

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

425-885-1664 www.amtestlab.com

## COLJEORM BACTERIA ANALYSIS

C	JLIFURINI E	ACTERIA	ANALISIS			
Date Sample Collected	Time Sample Collected		County:			
01/12/2017 Month Day Year	7:00	□ PM	SNOHOMISH			
rpe of Water System (check only one box)  ☑ Group A Public □ Private Household □ Group B Public □ Other:						
roup A and Group B Systems Provide from Water Facilities Inventory (WFI):						
	# 28300Y					
•	F GOLD BA					
ontact Person: RICHAI		<u> </u>				
		Call Phone	: 425 238 1935			
y Phone: 360-793-1		FAX:	. 420 200 1000			
ve. Phone: 425 238 1						
end results to: (Print full nam City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
ALL Delivery:	□ EMAIL:					
	MPLE INFO					
Sample collected by (name):		KER				
Specific location where samp	le collected:					
505 CROFT AVE pecial Instructions or Comm	ents:					
Type of Sample (must check	only one box of	#1 through #4	listed below)			
1. 🗹 Routine Distribution Sample 2. 🗆			2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			
3. Raw Water Source Samp  B. coli - GWR source sa  Getal - Surface, GWI, s	mple		ory routine lab number:			
☐ Other		Unsatisfacto	tisfactory routine collect date:			
_S_		<u></u>	ated: Yes No			
Public Systems must provide Source	Number from (WFI)	Chlorinated: Chlorine Re				
			Other			
LAB USE ONLY I	DRINKING W	ATER RESU	LTS LAB USE ONLY			
Unsatisfactory Total Coliform Present and	□ E coli abs	sent	☑ Satisfactory			
☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent						
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □						
Bacterial Density Res Total Coliform < 1	ults: Plate Cou /100 ml. I	Fecal Colifor				
Method Code: SM 9222B			Date Received: 1/12/2017			
Date Analyzed: 1/12/2017	, 15:00		Date Reported: 1/13/17			
06600317 Sample Number (DOH number plu	s five digits)		Lab Use Only:			

DOH Form #331-319 (revised 02/16)

DECEIVED JAN 27 2016



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CC	LIFORM E	BACTERI	A ANALYSIS	_	
Date Sample Collected 01/12/2017 Month Day Year	Time Sample Collected 8:45	Ø AM □ PM	County: SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public		2 Private Hou 2 Other:	sehold	]   T	
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFi):	G	
!D:	# 28300Y				
System Name: CITY O	F GOLD BA	\R		S	
Contact Person: RICHAF					
Day Phone: 360-793-11		Cell Phone	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 z	ip code)		S	
Data Delivery. —	D EMAIL:			- F	
	MPLE INFOR				
Sample collected by (name): Specific location where sample 40507 SR 2 Special Instructions or Comme		KER		S	
Type of Sample (must check	only one box of				
1. ☑ Routine Distribution Sinch Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.18 mg/l From Sinch Chlorine: Total - GWR source sam ☐ Fecal - Surface, GWI, so ☐ Other	e< 0.1 mg/l le aple	☐ Distribe ☐ Source (Popul	at Sample (after unsat, routine) ution System Groundwater Rule (GWR) ation of 1,000 or less) cory routine lab number:	3	
	1	Unsatisfact	pry routine collect date:		
S_		Chlorinated	orinated: YesNo		
Public Systems must provide Source N	umber from (WFI)	Chlorine Re	esid: TotalFree	<u> </u>	
4. ☐ Sample Collected for Ind	formation Only i	esidence 🗆	l Other		
LAB USE ONLY D	RINKING WA	TER RESU	JLTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	□ E. coli abse		☑ Satisfactory		
☐ Replacement Sample R Sample not tested because ☐ Sample too old (>30 hour ☐ Improper Container ☐		Test unsuit	able because:	\$	
Bacterial Density Resul Total Coliform <1 /	ts: Plate Cou 100 mi. F	nt / mi ecal Colifor	l. E.coli /100 ml. m /100 ml.		
Method Code: SM 9222B	<u> </u>		Date Received: 1/12/2017		
Date Analyzed: 1/12/2017,	15:00		Date Reported: 1/13/17		
06600316			Lab Use Only:		

DOH Form #331-319 (revised 02/16)

06600316 Sample Number (DOH number plus five digits)

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CC	DLIFORM B	BACIE	CIA AN	AL1919
Date Sample Collected 01/12/2017	Time Sample Collected	⊠ AM	Cou	nty:
Month Day Year	8:30	C) PN	·	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☐ Group B Public		D Private H	ousehold	
Group A and Group B Systems	Provide from W	ater Facilitie	es Inventor	y (WFI):
ID	# 28300Y			
System Name: CITY OF	GOLD BA	AR		
Contact Person: RICHAR				
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 107 5th St Gold Bar, Wa, 98251	e, address and z	ip code)		
Data Delivery: 🗆 MAIL 🛚	I EMAIL:			-
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 of		#1 through #	4 listed be	elow)
1. ☑ Routine Distribution Sa		2. C Repo	at Sample	e (after unsat. routine)
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.10 mg/l Fre	< 0.1 mg/l	☐ Source		em vater Rule (GWR) ,000 or less)
3. Raw Water Source Sample  ☐ E. coli - GWR source samp  ☐ Fecal - Surface, GWI, son  ☐ Other	ole			e lab number:
		Unsausrac	тогу гошин	e collect date:
Public Systems must provide Source Nur	riber from (WFI)	Chlorinate Chlorine R		
4. ☐ Sample Collected for Info	mation Only	sidence E	] Other	
LAB USE ONLY DR	INKING WAT	TER RES	ULTS	LAB-USE ONLY
Unsatisfactory Total Coliform Present and			☑ Sat	isfactory
☐ 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 unsui  TNTC  Turbid		use:
Bacterial Density Results Total Coliform <1 /10		t / m cal Colifo	I. E.coli rm	/100 ml. /100 mł.
Method Code: SM 9222B			Date Rec	eived: 1/12/2017
Date Analyzed: 1/12/2017, 15	i:00		Date Rep	orted: 1/13/17
06600315	Admile		Lab Use	Only:



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## COLIFORM BACTERIA ANALYSIS

	PEN OIGH	DAOIL	1717	ANALISIS
Date Sample Collected 02/08/2017	Time Sample Collected	Ð Æ A	м	County:
Month Day Year	8:30		M	SNOHOMISH
Type of Water System (check o ☑ Group A Public ☑ Group B Public		□ Private I		nold
Group A and Group B Systems	Provide from V	Vater Facilit	ies Inv	entory (WFI):
ID:	# 28300Y	7		
System Name: CITY OF	GOLD B	AR		
Contact Person: RICHAR	D BAKER	300		
Day Phone: 360-793-11	01	Cell Pho	ne: 4	125 238 1935
Eve. Phone: 425 238 19	35	FAX:	1.0	
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	, address and z	ip code)		
Data Delivery:   MAIL	EMAIL:			
	IPLE INFOR			
Sample collected by (name):  Specific location where sample and Special Section Where sample and Special Instructions or Comments	collected: /AY			
Type of Sample (must check or			#4 fiste	d below)
1. ☑ Routine Distribution San Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.33 mg/l Free		☐ Distril☐ Source	bution : ce Grou	nple (after unsat. routine) System Indwater Rule (GWR) of 1,000 or less)
3. Raw Water Source Sample  E. coli - GWR source sampl  Fecal - Surface, GWI, some  Other				utine lab number.
		Unsatisfac	tory ro	ıtine collect date:
<u> _S_  </u>	_	<del></del>		
Public Systems must provide Source Numb	er from (WFI)	Chlorinated Chlorine R		
4. ☐ Sample Collected for Inform☐ Construction ☐ Repairs	nation Only  Private Res	idence C	Othe	
LAB USE ONLY DRIF	KING WAT	ER RESI	ULTS	LAB USE ONLY
Unsatisfactory Total Coliform Present and			2	Satisfactory
Land Address Contraction	DE. coll absent	-		
☐ Replacement Sample Requisample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container		Test unsuit		
Bacterial Density Results:  Total Coliform < 1 /100		/ mi	. E.co m	li /100 ml. /100 ml.
Method Code: SM 9222B		<u> </u>	Date R	eceived: 2/ 8/2017
Date Analyzed: 2/8/2017, 15:00	)		Date R	eported: 2/9/17
06600764 Sample Number (DOH number plus five die	uits)		Lab Us	e Only:



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## **COLIFORM BACTERIA ANALYSIS**

00	JEII OITHI I	DAGILIX	A ANALI OIO		
Date Sample Collected 02/08/2017	Time Sample Collected	⊠ AM	County:		
Month Day Year	10:00	□ PM	SNOHOMISH		
Type of Water System (check only one box)  ☑ Group A Public □ Group B Public □ Other:					
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):		
IDa	# 28300Y				
System Name: CITY OF	GOLD B	4R			
Contact Person: RICHAR	D BAKER				
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 107 5th St Gold Bar, Wa, 98251	, address and z	ip code)			
Data Delivery: 🗖 MAIL 🗆	EMAIL:				
SAI	MPLE INFOR	MATION			
Sample collected by (name):		KER	House Hills on the second		
Specific location where sample					
508 1ST AVE WEST Special Instructions or Commen		9.4C			
Type of Sample (must check o			isted below)		
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.24 mg/l Fre< 0.1 mg/l  Chlorine: Total 0.24 mg/l Fre< 0.1 mg/l					
3. Raw Water Source Sample  ☐ E. coli - GWR source samp  ☐ Fecal - Surface, GWI, som  ☐ Other		Unsatisfactory routine lab number: Unsatisfactory routine collect date:			
<u> _</u> S_		,	, , , , , , , , , , , , , , , , , , , ,		
Public Systems must provide Source Num	·	Chlorinated: YesNo Chlorine Resid: Total Free			
4. ☐ Sample Collected for Info	mation Only		Other		
LAB USE ONLY DR	INKING WAT	TER RESUL	TS LABUSE ONLY		
	□ E. coll abser		☑ Satisfactory		
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ Turbid Culture □ □					
Bacterial Density Results Total Coliform < 1 /10		t / ml. 6 cal Coliform			
Method Code: SM 9222B		Da	ite Received: 2/ 8/2017		
Date Analyzed: 2/ 8/2017, 15:	00	Da	ite Reported: 2/9/17		
06600763 Sample Number (DOH number plus five	digits)	La	b Use Only:		
11-00					



