hoid	
Group A and Group B Systems	Provide from V	Vater Faciliti	ies Inve	entory (WFI);	
ID:	# <mark>28300</mark> \	1			
System Name: CITY OI	GOLD B	AR			
Contact Person: RICHAR	_				
Day Phone: 360-793-11	01	Cell Pho	ne: 4	425 238 1935	
Eve. Phone: 425 238 19	135	FAX:			
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	, address and a	zip code)			
	APLE INFOR	RMATION	1		
Sample collected by (name):			-		
Specific location where sample					
505 CROFT AVE	_				
Spacial Instructions or Commen Type of Sample (must check or		44 16	Mai Dada	of the allows	
1. ☑ Routine Distribution Sa				 	
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.19 mg/l Free	•	☐ Distril	bution œ Groi	mple (after unsat, routine) System undwater Rule (GWR) of 1,000 or less)	
3. Raw Water Source Sample E. coli - GWR source samp Fecal - Surface, GWI, som Other	le	Unsatisfac	ctory ro	outine lab number:	
<u> </u>	1	Cindulate			
	'	Chlorinated: YesNo			
Public Systems must provide Source Num	ber from (WFI)	Chlorine Resid: Total Free			
 □ Sample Collected for Infor □ Construction □ Repairs 	mation Only Private Res	sidence C	□ Othe	er	
LAB USE ONLY DRI	NKING WAT	TER RES	ULTS	LAB USE ONLY	
	□ E, coli abser □ Fecal colifor		Ø	Satisfactory	
□ Replacement Sample Req Sample not lested because □ Sample too old (>30 hours) □ Improper Container	uired	Test unsuit			
Bacterial Density Results: Total Coliform < 1 /10		:/ cal Colifòr			
Method Code: MICR-2810				Received: /2014	
Date Analyzed: 9/ 4/2014, 13:0	10		Date F	Reported: 9/5/14	
06605144 Sample Number (DOH number plus five o	inits)		Lab U	se Only:	





COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/02/2014	Time Sampl Collected	_	I AM	County:		
Month Day Year	8:30		J 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 V	Vater Fac	alities In	ventory (WFI):		
ID#	‡ 28300Y	1				
System Name: CITY OF	GOLD B	AR				
Contact Person: RICHARI	D BAKER					
Day Phone: 360-793-1101 Cell Phone: 425 238 1935						
Eve. Phone: 425 238 193	35	FAX:				
Send results to: (Print full name, City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	address and z	rip code)				
	PLE INFOR	RMATIO	N N			
Sample collected by (name):		KER				
Specific location where sample of						
818 EVERGREEN W pecial Instructions or Comments						
ype of Sample (must check on		1 through		ed below)		
. M Routine Distribution Sam		2. 🗖 Re	peat Sa	mple (after unsat, routine)		
Chlorinated; ☑ Yes □ No Chlorine: Total 0.36 mg/l Fre<	0.1 mg/i	☐ 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	springs			outine lab number:		
[_S_	1 1	Unsausia	ictory roi	utine collect date:		
		Chlorinal	_/ ed: Yes	/ No		
ublic Systems must provide Source Number		Chlorine Resid: Total Free				
. □ Sample Collected for Inform ☐ Construction □ Repairs [ation Only □ Private Resi	dence	□ Othe	r		
12-11-11-11-11-11-11-11-11-11-11-11-11-1	KING WAT					
Unsatisfactory otal Coliform Present and		Ale I as	The State of the Land	Satisfactory		
☐ E. coli present	E. coli absent Fecal coliform					
Replacement Sample Requiremple not tested because Sample too old (>30 hours) I Improper Container	١	Test unsu TNTC Turbid				
acterial Density Results: Potal Coliform <1 /100	late Count _ ml. Feca	al Colifo	/ ml. E	.coli /100 ml. < 1 /100 ml.		
ethod Code; ICR- 2810			Date R 10/ 2/	eceived; /2014		
ite Analyzed: 10/ 2/2014, 15:00			Date R	eported: 10/ 3/14		
06605766			Lab Use Only:			