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## COLIFORM BACTERIA ANALYSIS

COLII	OLIVER F	JACILIN	IN AIRE TOIL		
02/08/2017 C	e Sample ollected	⊠ AM	County:		
Month Day Year 8	:50	□ PM	SNOHOMISH		
Type of Water System (check only on ☑ Group A Public ☐ Group B Public	1	□ Private Ho □ Other:	usehold		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):					
ID# 28	300Y				
System Name: CITY OF GO	DLD BA	\R			
Contact Person: RICHARD BA	KER				
Day Phone: 360-793-1101		Cell Phon	e: 425 238 1935		
Eve. Phone: 425 238 1935		FAX:			
Send results to: (Print full name, addr City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		p code)			
Data Delivery:   MAIL   EM					
		MATION			
Sample collected by (name): RICH Specific location where sample collect		(ER			
501 LEWIS AVE	icu.				
Special Instructions or Comments: 1	EMP = 19	9.4C			
Type of Sample (must check only on	e box of #	1 through #4	listed below)		
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No		☐ Distribu	t Sample (after unsat. routine) tion System Groundwater Rule (GWR)		
Chlorine: Total 0.27 mg/l Free 0.21	mg/l	(Popula	tion of 1,000 or less)		
3. Raw Water Source Sample  D E coli - GWR source sample  D Fecal - Surface, GWI, some sprir	ngs	Unsatisfacto	ory routine lab number:		
Other		Unsatisfacto	ry routine collect date:		
_S_		,	1		
Public Systems must provide Source Number from	(WFI)	Chlorinated: Chlorine Res	YesNo ild: Total Free		
Sample Collected for Information     Construction □ Repairs □ Presented in the construction □ Repairs □ Re	n Only rivate Resi	idence 🗆	Other		
LAB USE ONLY DRINKIN	IG WAT	ER RESU	LTS LAB USE ONLY		
Unsatisfactory Total Coliform Present and			☑ Satisfactory		
	coll absent al coliform				
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □			112		
Bacterial Density Results: Plate Total Coliform < 1 /100 ml.		/ ml. al Coliform			
Method Code: SM 9222B		D	ate Received: 2/ 8/2017		
Date Analyzed: 2/ 8/2017, 15:00		D	ate Reported: 2/ 9/17		

Lab Use Only:

06600762

Sample Number (DOH number plus five digits)



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

C	OLIFOR	M BA	CI	ERIA ANALYSIS			
Date Sample Collected				County:			
03/16/2017 Month Day Year	Collected 8:45	I ⊠A ⊡P		SNOHOMISH			
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:							
Group A and Group B Sys	stems Provide	from Wa	iter	Facilities Inventory (WFI):			
	ID# 283	300Y					
System Name: CITY (							
Contact Person: RIC							
Day Phone: 360-793-1101   Cell Phone: 425 238 1935							
			On	e. 425 236 1935			
Eve. Phone: 425 23		FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
Data Delivery: D MAIL							
	SAMPLE		VΙΑ	TION			
Sample collected by (nam Specific location where sa							
Specific location where sa 40507 SR 2	ample collecte	u.					
Special Instructions or Comme	ents: TEMP =	12.2C	_				
Type of Sample (must check	only one box of	f#1 throug	h #4	listed below)			
1. ☑ Routine Distribution Sa Chlorinated; ☑ Yes ☐ No Chlorine: Total 0.15 mg/l Fr	ree 0.14 mg/l	Repeat Sample (after unsat. routine)     Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)					
3. Raw Water Source Sampl  B. coli - GWR source sam  Fecal - Surface, GWI, son  Other	ipie	Unsatisfactory routine lab number:					
	, ,	Unsatisfac	tory	routine collect date:			
Public Systems must provide		Chlorinated: Yes No Chlorine Resid: Total Free					
Source Number from (WFI)		Onionite Nesid, Total Free					
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	ormation Only  Private Re	sidence		Other			
LAB USE ONLY DRIN	IKING WAT	ER RES	UL	TS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present an	ıd	☑ Satisfactory		☑ Satisfactory			
<ul><li>□ E. coli present</li><li>□ Fecal coliform present</li></ul>	□ E. coli abs		n				
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ Turbid Culture □							
Bacterial Density Results: Total Coliform < 1 /10		/ ml al Colifor		coli /100 ml. /100 ml.			
Method Code: SM 9222B			Da	te Received: 3/16/2017			
Date Analyzed: 3/16/201	7, 16:30		Da	te Reported: 3/17/17			
06601604 Sample Number (DOH number p	lus five digits)		Lat	Use Only:			

DOH Form #331-319 (revised 02/16)





## **AmTest Laboratories**

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COLIFO	RM BACT	「ERIA ANALYSIS	C	OLIFOR
Date Sample Collected 03/16/2017 Collect Month Day Year 6:30		County: SNOHOMISH	Date Sample Collected 03/16/2017 Month Day Year	Time San Collecte 8:00
Type of Water System (check only or ☑ Group A Public □ Group B Public	ne box) □ Private Ho □ Other:	usehold	Type of Water System (che ☑ Group A Publi ☐ Group B Publi	c
Group A and Group B Systems Provide	de from Water	Facilities Inventory (WFI):	Group A and Group B Syst	ems Provid
ID# 28 System Name: CITY OF GOL			System Name: CITY C	ID# 28
Contact Person: RICHARD BA			Contact Person: RICH	
<u> </u>		a: 405 000 4005		
Day Phone: 360-793-1101	+	e: 425 238 1935	Day Phone: 360-793	
Eve. Phone: 425 238 1935	FAX:		Eve. Phone: 425 238	
Send results to: (Print full name, addr City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	ess and zip co	ide)	Send results to: (Print full r City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982	
Data Delivery: ☐ MAIL ☐ EMAIL:			Data Delivery:   MAIL 0	3 EMAIL:
SAMPLE	INFORMA	TION		SAMPLE
Sample collected by (name): RICHAR Specific location where sample collected 505 CROFT AVE			Sample collected by (name Specific location where sail 715 CROFT AVE	mple collec
Special Instructions or Comments: TEMP	= 12.2C		Special Instructions or Commer	nts: TEMF
Type of Sample (must check only one box		<del></del>	Type of Sample (must check of	
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.37 mg/l Free 0.29 mg/l	☐ Distributio	Sample (after unsat. routine) on System roundwater Rule (GWR) on of 1,000 or less)	1. ☑ Routine Distribution Sat Chlorinated: ☑ Yes ☑ No Chlorine: Total 0.21 mg/l Fre	
3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other		y routine lab number	3. Raw Water Source Sample  E. coli - GWR source sample  Fecal - Surface, GWI, son	ple
S	Unsatisfactory  / Chlorinated: Y	routine collect date:	_S_ _	
Public Systems must provide Source Number from (WFI)	Chlorine Resid		Public Systems must provide Source Number from (WFI)	
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private R		Other	4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only
LAB USE ONLY DRINKING WA	TER RESUL	TS LAB USE ONLY	LAB USE ONLY DRIN	KING WA
☐ Unsatisfactory Total Coliform Present and	E	☑ Satisfactory	☐ Unsatisfactory Total Coliform Present and	d
☐ E. coli present ☐ E. coli ab ☐ Fecal coliform present ☐ Fecal col			☐ E. coli present ☐ Fecal coliform present	□ E. coli al □ Fecal co
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test unsuita	ble because:	☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 ho ☐ Improper Container ☐	e
Bacterial Density Results: Plate Coun Total Coliform < 1 /100 ml. Fe	t / ml. E.c	coli /100 ml. /100 ml.	Bacterial Density Results: Total Coliform < 1 /100	
Method Code: SM 9222B	Dat	e Received: 3/16/2017	Method Code: SM 9222B	
Date Analyzed: 3/16/2017, 16:30	Dat	e Reported: 3/17/17	Date Analyzed: 3/16/201	7, 16:30
06601603 Sample Number (DOH number plus five digits)	Lab	Use Only:	06601602 Sample Number (DOH number pl	us five digits)

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

C	OLIFOR	M BAC	FERIA ANALYS
Date Sample Collected			County:
03/16/2017 Month Day Year	Collected 8:00	□ PM	SNOHOM
Type of Water System (ct ☑ Group A Pub ☑ Group B Pub	neck only one lic [	box) 3 Private He 3 Other:	ousehold
Group A and Group B Sys			
	ID# 28	300Y	
System Name: CITY (	OF GOLD	BAR	
Contact Person: RIC	HARD BAH	KER	
Day Phone: 360-79	3-1101	Cell Pho	ne: 425 238 1935
Eve. Phone: 425 23	88 1935	FAX:	
Send results to: (Print full City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98	R	ss and zip c	ode)
Data Delivery: MAIL			<u>-</u> -
	SAMPLE	INFORM	ATION
Sample collected by (nan			
Specific location where sa		ed:	
715 CROFT AV		- 40.00	_
Type of Sample (must check			44 listed below)
1. ☑ Routine Distribution S		2. 🗆 Repeat	Sample (after unsat, routi
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.21 mg/l F	ree 0.15 mg/l	☐ Source	tion System Groundwater Rule (GWR) tion of 1,000 or less)
3. Raw Water Source Samp □ E. coli - GWR source san □ Fecal - Surface, GWI, so □ Other	nple		ory routine lab number:
8	1 1	Ulisausiacio	y rousine collect date.
Public Systems must provide Source Number from (WFI)		Chlorinated: Chlorine Res	
4. ☐ Sample Collected for Int	formation Only	  -ide=ee	Other
☐ Construction ☐ Repairs  LAB USE ONLY □ RI	□ Private Re		Other
☐ Unsatisfactory		LIVINLOC	☑ Satisfactory
Total Coliform Present as  ☐ E. coli present ☐ Fecal coliform presen	☐ E. coli abs		
☐ Replacement Sampl Sample not tested becau ☐ Sample too old (>30 l ☐ Improper Container ☐	e Required	-170-03-00	table because:
Bacterial Density Results Total Coliform < 1 /10	: Plate Count	/ ml. l	
Method Code: SM 92228			ate Received: 3/16/20
Date Analyzed: 3/16/20	17, 16:30		ate Reported: 3/17/17
06601602		L	ab Use Only:

DOH Form #331-319 (revised 02/16)

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

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C	JLIFUK	M RYC	TERIA ANALTSI			
Date Sample Collected 04/06/2017	Time Samp		County:			
Month Day Year	10:00	□ PM	SNOHOMIS			
Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:						
Group A and Group B Syst	ems Provide	from Wat	ter Facilities Inventory (WFI			
	ID# 283	300Y				
System Name: CITY C	F GOLD	BAR				
Contact Person: RICH	IARD BAK	(ER				
Day Phone: 360-793	-1101	Cell Pho	one: 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 107 5th St Gold Bar, Wa, 98251						
Data Delivery: CI MAIL C	SAMPLE	INFORE	MATION			
Sample collected by (name						
Specific location where sai						
15012 MOONLIG						
Special Instructions or Commer		f #1 through	n #4 listed below)			
Chlorinated: ☑ Yes ☐ No ☐ Sou			☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			
3. Raw Water Source Sample  D. E. coli - GWR source samp  D. Fecal - Surface, GWI, son  Other	ole		atisfactory routine lab number:			
		Unsatisfac	tory routine collect date:			
Public Systems must provide		Chlorinate Chlorine R	ated: Yes No Free Free			
Source Number from (WFI)  4.   Sample Collected for Info	rmation Only	1				
☐ Construction ☐ Repairs	□ Private Re		☐ Other			
Large Section of the	KING WAT	TER RES	BULTS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	□ E. coli abs		☑ Satisfactory			
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □						
Bacterial Density Results: Total Coliform < 1 /10		/ ml cal Colifor				
Method Code: SM 9222B			Date Received: 4/6/2017			
Date Analyzed: 4/ 6/2011	7, 16:30		Date Reported: 4/7/17			
06602118 Sample Number (DOH number plus five digits)			Lab Use Only:			

DOH Form #331-319 (revised 02/16)





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

425-885-1664 www.amtestlab.com

## **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected Time Sam 04/06/2017 Collecte Month Day Year 7:00		1				
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:						
Group A and Group B Systems Provid	le from Wate	er Facilities Inventory (WFI):				
ID# 28						
System Name: CITY OF GOL						
Contact Person: RICHARD BA	T					
Day Phone: 360-793-1101	-	one: 425 238 1935				
Eve. Phone: 425 238 1935	FAX:					
Send results to: (Print full name, addr City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		code)				
Data Delivery:   MAIL   EMAIL:						
	INFORM	IATION				
Sample collected by (name): RICHAR		<u>.                                    </u>				
Specific location where sample collection 501 LEWIS Special Instructions or Comments:	ited.					
Type of Sample (must check only one box						
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.54 mg/l Fre< 0.1 mg/l  3. Raw Water Source Sample	☐ Distrib ☐ Source (Popu	at Sample (after unsat. routine) ution System e Groundwater Rule (GWR) lation of 1,000 or less)				
☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs ☐ Other		tory routine lab number:				
S	Orisabsiaci	ory roduine conect date.				
Public Systems must provide Source Number from (WFI)	Chlorinated Chlorine R	ed: YesNo Resid: Total Free				
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private 9	Residence	□ Other				
LAB USE ONLY DRINKING WA	ATER RES	ULTS LAB USE ONLY				
☐ Unsatisfactory  Total Coliform Present and ☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent						
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ Urbid Culture ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
Bacterial Density Results: Plate Cour Total Coliform < 1 /100 ml. F	nt / ml. ecal Colifor	E.coli /100 ml. n /100 ml.				
Method Code: SM 9222B		Date Received: 4/ 6/2017				
Date Analyzed: 4/ 6/2017, 16:30		Date Reported: 4/7/17				
06602117 Sample Number (DOH number plus five digits)		Lab Use Only:				

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DOH Form #331-319 (revised 02/16)



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C	OLIFORM	VI BAC	TERIA ANALYSIS
Date Sample Collected	Time Sampl		County:
04/06/2017 Month Day Year	Collected 9:45	☑ AM □ PM	SNOHOMIŞI
Type of Water System (che ☑ Group A Publi ☐ Group B Publi	ic 🗆	oox) i Private H l Other:	lousehold
Group A and Group B Syst	tems Provide	from Wate	er Facilities Inventory (WFI)
	ID# 283		
System Name: CITY (			
Contact Person: RICI			
Day Phone: 360-793			ne: 425 238 1935
Eve. Phone: 425 23		FAX:	110. 120 200 1000
Send results to: (Print full			code)
City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 982	₹	י קוג מיום נו	
Data Delivery: D MAIL	C EMAIL:		
	SAMPLE I	NFORM	IATION
Sample collected by (nam	e): RICHARD	BAKER	
Specific location where sa	imple collecte		
508 1ST AVE W			
Special Instructions or Comme Type of Sample (must check		#1 through	#4 listed below)
1. ☑ Routine Distribution Sa			at Sample (after unsat, routine)
Chlorinated: ☑ Yes ☐ No	re< 0.1 mg/l	☐ Source	ution System Groundwater Rule (GWR) lation of 1,000 or less)
3. Raw Water Source Sampl ☐ E. coli - GWR source sam ☐ Fecal - Surface, GWI, so	nple	Unsatisfac	tory routine lab number:
□ Other		Unsatisfact	tory routine collect date:
S <u> </u>			
Public Systems must provide Source Number from (WFI)	11 11	Chlorinated Chlorine R	
4. ☐ Sample Collected for inf ☐ Construction ☐ Repairs		esidence	□ Other
LAB USE ONLY DRII	NKING WAT	ER RES	ULTS LAB USE:ONLY
☐ Unsatisfactory Total Coliform Present ar	nd		☑ Satisfactory
☐ E. coli present ☐ Fecal coliform presen	☐ E. coli abs		nţ
☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 h ☐ Improper Container ☐	se		uitable because: ; d Cuiture
Bacterial Density Results Total Coliform <1 /10		/ ml.	, E.coli /100 ml. m /100 ml.
Method Code: SM 92228	3		Date Received: 4/ 6/2017
Date Analyzed: 4/ 6/201	17, 16:30		Date Reported: 4/ 7/17
06602116 Sample Number (DOH number	plus five digits)		Lab Use Only:





DOH Form #331-319 (revised 02/16)

## AmTest Laboratories

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

## COLIFORM BACTERIA ANALYSIS

	LII OI W	יאם	I EIGH AIGHE I GIO		
Date Sample Collected 05/17/2017	Time Sample Collected	☑ AM	County:		
Month Day Year	8:50	□ PM	SNOHOMISH		
ype of Water System (chec 편 Group A Public ロ Group B Public		ox) Private Ho Other:	pusehold		
Group A and Group B Syste	ms Provide fr	om Wate	r Facilities Inventory (WFI):		
1	D# 2830	<b>Y00</b>			
ystem Name: CITY OF	GOLD	BAR			
Contact Person: RICH/	ARD BAKE	R			
Day Phone: 360-793-	1101 C	ell Phor	ne: 425 238 1935		
Eve. Phone: 425 238	1935 F	AX:			
end results to: (Print full na City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 9825 lata Delivery: D MAIL	51	and zip c	ooe)		
S	AMPLE IN	FORM/	ATION		
Sample collected by (name)					
Specific location where sam					
40507 SR 2		1.50			
pecial Instructions or Comments  'ype of Sample (must check on			4 listed below)		
. ☑ Routine Distribution Sam	ple 2	Repeat Sample (after unsat, routine)     Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)			
B. Raw Water Source Sample  B. coli - GWR source sample  B. Fecal - Surface, GWI, some  Other	springs		ry routine lab number:		
S	,   <del></del>	nsatisfacto	ry routine collect date:		
Public Systems must provide Source Number from (WFI)		Chlorinated: YesNo Chlorine Resid: TotalFree			
I. ☐ Sample Collected for Inform ☐ Construction ☐ Repairs	nation Only  Private Resid	dence 🗆	Other		
LAB USE ONLY DRINK	ING WATE	R RESU	LTS LAB USE ONLY		
☐ Unsatisfactory  Total Coliform Present and			☑ Satisfactory		
☐ E. coli present ☐ ☐ Fecal coliform present ☐	l E. coli absei i Fecal colifor				
☐ Replacement Sample F Sample not tested because ☐ Sample too old (>30 hou ☐ Improper Container ☐	rs) [	est unsuit TNTC Turbid (	table because: Cuiture		
Bacterial Density Results: F Total Coliform < 1 /100		/ ml. E Coliform	E.coli /100 ml. /100 ml.		
Method Code: SM 9222B		D	ate Received: 5/17/2017		
Date Analyzed: 5/17/2017	15:30	D	ate Reported: 5/18/17		
06603115	five digits)	L	ab Use Only:		