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CC	DLIFORM	BACTE	RIA	ANALYSIS	
Date Sample Collected 10/02/2014	Time Sample Collected	e ØA! □P!		County:	1017
Month Day Year	9:00		VI	SNOHOM	ISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private H ☐ Other: _			
Group A and Group B Systems	Provide from V	/ater Facilition	es Inv	entory (WFI):	
ID:	# 28300Y	•			
System Name: CITY OF	GOLD B	ΔR			
Contact Person: RICHAR					
Day Phone: 360-793-1101 Cell Phone: 425 238 1935					
Eve. Phone: 425 238 19		FAX:			
Send results to: (Print full name		[, , , ,			
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		,			
SAI	MPLE INFOR	RMATION			
Sample collected by (name):		KER			
Specific location where sample	collected:				
508 1ST AVE W pecial Instructions or Commen	ts:				
Type of Sample (must check o		#1 through #	4 liste	ed below)	_
1. ☑ Routine Distribution Sal Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.60 mg/l Fre	•	☐ Distrib	oution e Gro	mple (after unsat. ro System undwater Rule (GWF of 1,000 or less)	•
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Offer			Unsatisfactory routine lab number: Unsatisfactory routine collect date:		
<u> _</u> S_ _	1		-		
<u> </u>	<u> </u>	/ Chlorinater	i Vec	/ s No	
Public Systems must provide Source Num	ber from (WFI)		ne Resid: Total Free		
4. ☐ Sample Collected for Info	mation Only ☐ Private Res	ldonoo -	1 044		
			Oth		TRIT V
	NKING WAT	בת תבטו	_		INLY (S
☐ Unsatisfactory Total Coliform Present and			M	Satisfactory	
	□ E. coli abser □ Fecal colifor				
☐ Replacement Sample Req Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	uired	Test unsuit □ TNTC □ Turbid			
Bacterial Density Results: Total Coliform <1 /10		: / cal Colifor		E.coli /10 <1 /100 ml.	00 ml.
Method Code; MICR-2810			-	Received: 2/2014	
Date Analyzed: 10/ 2/2014, 15:	00		Date	Reported: 10/3/14	
06605765			Lab l	Jse Only:	
Sample Number (DOH number plus five	figits)				

AMTEST

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	⊠ AM	County:
10/02/2014 Month Day Year	8:00		SNOHOMISH
ype of Waler System (check o ☑ Group A Public ☐ Group B Public	ı	□ Private Ho □ Other:	usehold
Group A and Group B Systems	Provide from W	ater Facilities	inventory (WFI):
ID#	‡ 28300Y		
System Name: CITY OF	GOLD BA	<u> </u>	
Contact Person: RICHAR	D BAKER/JO	HN LIGHT	r
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 501 LEWIS AVE			
Special Instructions or Commen			
Type of Sample (must check of			
Routine Distribution San Chlorinated: ☑ Yes □ No Chlorine: Total 0.46 mg/l Fre	mple < 0.1 mg/l	☐ Distribu	at Sample (after unsat, routing ution System • Groundwater Rule (GWR) ation of 1,000 or less)
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, som Other	ble	Unsatisfact	ory routine lab number:
S <u> </u>		,	
	, ->		: Yes No
Public Systems must provide Source Num		Chlorine Re	esid: Total Free
 □ Sample Collected for Info □ Construction □ Repairs 	rmation Only Private Re	sidence 🗆	Other
	INKING WA		JLTS LAB USE ON
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse ☐ Fecal colifor		
☐ Replacement Sample Red Sample not tested because ☐ Sample too old (>30 hours ☐ Improper Container ☐		Test unsuit	able because: Culture
Bacterial Density Results Total Coliform < 1 /1			ml. E.coli /100 m <1 /100 ml.
Method Code: MICR- 2810			Date Received: 10/ 2/2014
Date Analyzed: 10/ 2/2014, 15	5:00		Date Reported: 10/3/14
06605764			Lab Use Only:

DOH Form #331-319 (revised 6/05)

Sample Number (DOH number plus five digits)