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

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## **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 05/17/2017	Time Sampl Collected		County:		
Month Day Year	7:30	□ PM	SNOHOMISH		
Type of Water System (cl ☑ Group A Pub ☐ Group B Pub	olic 🗔	pox) I Private Ho I Other:	pusehold		
		from Wate	Facilities Inventory (WFI):		
Gloup A and Group 2 43	ID# 283				
System Name: CITY	OF GOLD	BAR			
Contact Person: RIC	HARD BAK	ER			
Day Phone: 360-79	3-1101	Cell Pho	ne: 425 238 1935		
Eve. Phone: 425 2	38 1935	FAX:			
Send results to: (Print ful City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98	R	ss and zip o	ode)		
Data Delivery:   MAIL	D EMAIL:				
	SAMPLE	INFORM	ATION		
Sample collected by (na	me):RICHARD	BAKER			
Specific location where	sample collecte	ed:			
505 CROFT AV	Ents: TEMP:	- 21 5C			
Special Instructions or Comm Type of Sample (must check	k only one box o		#4 listed below)		
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.26 mg/l Free 0.21 mg/l  2. ☐ 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  Grecal - Surface, GWI, some springs			ory routine collect date		
l s L		,	1		
Chlorinate			: YesNo esid: TotalFree		
4. □ Sample Collected for □ Construction □ Repai	rs D Private R		Other		
LAB USE ONLY DE	RINKING WA	TER RES	ULTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present ☐ E. coli present ☐ Fecal coliform prese	☐ E. coli ab		☑ Satisfactory		
☐ Replacement Sam Sample not tested beca ☐ Sample too old (>30 ☐ Improper Container	ause () hours)	☐ TNTC	uitable because:		
Bacterial Density Resu Total Coliform < 1	its: Plate Cour /100 ml. Fe	it / ml. ecal Colifon			
Method Code: SM 922	2B		Date Received: 5/17/2017		
Date Analyzed: 5/17/2	2017, 15:30		Date Reported: 5/18/17		
0660311 Sample Number (DOH numb	06603114 Sample Number (DOH number plus five digits)				

DOH Form #331-319 (revised 02/16)



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## **COLIFORM BACTERIA ANALYSIS**

		*****				
Date Sample Collected 05/17/2017	Time Sam Collecte		AM	County:		
Month Day Year	7:50	, 0	PM	SNOHOMI		
Type of Water System (ch ☐ Group A Pub ☐ Group B Pub	dia .	e box) □ Privat □ Other		usehold		
Group A and Group B Sys	Group A and Group B Systems Provide from Water Facilities Inventory (Wf					
	ID# 28	300Y	•			
System Name: CITY (	OF GOL	D BAF	₹			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell P	hon	e: 425 238 1935		
Eve. Phone: 425 23		FAX:		- · · · · · · · · · · · · · · · · · · ·		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
Data Delivery:  MAIL	SAMPLE	INFOR	BAA	TION		
Sample collected by (nam				HON		
Specific location where sa						
715 CROFT AVE						
Special Instructions or Comme Type of Sample (must check			ah #4	listed helow)		
1. ☑ Routine Distribution Sa		2. 🗆 Rej	peat S	Sample (after unsat, routine		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.22 mg/l Fr	ee <b>0.14</b> mg/l	☐ Sou	rce G	on System roundwater Rule (GWR) on of 1,000 or less)		
3. Raw Water Source Sampl ☐ E. coli - GWR source sam ☐ Fecal - Surface, GWI, sor ☐ Other	ole	l		y routine lab number:		
L_S	1 [	Unsatisfa	•	routine collect date:		
Public Systems must provide Chlorine Source Number from (WFI)		led: Y	esNo t: TotalFree			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	ormation Only □ Private Re	esidence		Other		
LAB USE ONLY DRIN	KING WAT	ER RE	SUL	TS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present an	d		1	☑ Satisfactory		
l	□ E. coli abs		ent			
☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 hd ☐ Improper Container ☐ ☐	e	Test un  TNT Turb	C	ble because: ulture		
Bacterial Density Results: Total Coliform < 1 /100		/ m al Colifo	I. E.d	coli /100 ml. /100 ml.		
Method Code: SM 9222B			Dat	e Received: 5/17/2017		
Date Analyzed: 5/17/201	7, 15:30		-	e Reported: 5/18/17		
06603113 Sample Number (DOH number pla	us five digits)		Lab	Use Only:		



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/14/2017	Time Samp		M	County:	
Month Day Year	8:40			SNOHOMISH	
Type of Water System (ch ☑ Group A Pub ☑ Group B Pub	lic I	box) □ Private □ Other:	Ho	usehold	
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):					
	ID# 28	300Y			
System Name: CITY (					
Contact Person: RIC					
Day Phone: 360-79	3-1101	Cell Ph	on	e: 425 238 1935	
Eve. Phone: 425 23	8 1935	FAX:			
Send results to: (Print full City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98	₹	ss and zip	co	de)	
Data Delivery: D MAIL	□ EMAIL:				
	SAMPLE	INFOR	ИA	TION	
Sample collected by (nam					
Specific location where sa	•	ed:			
15012 MOONLIC pecial Instructions or Comme					
Type of Sample (must check		f #1 througi	า #4	listed below)	
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.38 mg/l Free 0.26 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 sample  □ Fecal - Surface, GWI, some springs  □ Other		Unsatisfactory routine lab number:  Unsatisfactory routine collect date:			
\$	1 1	Unsatistad	tory ,	routine collect date:	
Public Systems must provide Source Number from (WFI)	Chlorinated: Yes No Chlorine Resid: Total Free				
4.   Sample Collected for Inf Construction Repairs	ormation Only  ☐ Private Re	esidence		Other	
LAB USE ONLY DRII	NKING WAT	TER RES	UL	TS LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present ar ☐ E. coli present ☐ Fecal coliform present	☐ E. coli abs			☑ Satisfactory	
☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 h ☐ Improper Container ☐	se	Test uns	)	uble because: ulture	
Bacterial Density Results Total Coliform < 1 /10		/ ml cal Colifor		coli /100 ml. /100 ml.	
Method Code: SM 9222E	3		Da	te Received: 6/14/2017	
Date Analyzed: 6/14/20	17, 16:15		Da	te Reported: 6/15/17	
06603679 Sample Number (DOH number p	olus five digits)		Lal	b Use Only:	

DOH Form #331-319 (revised 02/16)



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

#3600 NE 126th PL STE C, Kirkland, WA 98034 #425-885-1664 www.amtestlab.com

## **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected			County:		
06/14/2017 Month Day Year	Collected 9:00	I ☑ AM □ PM			
			SINOPONISP		
Type of Water System (cl Group A Put ☑		box) 3 Private H	fousehold		
☐ Group B Put	olic C	Other: _			
Group A and Group B Sy	stems Provide	from Wat	er Facilities Inventory (WFI):		
	ID# 283	300Y			
System Name: CITY					
Contact Person: RIC	HARD BAK	KER	<u>.</u>		
Day Phone: 360-79	3-1101	Cell Pho	ne: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98	R	ss and zip	code)		
Data Delivery:   MAIL	□ EMAIL:				
	SAMPLE	INFORM	IATION		
Sample collected by (nar	ne): RICHARD	BAKER			
Specific location where s					
508 1ST AVE W	ents:				
Type of Sample (must check	k only one box o	f #1 through	#4 listed below)		
1. ☑ Routine Distribution S Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.60 mg/l F	·	☐ Distrib	at Sample (after unsat. routine) ution System e Groundwater Rule (GWR) lation of 1,000 or less)		
3. Raw Water Source Samp □ E. coli - GWR source san □ Fecal - Surface, GWI, so □ Other	mple		tory routine lab number:		
S	l l	-			
Public Systems must provide Chlorina					
Source Number from (WFI) 4.  Sample Collected for In	formation Only		<u>.</u>		
☐ Construction ☐ Repairs	S □ Private Re	esidence l	☐ Other		
LAB USE ONLY DRI	NKING WAT	TER RES	ULTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present a			☑ Satisfactory		
	nd				
☐ E. coli present ☐ Fecal coliform preser	☐ E. coli abs		nt		
☐ E. coli present ☐ Fecal coliform preser ☐ Replacement Sample Sample not tested becat ☐ Sample too old (>30 ☐ Improper Container ☐	☐ E. coli abs at ☐ Fecal coli le Required use	Test unsu	uitable because:		
☐ Fecal coliform preser ☐ Replacement Sample Sample not tested becat ☐ Sample too old (>30 ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ E. coli abs  nt ☐ Fecal coli  le Required  use  hours)  s: Plate Count	Test unsu	uitable because: I Culture E.coli /100 ml.		
☐ Fecal coliform preser ☐ Replacement Sample Sample not tested becat ☐ Sample too old (>30 ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ E. coli abs nt ☐ Fecal coli le Required use hours)  s: Plate Count 00 ml. Fec	Test unsi	uitable because: I Culture E.coli /100 ml.		
☐ Fecal coliform preser ☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 ☐ Improper Container ☐ Bacterial Density Result Total Coliform <1 /1	☐ E. coli abs nt ☐ Fecal colii le Required use hours) s: Plate Count 00 ml. Fec	Test unsi	uitable because: d Culture  E.coli /100 ml. m /100 ml.		

DOH Form #331-319 (revised 02/16)



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

## COLIFORM BACTERIA ANALYSIS

_	OLII OI			
Date Sample Collected 06/14/2017	Time Sam Collected		M	County:
Month Day Year	7:40	ПΡ	M	SNOHOMIS
Type of Water System (ch ☑ Group A Pub ☑ Group B Pub	lic	box) Private Other:	Ho	usehold
Group A and Group B Sys	items Provide	e from Wa	ater	Facilities Inventory (WF
	ID# 28	300Y		
System Name: CITY (	OF GOL	) BAR		
Contact Person: RIC	HARD BAI	KER		
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935
Eve. Phone: 425 23	8 1935	FAX:		
Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 98:	R 251	33 and 21		
Data Delivery:   MAIL				
0	SAMPLE			HON
Sample collected by (nam Specific location where sa				
501 LEWIS AVE	•	su.		
Special Instructions or Comme				
Type of Sample (must check	•			
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.44 mg/l Fr	•	☐ Distri	butio ce G	Sample (after unsat, routine on System roundwater Rule (GWR) on of 1,000 or less)
3. Raw Water Source Sampl  E. coli - GWR source sam  Fecal - Surface, GWI, sou	ıple	Unsatisfa	ictory	y routine lab number:
		Unsatisfac	ctory	routine collect date:
_S_	!	Chlorinate	/ ed: Y	esNo
Public Systems must provide Source Number from (WFI)	Public Systems must provide Chlor		hlorine Resid: Total Free	
□ Sample Collected for Info     □ Construction □ Repairs	ormation Only  ☐ Private Re	esidence		Other
LAB USE ONLY DRIN	KING WAT	TER RES	SUL	TS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present an	d			☑ Satisfactory
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abs		n	
☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 h ☐ Improper Container ☐	se	Test uns  TNT( Turbi	3	ble because:
Bacterial Density Results: Total Coliform < 1 /10		/ ml		coli /100 ml. /100 ml.
Method Code: SM 9222B	i		Dat	te Received: 6/14/2017
Date Analyzed: 6/14/201	7, 16:15		Da	te Reported: 6/15/17
06603677 Sample Number (DOH number p	lus five digits)		Lat	Use Only:



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C	OLIFORI	M BAC	TERIA ANALYSIS		
Date Sample Collected	Time Samp		County:		
07/13/2017 Month Day Year	Collected 8:10	☐ PM	SNOHOMISH		
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:					
		from Wate	r Facilities Inventory (WFI):		
	ID# 283				
System Name: CITY (	OF GOLD	BAR			
Contact Person: RICHARD BAKER					
Day Phone: 360-79	3-1101	Cell Pho	ne: 425 238 1935		
Eve. Phone: 425 23	8 1935	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
Data Delivery:   MAIL			ATION		
	SAMPLE		ATION		
Sample collected by (nan Specific location where s 715 CROFT AV Special Instructions or Comm Type of Sample (must check	ample collecte E W ents: TEMP =	ed: = 18.5C	#4 listed below)		
1. ☑ Routine Distribution S Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.13 mg/l	ample Free 0.10 mg/l	2.  Repea	nt Sample (after unsat. routine) ution System Groundwater Rule (GWR) ation of 1,000 or less)		
3. Raw Water Source Samp  E. coli - GWR source sal  Fecal - Surface, GWI, so	mple	Unsatisfac	factory routine lab number.		
Other		Unsatisfact	tory routine collect date:		
	S_   Chlorinated				
Public Systems must provide Source Number from (WFI)			esid: TotalFree		
4. □ Sample Collected for Ir □ Construction □ Repair	s 🗅 Private Re		☐ Other		
LAB USE ONLY DR	INKING WA	TER RES	ULTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory		
□ E. coli present □ E. coli absent □ Fecal coliform absent					
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ Turbid Culture ☐					
Bacterial Density Result Total Coliform < 1 /	s: Plate Coun 100 ml. Fe	t / ml. cal Colifor	E.coli /100 ml. m /100 ml.		
Method Code: SM 9222	2B		Date Received: 7/13/2017		
Date Analyzed: 7/13/2	017, 15:30		Date Reported: 7/14/17		
06604384 Sample Number (DOH number	r plus five digits)		Lab Use Only:		

DOH Form #331-319 (revised 02/16)



## **AmTest Laboratories**

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C	OLIFOR	M BA	CT	ERIA ANALYSIS	
Date Sample Collected 07/13/2017	Time Samp			County:	
Month Day Year	7:50	<u> </u>	'M ———	SNOHOMISH	
Type of Water System (ch ☑ Group A Publ ☐ Group B Publ	lic l	box) ⊒ Private ⊒ Other:		usehold	
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):					
	ID# 28	300Y			
System Name: CITY (	OF GOLD	) BAR	2		
Contact Person: RICI					
Day Phone: 360-793	3-1101	Cell Pl	non	e: 425 238 1935	
Eve. Phone: 425 23	8 1935	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
Data Delivery:   MAIL	□ EMAIL:				
	SAMPLE	INFOR	MA	TION	
Sample collected by (name					
Specific location where sa	mple collecte	ed:			
40507 SR 2 Special Instructions or Commer	is: TEMP =	18.5C	_		
Type of Sample (must check of			h #4	listed below)	
1.  Routine Distribution Sa	mple	2. C Rep	eat S	Sample (after unsat, routine) in System	
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.11 mg/l Fre	e< <b>0.1</b> mg/l	☐ Soun	ce G	roundwater Rule (GWR) on of 1,000 or less)	
3. Raw Water Source Sample  E. coli - GWR source samp  Fecal - Surface, GWI, son  Other	ple	Unsatisfa	ctory	routine lab number:	
		Unsatisfa	ctory	routine collect date:	
S		Chloring	<u> </u>	/	
Public Systems must provide Chloring Source Number from (WFI)				es No Free Free	
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only □ Private Re	sidence		Other	
LAB USE ONLY DRIN	KING WAT	ER RES	SUL	TS LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and	1		E	☑ Satisfactory	
☐ E. coli present ☐ Fecal coliform present I	□ E. coli abs □ Fecal colif		ent		
☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 ho ☐ Improper Container ☐	e .	Test uns	)	bie because: ulture	
Bacterial Density Results: Total Coliform < 1 /100		/ ml al Colifor	l. E.d	coli /100 ml. /100 ml.	
Method Code: SM 9222B			Dat	e Received: 7/13/2017	
Date Analyzed: 7/13/2017	7, 15:30		Dat	e Reported: 7/14/17	

06604383 Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 02/16)



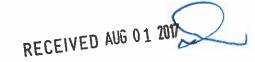
## AmTest Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034

www.amtestlab.com 425-885-1664

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sampl	e ⊠ AM	County:
07/13/2017 Month Day Year	Collected 6:50	□ PM	SNOHOM
ype of Water System (ch ☑ Group A Publi ☐ Group B Publi	lic Lic	l Other:	
Group A and Group B Sys	tems Provide	from Water	Facilities Inventory (W
	ID# 283		
System Name: CITY (			
Contact Person: RIC			105 000 1005
Day Phone: 360-79	0 1.01		ne: 425 238 1935
Eve. Phone: 425 23		FAX:	
Send results to: (Print full City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98	R 3251	ss and zip c	
Data Delivery:   MAIL			
	SAMPLE		ATION
Sample collected by (nar	ne): RICHARE	BAKER _	
Specific location where s		su.	
505 CROFT AV Special Instructions or Comm	ents: TEMP:	= 18.5C	
Type of Sample (must chec	k only one box o	f#1 through	#4 listed below)
1. ☑ Routine Distribution S		2. C Repea	t Sample (after unsat. rou ition System
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.37 mg/i	Free 0.36 mg/l	☐ Source	Groundwater Rule (GWR ation of 1,000 or less)
3. Raw Water Source Sam  E. coll - GWR source sa  Fecal - Surface, GWI, s  Other	ımple		ory routine collect date
I S L		,	
		Chiorinated	l: Yes No esid: Total Free
Public Systems must provide Source Number from (WFI)		Chlonne Ri	esid. TotalTree
	rs D Private F	lesidence i	☐ Other
LAB USE ONLY DE	INKING WA	TER RES	ULTS LAB USE ONL
☐ Unsatisfactory Total Coliform Present	and		☑ Satisfactory
☐ E. coli present ☐ Fecal coliform prese	□ E. coli at ent □ Fecal co	osent liform abse	n:
☐ Replacement Sam Sample not tested beca ☐ Sample too old (>30 ☐ Improper Container	ause ) hours)		uitable because: ; d Culture
Bacterial Density Result Total Coliform < 1	lts: Plate Cou /100 ml. F	nt / ml ecal Colifor	
Method Code: SM 922	2B		Date Received: 7/13/2
Date Analyzed: 7/13/	2017, 15:30		Date Reported: 7/14/
0660438 Sample Number (DOH numb	5 er plus five digits)		Lab Use Only:

DOH Form #331-319 (revised 02/16)



Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

<del></del>						
Date Sample Collected 08/22/2017	Time Sam Collecte	ď⊠A		County:		
Month Day Year	9:15	□ P	M	SNOHOMISH		
Type of Water System (check only one box)  ☑ Group A Public ☐ Priva ☐ Group B Public ☐ Othe				ısehold		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):						
	ID# 28	300Y		2.0		
System Name: CITY (						
Contact Person: RIC		_				
Day Phone: 360-79			ОПА	e: 425 238 1935		
Eve. Phone: 425 23		FAX:	10110	3. 420 200 1000		
Send results to: (Print full City of Gold Bar RICHARD BAKER	name, addre	1	p cod	de)		
107 5th St Gold Bar, Wa, 98	251					
Data Delivery: □ MAIL	D EMAIL:					
	SAMPLE	INFOR	MA.	TION		
Sample collected by (nam Specific location where sa						
15012 MOONLIC Special Instructions or Comme	SHT DR					
Type of Sample (must check		f #1 throug	h #4	listed below)		
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.28 mg/l Fr	ee 0.23 mg/l	☐ Distri	bution ce Gr	ample (after unsat. routine) n System oundwater Rule (GWR) n of 1,000 or less)		
3. Raw Water Source Sampl □ E coli - GWR source sam □ Fecal - Surface, GWI, sor □ Other	ple			routine lab number:		
S _		Unsausia	ciory ,	routine collect date		
Public Systems must provide Source Number from (WFI)	·	Chlorinate Chlorine F				
4. ☐ Sample Collected for Info	ormation Only	esidence		ther		
LAB USE ONLY DRIN						
☐ Unsatisfactory Total Coliform Present an	4	elineoni veliticali, seneriu	E	Satisfactory		
	E, coli abs		ını			
☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 ho ☐ Improper Container ☐	ie .	Test uns  TNT0  Turbi	)	ole because:		
Bacterial Density Results: Total Coliform < 1 /10		/ ml cal Colifor	. E.c	oli /100 ml. /100 ml.		
Method Code: SM 9222B			Date	Received: 8/22/2017		
Date Analyzed: 8/22/201	7, 16:30		Date	Reported: 8/23/17		
06605442 Sample Number (DOH number pl	us five digits)		Lab	Use Only:		
DOH Form #331-319 (revised 02/1						