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



425-605-1004 www.amtesuab.com

CC	DLIFORM!	BACTE	RIA A	NALYSIS		
Date Sample Collected 11/04/2014 Month Day Year	Time Sample Collected 8:15	: ☑ Al	4	ounty:		
Type of Water System (check o ☑ Group A Public ☑ Group B Public		□ Private H	lousehol			
Group A and Group B Systems			es Inveni	lory (WFI):		
	# 28300Y					
Contact Person: RICHAR	F GOLD BA	417				
		Call Dha	10	5 020 4025		
Day Phone: 360-793-11			iie: 42	5 238 1935		
Eve. Phone: 425 238 19		FAX:				
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	i, autress and 2	ip code)				
SAMPLE INFORMATION						
Sample collected by (name);		KER				
Specific location where sample	collected:					
715 CROFT AVE W Special Instructions or Commen	he:					
Type of Sample (must check only one box of #1 through #4 listed below)						
1. ☑ Routine Distribution Sal Chlorinated: ☐ Yes ☐ No Chlorine: Total 0.17 mg/l Fre 3. Raw Water Source Sample ☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other	e 0.13 mg/l	☐ Dîstril☐ Sourd ☐ Sourd (Popu	oution Sy se Groun Ilation of	ple (after unsat. routine) ystem dwaler Rule (GWR) 1,000 or less) tine lab number:		
S _		Unsatisfac		ine collect date:		
Public Systems must provide Source Num	nber from (WFI)	Chlorinate Chlorine R				
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only Private Res	sidence [Other			
LAB USE ONLY DR	INKING WAT	TER RES	ULTS	LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and ☐ E, coli present ☐ Fecal coliform present	☐ E. coli abser ☐ Fecal colifor		⊠ S	atisfactory		
☐ Replacement Sample Red Sample not tested because ☐ Sample loo old (>30 hours) ☐ Improper Container ☐ ☐		Test unsui		cause:		
Bacterial Density Results Total Coliform <1 /10		t cal Colifo		.coli /100 ml. < 1 /100 ml.		
Method Code: MICR- 2810			Date Re 11/5/	eceived; 2014		
Dale Analyzed: 11/5/2014, 15	:25		Date Re	eported: 11/6/14		
06606589	#_+\		Lab Us	e Only:		

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



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COLIFORM BACTERIA ANALYSIS

	PLIFORIN	DAGILI	NA	ANALTOIS	
Date Sample Collected 11/05/2014	Time Sample Collected	! ☑ AN	1	County:	
Month Day Year	7:15	□ PM	1	SNOHOMIS	SH
Type of Water System (check of Group A Public ☐ Group B Public		☐ Private H ☐ Other:	ouse	ehold	
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WFI):	
ID	# 28300Y	,			
System Name: CITY O	F GOLD BA	AR _			
Contact Person: RICHAF	RD BAKER				
Day Phone: 360-793-11	101	Cell Pho	ne:	425 238 1935	
Eve. Phone: 425 238 1	935	FAX:			
Send results to: (Print full nam City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	e, address and 2	ip code)			
SA	MPLE INFOR	RMATION			
Sample collected by (name):		KER			
Specific location where sample	collected:				
505 CROFT AVE Special Instructions or Commer	nts:				
Type of Sample (must check		#1 through #	4 lis	ted below)	
1. ☑ Routine Distribution Sa		2. □ Repe	at S	ample (after unsat, rou	tine)
☐ Distribution System ☐ Chlorinated: ☐ Yes ☐ No ☐ Chlorine: Total 0.18 mg/l Free 0.17 mg/l ☐ Chlorine: Total 0.18 mg/l Free 0.17 mg/l					
3. Raw Water Source Sample E. coli - GWR source sam Fecal - Surface, GWI, sor Other	ple			routine lab number:	
		Unsatisfac	tory i	routine collect date:	
<u> _</u> S_ <u> </u>		Chlorington	// ed; Yes No		
Public Systems must provide Source Nu	mber from (WFI)		e Resid: Total Free		
4. ☐ Sample Collected for Info		sidence [] Ott	ner	
LAB USE ONLY DE	RINKING WA	TER RES	ULT	S LABUSE O	NLY
☐ Unsatisfactory Total Coliform Present and			E	2 Satisfactory	
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse ☐ Fecal colifor				
☐ Replacement Sample Re Sample not tested because ☐ Sample too old (>30 hours ☐ Improper Container	•	Test unsui			
Bacterial Density Results Total Coliform < 1 /1	s: Plate Coun 00 ml. Fe	t ecal Colifo	ml rm		0 ml
Method Code: MICR-2810				e Received: 1/5/2014	
Date Analyzed: 11/5/2014, 1	5:25	-	Date	e Reported: 11/6/14	
06606588 Sample Number (DOH number plus live			Lab	Use Only:	-