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### COLIECTM BACTERIA ANALYSIS

C	OLIFOR	M BA	CT	ERIA ANALYSIS		
Date Sample Collected 08/22/2017 Month Day Year	Time Sam Collected 9:45			County: SNOHOMISH		
Type of Water System (ch ☑ Group A Pub ☐ Group B Pub	ic	box)  Private  Other:		usehold		
Group A and Group B Sys	tems Provide	e from Wa	ater	Facilities Inventory (WFI):		
	ID# 28	300Y		The second of th		
System Name: CITY OF GOLD BAR						
Contact Person: RICHARD BAKER						
Day Phone: 360-793-1101						
Eve. Phone: 425 23	8 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
Data Delivery:   MAIL	EMAIL:					
	SAMPLE	INFOR	MA	TION		
Sample collected by (nam						
Specific location where sa 508 1ST AVE W	mple collecti	ea:				
Special Instructions or Comme	nts:		-			
Type of Sample (must check		f#1 throug	h #4	listed below)		
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.37 mg/l Free 0.32 mg/l  2. ☐ Repeat Sample (after unsat. routing Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)			n System roundwater Rule (GWR)			
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other			factory routine lab number:			
S	1 1	Unsatisfa	ctory	routine collect date:		
Chlorinate			ated: YesNoe Resid: TotalFree			
	rmation Only  D Private Re	esidence		ther		
LAB USE ONLY DRIN	KING WAT	TER RES	SUL	TS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present an	d			☑ Satisfactory		
☐ Fecal coliform present			ent	and the second		
☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 h ☐ Improper Container ☐	e	Test uns	7	ble because:		
Bacterial Density Results: Total Coliform < 1 /10		/ mi		coli /100 ml. /100 ml.		
Method Code: SM 9222B			Dal	te Received: 8/22/2017		
Date Analyzed: 8/22/201	7, 16:30		Date Reported: 8/23/17			
06605441 Sample Number (DOH number pl	us five digits)		Lat	Use Only:		
DOU Fee #224 240 /miles 4 0244	e)	-				

DOH Form #331-319 (revised 02/16)

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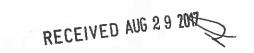


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## **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sam		County:			
08/22/2017 Month Day Year	Collected 8:00	AA 🖸 AN				
Type of Water System (ch ☑ Group A Publ ☐ Group B Publ	eck only one lic ( lic (		Househoid			
Group A and Group B Sys		from Wa	ter Facilities Inventory (W			
	ID# 28	300Y				
System Name CITY (	OF GOLD	BAR	<u> </u>			
Contact Person: RICI	HARD BAI	KER				
Day Phone: 360-793	3-1101	Cell Pho	one: 425 238 1935			
Eve. Phone: 425 23	8 1935	FAX:				
City of Gold Bar	RIČHARD BAKER 107 5th St					
Data Delivery: D MAIL i	□ EMAIL:					
	SAMPLE	INFORM	MATION			
Sample collected by (nam						
Specific location where sa 501 LEWIS AVE		ed:				
Special Instructions or Commercial Type of Sample (must check		f#1 through	#4 listed below)			
1. ☑ Routine Distribution Sa		2, 🗆 Repe	at Sample (after unsat, routin			
Chlorinated: Ø Yes □ No Chlorine: Total 0.38 mg/l Fro	ee 0.30 mg/l	Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)				
3. Raw Water Source Sample  E. coli - GWR source sam.  Fecal - Surface, GWI, son Other	ple		tory routine lab number;			
181			ory routine collect date:			
		Chlorinated				
Source Number from (WFI)	Public Systems must provide Source Number from (WFI)		esid: Total Free			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	☐ Private Re		□ Other			
Committee on the English of the Committee of the Committe	IKING WAT	ER RES	ULTS LAB USE ONLY			
Unsatisfactory Total Coliform Present and	d		☑ Satisfactory			
	E. coli abs		nt.			
☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 hd ☐ Improper Container ☐	e	Test unsu TNTC Turbic				
	Dista Count		E.coli /100 ml.			
Bacterial Density Results: Total Coliform < 1 /100		al Coliforn	n /100 ml.			
			n /100 ml. Date Received: 8/22/201			
Total Coliform < 1 /100	D ml. Fec		<del>-</del>			





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## COLIFORM BACTERIA ANALYSIS

V. 400	OLIFUR	IVI DA	ا د	ERIA ANALTSIS
Date Sample Collected 09/15/2017	Collecte	d ⊠ Al		County:
Month Day Year	6:35		۷I	SNOHOMISH
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:				
Group A and Group B Sys	stems Provide	e from Wa	ter	Facilities Inventory (WFI):
ID# 28300Y				
System Name: CITY OF GOLD BAR				
Contact Person: RICHARD BAKER				
Day Phone: 360-793-1101 Cell Phone: 425 238 1935				
Eve. Phone: 425 23	38 1935	FAX:		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251				
Data Delivery: D MAIL	□ EMAIL:			
	SAMPLE	INFORM	ΛA	TION
Sample collected by (nan				
Specific location where sa		ed:		and the state of t
505 CROFT AVI				7000 1000 100
Special Instructions or Comme Type of Sample (must check		of #1 through	n #4	listed below)
1. ☑ Routine Distribution Sample Chiorinated: ☑ Yes ☐ No Chlorine: Total 0.45 mg/l Free 0.35 mg/l  2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Raw Water Source Sample □ E. coll - GWR source sample □ Fecal - Surface, GWI, some springs □ Other				y routine lab number:
S	1 1	Unsansiae		, roudine collect date.
Public Systems must provide	1	Chlorinate Chlorine F		
Source Number from (WFI)  4.  Sample Collected for Inf Construction Repairs		esidence		Other
LAB USE ONLY DRI	A DESCRIPTION OF THE PARTY OF T		-	
☐ Unsatisfactory	HILLIO HA	LIVILLE	-	
Total Coliform Present ar				☑ Satisfactory
☐ E. coli present ☐ Fecal coliform presen	□ E. coli ab: t□ Fecal coli		n	
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Bacterial Density Results Total Coliform < 1 /10		: / ml cal Colifor		coli /100 ml. /100 ml.
Method Code: SM 9222E	3		Da	te Received: 9/15/2017
Date Analyzed: 9/15/20	17, 15:00		Da	ite Reported: 9/16/17
06605979 Sample Number (DOH number)	olus five digits)		La	b Use Only:
DOH Form #331-319 (revised 02)				





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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected Time Sam 09/15/2017 Collected	ed ☑ AM		
Month Day Year 8:30	□ PM	SNOHOMISH	
ype of Water System (check only on ☑ Group A Public ☑ Group B Public	e box) □ Private H □ Other: _	lousehold	
Group A and Group B Systems Provide	le from Wate	er Facilities Inventory (WFI):	
ID# 28	300Y		
system Name: CITY OF GOL	D BAR		
Contact Person: RICHARD BA	KER	1	
ay Phone: 360-793-1101 Cell Phone: 425 238 1935			
Eve. Phone: 425 238 1935	FAX:		
Cend results to: (Print full name, addr City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	ess and zip	code)	
Data Delivery: MAIL DEMAIL:			
SAMPLE	INFORM	ATION	
Sample collected by (name): RICHAR			
Specific location where sample collect	ted;		
715 CRAFT AVE W			
ype of Sample (must check only one box	of #1 through	#4 listed below)	
. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No	2. 🗆 Repea	at Sample (after unsat. routine) ution System Groundwater Rule (GWR) ation of 1,000 or less)	
Raw Water Source Sample  E. coll - GWR source sample  Fecal - Surface, GWI, some springs	1	tory routine lab number:	
☐ Other	Unsatisfact	ory routine collect date:	
S	,	, 711	
Public Systems must provide Source Number from (WFI)	Chlorinated Chlorine Re		
t. □ Sample Collected for Information Only □ Construction □ Repairs □ Private F	Residence (	☐ Other	
LAB USE ONLY DRINKING WA	TER RES	ULTS LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and		☑ Satisfactory	
☐ E. coli present ☐ E. coli al ☐ Fecal coliform present ☐ Fecal co			
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test unsu	- 11	
Bacterial Density Results: Plate Cour Total Coliform <1 /100 ml. For	nt / ml. ecal Coliforn	E.coli /100 ml. n /100 ml.	
Method Code: SM 9222B		Date Received: 9/15/2017	
Date Analyzed: 9/15/2017, 15:00		Date Reported: 9/16/17	

06605980 Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 02/16)



Lab Use Only:



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## **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected				County:
09/15/2017 Month Day Year	Collected 7:10	J ⊠A □P		SNOHOMI
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:				
Group A and Group B Sys	stems Provide	from Wa	ater	Facilities Inventory (W
	ID# 28			
System Name: CITY (	OF GOL	BAR		
Contact Person: RIC				
Day Phone: 360-79		Cell Ph	on	e: 425 238 1935
Eve. Phone: 425 23		FAX:		
Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 98	2	ss and zi	p co	de)
Data Delivery: ☐ MAIL	□ EMAIL:			
	SAMPLE	INFOR	MA	TION
Sample collected by (nam				
Specific location where sa 40507 SR 2 Special Instructions or Comme	-	ed: 		
Type of Sample (must check		f #1 throug	h #4	listed below)
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.30 mg/i Fr	ee 0.22 mg/l	☐ Distri	butic ce G	Sample (after unsat, routing on System roundwater Rule (GWR) on of 1,000 or less)
3. Raw Water Source Sampl  E. coli - GWR source sam  Fecal - Surface, GWI, so	ıple			y routine lab number:
	1 1	Unsatisfa	ctory	routine collect date:
Public Systems must provide Source Number from (WFi)		Chlorinate Chlorine f		
4. ☐ Sample Collected for Info	ormation Only	sidence		Other
LAB USE ONLY DRIN	NKING WAT	ER RES	SUL	TS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present an	ıd		1	☑ Satisfactory
☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent				
☐ Replacement Sample Sample not tested because ☐ Sample too old (>30 h ☐ Improper Container ☐	se	Test uns  TNT(	2	ble because: ulture
Bacterial Density Results: Total Coliform < 1 /10		/ ml al Colifor		coli /100 ml. /100 ml.
Method Code: SM 9222B	<u> </u>		Dat	te Received: 9/15/2017
Date Analyzed: 9/15/201	17, 15:00		Dat	te Reported: 9/16/17
06605981 Sample Number (DOH number p	lus five digits)		Lat	Use Only:

DOH Form #331-319 (revised 02/16)

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## COLIFORM BACTERIA ANALYSIS

COLIFOR	IVI BAU	TERIA ANALI 313		
Date Sample Collected Time Samp 10/06/2017 Collected	I ☑ AM			
Month Day Year 6:40	□ PM	SNOHOMISH		
	box) □ Private h □ Other: _	lousehold		
Group A and Group B Systems Provide	from Wat	er Facilities Inventory (WFI):		
ID# 28	300Y			
System Name: CITY OF GOLD BAR				
Contact Person: RICHARD BAKER				
Day Phone: 360-793-1101	Cell Pho	ne: 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 107 5th St Gold Bar, Wa, 98251  Data Delivery:   MAIL   EMAIL:				
SAMPLE	INFORM	IATION		
Sample collected by (name):RICHARD				
Specific location where sample collected				
501 LEWIS				
Special Instructions or Comments:  Type of Sample (must check only one box of	of #1 through	#4 listed below)		
1. ☑ Routine Distribution Sample  Chlorinated ☑ Yes ☐ No Chlorine: Total 0.60 mg/l Free 0.49 mg/l  3 Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs	☐ Distrib ☐ Source (Popu	2. □ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)  Unsatisfactory routine lab number:		
☐ Other	Unsatisfac	tory routine collect date.		
Public Systems must provide Source Number from (WFI)				
Sample Collected for Information Only     Construction    □ Repairs    □ Private R	esidence	□ Other		
LAB USE ONLY DRINKING WA	TER RES	ULTS LAB USE ONLY		
☐ Unsatisfactory  Total Coliform Present and  ☐ E. coli present ☐ E. coli absent  ☐ Fecal coliform present ☐ Fecal coliform absent				
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Bacterial Density Results: Plate Count Total Coliform <1 /100 ml. Fe	t / ml.	E.coli /100 ml. m /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 6/2017		
Date Analyzed: 10/ 6/2017, 15:45		Date Reported: 10/7/17		
06606553 Sample Number (DOH number plus five digits)		Lab Use Only:		



DOH Form #331-319 (revised 02/16)

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COLIFO	RM B	ACT	ERIA ANALYSIS	
Date Sample Collected Time Sar 10/06/2017 Collected Month Day Year 9:10	ed ⊠	AM PM	County: SNOHOMISH	
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household				
Group A and Group B Systems Provide			Parities I and a second	
			racilities Inventory (WFI):	
ID# 28300Y				
System Name: CITY OF GOLD BAR				
Contact Person: RICHARD BAKER				
Day Phone: 360-793-1101	Cell F	hone	e: 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 107 5th St Gold Bar, Wa, 98251				
Data Delivery:   MAIL   EMAIL:				
SAMPLE	INFO	RMA	FION	
Sample collected by (name): RICHAR		R_		
Specific location where sample collect	ed:			
508 1ST AVE W pecial Instructions or Comments.				
pecial instructions or Comments:  Type of Sample (must check only one box of	of #1 throu	inh #4 I	isted helow)	
1. ☑ Routine Distribution Sample 1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) Chlorine: Total 0.68 mg/l Free 0.58 mg/l				
Raw Water Source Sample  E. coli - GWR source sample  Fecal - Surface, GWI, some springs  Other	Unsatis	factory	routine lab number:	
S	Unsatisf	actory r	outine collect date:	
<u> </u>	Chlorina			
Public Systems must provide Source Number from (WFI)	Chlorine	Resid:	TotalFree	
. □ Sample Collected for Information Only 3 Construction □ Repairs □ Private Re	sidence	□ Ot	ner	
LAB USE ONLY DRINKING WAT	ER RE	SULT	S LAB USE ONLY	
□ Unsatisfactory  otal Coliform Present and  □ E. coli present □ E. coli abs	ent	Ø	Satisfactory	
☐ Fecal coliform present ☐ Fecal colif		eni		
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ Turbid Culture ☐ ☐ ☐				
acterial Density Results: Plate Count otal Coliform <1 /100 ml. Fec	/ m al Colifo	I. E.co	li /100 ml. /100 ml.	
fethod Code: SM 9222B		Date	Received: 10/ 6/2017	
Date Analyzed: 10/6/2017, 15:45 Date Reported: 10/7/17				
06606554		Lab l	Jse Only:	

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## /SIS

COLIFOR	RM BACT	TERIA ANALYSIS		
Date Sample Collected Time Sam 10/06/2017 Collecte Month Day Year 8:30		County: SNOHOMIS		
☐ Group B Public	☐ Private Ho☐ Other:	ousehold		
Group A and Group B Systems Provid	e from Wate	r Facilities Inventory (WFI)		
ID# 28	300Y			
System Name: CITY OF GOLD BAR				
Contact Person: RICHARD BA	-			
Day Phone: 360-793-1101	Cell Phor	ne: 425 238 1935		
Eve. Phone: 425 238 1935	FAX:			
Send results to: (Print full name, addre	]	ada)		
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	·			
Data Delivery:   MAIL   EMAIL:				
SAMPLE	INFORMA	ATION		
Sample collected by (name): RICHAR	D BAKER			
Specific location where sample collect	ted:			
15012 MOONLIGHT DR Special Instructions or Comments:				
Type of Sample (must check only one box	of #1 through #	4 listed below)		
1. ☑ Routine Distribution Sample	2. C Repeat	Sample (after unsat, routine)		
Chlorinated: ☑ Yes □ No Chlorine: Total 0.30 mg/l Free 0.26 mg/l		ion System Groundwater Rule (GWR) tion 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		y routine collect date:		
	Chlorinated:	Yes No		
Public Systems must provide Source Number from (WFI)		id: Total Free		
Sample Collected for Information Only     Construction □ Repairs □ Private R	lesidence 🗆	Other		
LAB USE ONLY DRINKING WA	TER RESU	LTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and		☑ Satisfactory		
☐ E. coli present ☐ E. coli ab ☐ Fecal coliform present ☐ Fecal col				
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test unsuit  TNTC  Turbid (	able because:		
Bacterial Density Results: Plate Coun	t /ml E	Coli /100 ml		

06606555 Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 02/15)

Date Analyzed: 10/ 6/2017, 15:45

Method Code: SM 9222B

Total Coliform < 1 /100 ml. Fecal Coliform

RECEIVED OCT 17 2017

Lab Use Only:

/100 ml.

Date Received: 10/ 6/2017

Date Reported: 10/ 7/17



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## COLIFORM BACTERIA ANALYSIS

	TOTAL DATA	712(1)(7)(11)(12)(0)(0)		
Date Sample Collected Time Sa 11/03/2017 Collect		· I		
Month Day Year 8:30		M SNOHOMISH		
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:				
Group A and Group B Systems Prov	ide from Wa	ter Facilities Inventory (WFI):		
	8300Y			
System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER				
Day Phone: 360-793-1101		one: 425 238 1935		
	FAX:	Olic. 425 256 1505		
Eve. Phone: 425 238 1935				
Send results to: (Print full name, add City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	iress and ziņ	o code)		
Data Delivery:   MAIL   EMAIL				
	E INFORI	MATION		
Sample collected by (name): RICHA	RD BAKER			
Specific location where sample colle				
715 CRAFT AVE W				
	MP = 13.1C	h #4 listed below)		
Type of Sample (must check only one box of #1 through #4 listed below)  1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.32 mg/l Free 0.28 mg/l  Through #4 listed below)  2. ☐ 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 springs  Other		Unsatisfactory routine lab number:  Unsatisfactory routine collect date:		
ISII	Unsatisfa	ctory routine collect date;		
	_l Chlorinate	Chlorinated: Yes No		
Public Systems must provide Source Number from (WFI)	Chlorine	Chlorine Resid: Total Free		
	Residence	□ Other		
LAB USE ONLY DRINKING W	ATER RE	SULTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and	var—and 7	☑ Satisfactory		
☐ E. coli present ☐ E. coli ☐ Fecal coliform present ☐ Fecal c	absent coliform abs	ent		
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ Turbid Culture ☐				
Bacterial Density Results: Plate Co Total Coliform < 1 /100 ml.	unt / m Fecal Colifo	I. E.coli /100 ml. rm /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 3/2017		
Date Analyzed: 11/3/2017, 16:00		Date Reported: 11/4/17		
06607222 Sample Number (DOH number plus five digits	3)	Lab Use Only:		

DOH Form #331-319 (revised 02/16)