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

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COLIFORM BACTERIA ANALYSIS

U	PLIFORIN	DACIER	IA AN	ALTOIO
Date Sample Collected 11/04/2014	Time Sample Collected	E E AM	Cour	nty:
Month Day Year	9:00	□ PM		SNOHOMISH
Type of Water System (check d ☑ Group A Public ☐ Group B Public	h.	☐ Private Ho	ousehold	
Group A and Group B Systems	Provide from V	Vater Facilitie	s inventor	y (WFI):
ID:	# 28300Y	1		
System Name: CITY OI	F GOLD B	AR		
Contact Person: RICHAR				
Day Phone: 360-793-11	01	Cell Phon	e: 425	238 1935
Eve. Phone: 425 238 19		FAX:		
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	e, address and a	zip code)		
	MPLE INFO	RMATION		
Sample collected by (name):				
Specific location where sample 40507 SR 2				
oeciai Instructions or Commer				
Type of Sample (must check of	only one box of	1		
1. ☑ Routine Distribution Sa	mpie	2. Repe	at Sample	e (after unsat, routine
Chtorinated: ☐ Yes ☐ No Chtorine: Total 0.11 mg/l Fre	e< 0.1 mg/l	☐ Source	e Groundy	vater Rule (GWR) ,000 or less)
3. Raw Water Source Sample □ E. coli - GWR source samp □ Fecal - Surface, GWI, son	ple	Unsatisfac	tory routin	e lab number:
☐ Other		Unsatisfact	ory routine	collect date:
S _		,		t
Public Systems must provide Source Nu	niber from (WFI)	Chlorinated Chlorine Ri		
4 □ Sample Collected for Info □ Construction □ Repairs	ormation Only Private Re	esidence C	Other	
LAB USE ONLY DR	INKING WA	TER RESI	JLTS	LAB USE ONL
Unsatisfactory Total Coliform Present and			☑ Sat	isfactory
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse			
☐ Replacement Sample Re Sample not tested because ☐ Sample too old (>30 hours ☐ Improper Container		Test unsuit TNTC Turbid		use:
Bacterial Density Results Total Coliform < 1 /1		nt / ecal Colifor	ml. E.c	oli /100 r 1 /100 mJ.
Method Code: MICR- 2810	-		Date Rec 11/ 5/20	
Date Analyzed: 11/5/2014, 1	5:25		Date Rep	orted: 11/6/14
06606587 Sample Number (DOH number plus five	e digets)		Lab Use	Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/09/2014	Time Sampl Collected	ie Z	AM.	County:			
Month Day Year	8:30			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 V	Vater Facili	ties in	ventory (WFI):			
ID:	<mark>‡ 28300</mark> ነ	1					
System Name: CITY OF	GOLD B	AR					
Contact Person: RICHAR	D BAKER/J	OHN LIG	HT				
Day Phone: 360-793-11	01	Cell Ph	one:	425 238 1935			
Eve. Phone: 425 238 19	35	FAX:					
iend results to: (Print full name, City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		zip code)					
	IPLE INFOR	RMATION	1				
ample collected by (name):		KER					
pecific location where sample	collected:						
501 LEWIS AVE pecial Instructions or Comment	·						
ype of Sample (must check or		#1 through	#4 list	ed below)			
☑ Routine Distribution Sam	ıple	2. □ Rep	eat Sa	ample (after unsat, routine)			
hlorinated: ☑ Yes □ No hlorine: Total 0.16 mg/l Free	lorinated: ☑ Yes □ No lorine: Total 0.16 mg/l Free 0.15 mg/l			☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			
Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some ☐ Other				outine lab number:			
1 6 1 1		Unsatisfac	tory ro	outine collect date:			
S _		Chlorinate	nated: Yes No				
blic Systems must provide Source Numb	er from (WFI)	Chlorine Resid: Total Free					
☐ Sample Collected for Inform Construction ☐ Repairs		idence [⊒ Oth	er			
LAB USE ONLY DRIN	KING WAT	ER RES	ULTS	LAB USE ONLY			
	I E. coli absen I Fecal colifor	-		Satisfactory			
Replacement Sample Requiringle not tested because Sample too old (>30 hours) Improper Container		Test unsui					
acterial Density Results: otal Coliform < 1 /100		al Colifo					
ethod Code: ICR- 2810				Received: 9/2014			
ite Analyzed: 12/ 9/2014, 11:0	5		Date	Reported: 12/10/14			
06607314 Imple Number (DOH number plus five dig	rits)		Lab U	lse Only:			