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected Time Samp 11/03/2017 Collected		County:	
Month Day Year 6:40	□ PM		
_ C.Oup ::: come -	box) Private H Other: _	lousehold	
Group A and Group B Systems Provide	from Wat	er Facilities Inventory (WFI):	
ID# 28	300Y		
System Name: CITY OF GOLD	BAR		
Contact Person: RICHARD BAL	KER	-	
Day Phone: 360-793-1101	Cell Pho	ne: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:		
Send results to: (Print full name, addre City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 Data Delivery:   MAIL EMAIL:	ss and zip	code)	
SAMPLE	INFORM	IATION	
Sample collected by (name): RICHARD			
Specific location where sample collecte  505 CRAFT AVE  Special Instructions or Comments: TEMP  Type of Sample (must check only one box of	= 13.1C	#4 listed below)	
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.37 mg/l Free 0.29 mg/l	2. 🗆 Repe	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 sample ☐ Fecal - Surface, GWI, some springs ☐ Other		tory routine lab number:	
_S_	Unsatisfact	ory routine collect date:	
Public Systems must provide Source Number from (WFI)		Resid: TotalFree	
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private R	esidence	□ Other	
LAB USE ONLY DRINKING WA	TER RES	ULTS LAB USE ONLY	
☐ Unsatisfactory Total Coliform Present and		☑ Satisfactory	
☐ E. coli present ☐ E. coli ab ☐ Fecal coliform present ☐ Fecal coli		n	
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	☐ TNTC	uitable because: I Culture	
Bacterial Density Results: Plate Count Total Coliform < 1 /100 ml. Fe	t / ml. cal Colifor	E.coli /100 ml. n /100 ml.	
Method Code: SM 9222B		Date Received: 11/ 3/2017	
Date Analyzed: 11/3/2017, 16:00		Date Reported: 11/4/17	
06607221		Lab Use Only:	

06607221 Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 02/16)



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## **SIS**

COLIFO	RM BA	4CT	ERIA ANALYSIS
Date Sample Collected Time Sal 11/03/2017 Collect Month Day Year 9:00	ed ☑.	AM PM	County:
Type of Water System (check only or ☑ Group A Public □ Group B Public	ne box)  Privat		
Group A and Group B Systems Provi			Facilities Inventory (WFI)
ID# 28			, , , , , , , , , , , , , , , , , , , ,
System Name: CITY OF GOL			
Contact Person: RICHARD BA		_	-
Day Phone: 360-793-1101		hone	e: 425 238 1935
Eve. Phone: 425 238 1935	FAX:	HOHE	:. 425 236 1935
Send results to: (Print full name, addr		la an-	4-5
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	ess and 2	ip coc	ie)
Data Delivery: 🗆 MAIL 🗆 EMAIL:	=		
SAMPLE	INFOR	MAT	TION
Sample collected by (name): RICHAR	D BAKER		
Specific location where sample collect 40507 SR 2		1,5873	420
Special Instructions or Comments: TEMP Type of Sample (must check only one box		nh #4 li	isted below)
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.25 mg/l Free 0.20 mg/l  3. Raw Water Source Sample ☐ E. coli - GWR source sample	2. 🗆 Rep  □ Distr □ Sour (Pop	eat Sa ibution ce Gro pulation	imple (after unsat. routine) System sundwater Rule (GWR) of 1,000 or less) routine lab number:
☐ Fecal - Surface, GWI, some springs ☐ Other ☐ S	Unsatisfa	ctory n	outine collect date:
Public Systems must provide Source Number from (WFI)	Chlorinated: Yes No Chlorine Resid: Total Fre		
4. □ Sample Collected for Information Only □ Construction □ Repairs □ Private R	esidence	□ Ott	ner
LAB USE ONLY DRINKING WAT	TER RES	SULT	S LAB USE ONLY
□ Unsatisfactory Total Coliform Present and     □ E. coli present    □ E. coli abs     □ Fecal coliform present    □ Fecal coliform present    □ Fecal coliform present    □ Fecal coliform present    □ Fecal coliform	sent form abse		Satisfactory
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test uns		e because; ure
Bacterial Density Results: Plate Count Total Coliform < 1 /100 ml. Fed	/ ml	. E.co	li /100 ml. /100 ml.
Method Code: SM 9222B		Date	Received: 11/ 3/2017
Date Analyzed: 11/ 3/2017, 16:00			Reported: 11/4/17
06607220 Sample Number (DOH number plus five digits)			Jse Only:



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## COLIFORM BACTERIA ANALYSIS

COLIFOR	IN DAC	TENIA ANALI OIO		
Date Sample Collected Time Samp 12/08/2017 Collected	i ⊠ AM			
Month Day Year 9:40	□ PM	SNOHOMISH		
ype of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:				
Group A and Group B Systems Provide	e from Wat	er Facilities Inventory (WFI):		
ID# 28	300Y			
System Name: CITY OF GOLE	D BAR			
Contact Person: RICHARD BAI	KER			
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 107 5th St Gold Bar, Wa, 98251  Data Delivery:   MAIL   EMAIL:				
SAMPLE	INFORM	IATION		
Sample collected by (name): RICHARD				
Specific location where sample collect				
15012 MOONLIGHT DR				
pecial Instructions or Comments. TEMP Type of Sample (must check only one box of	= 12.1C	#4 listed helow\		
Type of Sample (must check only one box only one box on the sample of Sample on the sample of the s		at Sample (after unsat, routine)		
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes □ No  Chlorine: Total 0.28 mg/l Free 0.26 mg/l  (Population of 1,000 or less)				
□ E. coll - GWR source sample □ Fecal - Surface, GWI, some springs				
Other	Unsatisfac	tory routine collect date:		
Public Systems must provide    S				
Source Number from (WFI)  4.   Sample Collected for Information Only	1			
☐ Construction ☐ Repairs ☐ Private R		□ Other		
LAB USE ONLY DRINKING WA	TER RES	ULTS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Present and		☑ Satisfactory		
☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent				
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ TNTC ☐ Improper Container ☐ ☐ Turbid Culture ☐ ☐				
Bacterial Density Results: Plate Coun Total Coliform < 1 /100 ml. Fe	t / ml.	, E,coli /100 ml. m /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 8/2017		
Date Analyzed: 12/ 8/2017, 15:00		Date Reported: 12/ 9/17		
06607990 Sample Number (DOH number plus five digits)		Lab Use Only:		

DOH Form #331-319 (revised 02/16)



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### COLIFORM BACTERIA ANALYSIS

COLIFOR	IVI DAU	IERIA ANALTSIS			
Date Sample Collected Time Sam		County:			
12/08/2017 Collected Month Day Year 10:15	G BIAM	SNOHOMISH			
Type of Water System (check only one box)  ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:					
Group A and Group B Systems Provide	e from Wate	er Facilities Inventory (WFI):			
ID# 28					
System Name: CITY OF GOLI	D BAR				
Contact Person: RICHARD BAKER					
Day Phone: 360-793-1101	Cell Pho	ne: 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 107 5th St Gold Bar, Wa, 98251					
Data Delivery:   MAIL   EMAIL:					
SAMPLE		ATION			
Sample collected by (name): RICHARI Specific location where sample collect		<u>.                                    </u>			
508 1ST AVE W					
Special Instructions or Comments: TEMP	= 12.1C	<u>ii</u>			
Type of Sample (must check only one box					
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System					
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.35 mg/l Free 0.27 mg/l		Groundwater Rule (GWR) lation of 1,000 or less)			
3. Raw Water Source Sample  E. coll - GWR source sample  Fecal - Surface, GWI, some springs	Unsatisfac	tory routine lab number:			
Other	Unsatisfact	ory routine collect date:			
_S_	Chlorinated	I: Yes No			
Public Systems must provide Source Number from (WFI)		e Resid: Total Free			
□ Sample Collected for Information Only     □ Construction □ Repairs □ Private F	Residence I	□ Other			
LAB USE ONLY DRINKING WA	TER RES	ULTS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and		☑ Satisfactory			
☐ E. coli present ☐ E. coli at ☐ Fecal coliform present ☐ Fecal co		1			
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ Turbid Culture ☐					
Bacterial Density Results: Plate Cour Total Coliform < 1 /100 ml. Fe	nt / ml. ecal Colifon	E.coli /100 ml. n /100 ml.			
Method Code: SM 9222B		Date Received: 12/ 8/2017			
Date Analyzed: 12/ 8/2017, 15:00		Date Reported: 12/ 9/17			

Lab Use Only:

06607989 Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 02/16)



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## **COLIFORM BACTERIA ANALYSIS**

	_					
ĺ	Date Sample Collected			County:		
	12/08/2017 Month Day Year	7:50		•		
	Type of Water System (ch ☑ Group A Pub ☐ Group B Pub	lic [		Household		
	Group A and Group B Sys	stems Provide	from Wa	ter Facilities Inventory (W		
		ID# 28	300Y			
	System Name: CITY OF GOLD BAF Contact Person: RICHARD BAKER			<u> </u>		
				ER		
	Day Phone: 360-79	3-1101_	Cell Ph	one: 425 238 1935		
	Eve. Phone: 425 23		FAX:			
	Send results to: (Print full City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98	₹	ss and zip	code)		
	Data Delivery: ☐ MAIL	□ EMAIL:				
		SAMPLE	INFORM	MATION		
	Sample collected by (nan					
	Specific location where sample collected: 501 LEWIS					
	Special Instructions or Comme Type of Sample (must check			n #4 listed below)		
•	1. 🗹 Routine Distribution Sample 2. 🗀 Repeat Sample (after unsat. ro					
				Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)		
	3. Raw Water Source Samp ☐ E. coli - GWR source san ☐ Fecal - Surface, GWI, so ☐ Other	nple	Unsatisfactory routine lab number:			
	I S I	1 1	Unsatistad	tory routine collect date:		
	ļ <u> </u>		Chlorinated: YesNo Chlorine Resid: Total Free			
	Public Systems must provide Source Number from (WFI)		Chiorine R	tesia: Total Free		
	4. □ Sample Collected for Ini □ Construction □ Repairs	☐ Private Re		□ Other		
LAB USE ONLY DRINKING WATER RESULTS LAB U			ULTS 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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
	Bacterial Density Results Total Coliform < 1 /10		. / ml cal Colifor	. E.coli /100 ml. m /100 ml.		
	Method Code: SM 92221	3		Date Received: 12/ 8/20		
	Date Analyzed: 12/ 8/20	17, 15:00		Date Reported: 12/ 9/17		
	06607988 Sample Number (DOH number)	plus five digits)		Lab Use Only:		