DOH Form #331-319 (revision ECEIVED DEC 18 2014



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample		[County:		
12/09/2014 Month Day Year	Collected 9:20	ÐA □P		SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☑ Group B Public	only one box)	□ Privale I				
Group A and Group B Systems	Provide from V	Vater Facilit	ies Inv	ventory (WFI):		
	# 28300Y					
	GOLD B					
Contact Person: RICHAR	D BAKER/JO	OHN LIGI	НТ			
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, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251						
SAM	APLE INFOR	RMATION				
Sample collected by (name):	RICHARD BA	KER _				
Specific location where sample	collected:					
508 1ST AVE W						
Special Instructions or Comments: Type of Sample (must check only one box of #1 through #4 listed below)						
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat, routine)						
☐ Distribution System Chlorinated: ☑ Yes ☐ No ☐ Source Groundwa				system bundwater Rule (GWR) n of 1,000 or less)		
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, som		Unsatisfa	actory rouline lab number:			
☐ Other		Unsatisíad	clory routine collect date:			
<u>\$</u>			1 1			
Public Systems must provide Source Numb	ber from (WFI)		ed: YesNo Resid: Total Free			
4. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs	mation Only Private Res	sidence D	□ Oth	er		
LAB USE ONLY DRI	NKING WAT	FER RES	ULT	S LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and				I Satisfactory		
	□ E. coll absen □ Fecal colifoπ					
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ Turbld Culture □ □						
Bacterial Density Results: Total Coliform <1 /100				E.coli /100 ml. <1 /100 ml.		
Method Code: MICR- 2810				Received: 9/2014		
Date Analyzed: 12/ 9/2014, 11:	05		Date	Reported: 12/10/14		
06607315 Sample Number (DOH number plus live d	igits)		Lab l	Jse Only:		

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Samp Collected	le ⊠A	M	County:	
12/09/2014 Month Day Year	8:15			SNOHOMISH	
Type of Water System (check of Group A Public ☐ Group B Public	nly one box)	☐ Private		ehold	
Group A and Group B Systems	Provide from \	Water Facili	iles In	ventory (WFI):	
ID:	# 28300 \	1			
System Name: CITY OF	GOLD B	AR			
Contact Person: RICHAR	D BAKER/J	OHN LIG	ΗТ		
Day Phone: 360-793-11	01	Cell Pho	one:	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		zip code)			
	APLE INFOR	RMATION			
Sample collected by (name):	RICHARD BA	KER			
Specific location where sample 818 EVERGREEN W	collected;				
Special Instructions or Comment		(14.0)			
Type of Sample (must check or 1. ☑ Routine Distribution San			_	ed below) Imple (after unsat routine)	
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.20 mg/l Free		☐ Distri	bution ce Gro	System pundwater Rule (GWR) of 1,000 or less)	
3. Raw Water Source Sample E. coli - GWR source sampl Fecal - Surface, GWI, some Other			·	outine lab number.	
<u> S </u>		- Chodiolida	,	/	
Public Systems must provide Source Numb	er imm (WEI)	Chlorinated: YesNo			
_		Chlorine Resid: Total Free			
□ Sample Collected for Inform □ Construction □ Repairs		sidence C	Oth	er	
LAB USE ONLY DRIN	NKING WAT	ER RES	ULTS	LAB USE ONLY	
☐ Unsatisfactory Total Cotiform Present and			Ø	Satisfactory	
☐ Fecal coliform present ☐	□ E. coli absen □ Fecal colifon	-			
☐ Replacement Sample Requision Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	rired	Test unsui TNTC Turbid			
Bacterial Density Results: Total Coliform <1 /100				E.coli /100 ml <1 /100 ml.	
Method Code: MICR-2810				Received: 9/2014	
Date Analyzed: 12/ 9/2014, 11:0	5	T I	Date l	Reported: 12/10/14	
06607313			Lab U	lse Only:	