AMEST
AmTest Laboratories 13600 NE 1266 PL STEC C Kiridand, WA 980
COLIFORM BACTERIA ANALYSIS

DOHFom
nECEIVFO JAN $2720 \% \Omega$

## $\frac{\text { ANEST }}{\text { 4Munin }}$ <br> AmTest Laboratories  COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 01/12/2017 Month Day Year | Time Sample Collected 8:45 | ® AM $\square$ PM | County: SNOHOMISH |
| :---: | :---: | :---: | :---: |
| pe of Water System (ch $\square$ Group AP |  | ate Ho |  |

$\begin{array}{ll}\square \text { Group A P Pbllic } & \square \text { Pivate Household } \\ \square \text { Grup } B \text { Public } & \text { DOther. }\end{array}$
Group A and Group B Systems Provide fom Water Failifes Inventory (WFI):

## D\# 28300Y <br> system Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

| Day Phone: $360-793-1101$ | Cel |
| :--- | :--- |
| Eve. Phone: 4252381935 | FA |

Cell Phone: 4252381935

Send results to: ;Pinit tull
City of Gold Bar
RICHARD BAKE
107 5th St
Gold Bar, Wa, 98251
Data Delivery: $\square$ MAIL - EMALL:
Sample collected by ( iname): RICHARD BAKER
peciicic location where sample collected
40507 SR 2
Type of Sample (must theck ons one box of 41 through 44 isted below)

## © Routine Distribution Samp <br> Chiorinated: El Yes $\square$ No <br> Chlorine: Totala 0.18 mgn Free 0.1 mgn <br> L_s_|___|_-| <br> 

4. Sample Collected for Intiomation Only


Constuction प Repairs QPiviate Residence a other

| LAB USE ONLY | DRINKING WATER RESULTS | ULTS LABUSEONEY |
| :---: | :---: | :---: |
| प UnsatisfactoryTotal Coliform Present and |  | 『 Satisfactory |
| $\begin{aligned} & \text { - E. coli present } \\ & \text { - Fecal colifirm presen } \end{aligned}$ | 믄. coll absent $\square$ Fecal colitom absent |  |
|  |  |  |
| Bacterial Density Results: Plate Count $\quad / \mathrm{ml}$. E.coli $\quad / 100 \mathrm{ml}$. Total Coliform $<1 / 100 \mathrm{ml}$. Fecal Coliform $\quad 100 \mathrm{ml}$. |  |  |
| Method Code: SM 92228 |  | Date Received: 11122017 |
| Date Analyzed: 11/122017, 15:00 |  | Date Reported: 1/13/17 |
|  |  | Lab Use Only: |



AMEST

| Date Sarnple Collected 01/12/2017 Month Day Year | Time Sample Collected 8:30 | $\begin{aligned} & \text { QAM } \\ & \square P M \end{aligned}$ | Countr: SNOHOMISH |
| :---: | :---: | :---: | :---: |
| Type of Water System (check only one box) <br> G Grup A A Publicy  <br> $\square$ Group P Public ロPivate Household |  |  |  |
| Group A and Group B Systems | Provide fom Wat 28300Y GOLD BAR | leter Facilites I | ventory (WF): |
| Contact Person: RICHARD BAKER |  |  |  |
| Day Phone: 360-793-1101 |  | Cell Phone: | 4252381935 |
| Eve. Phone: 4252381935 |  | FAX: |  |
| ```Send results to: (Pinit tull name, adoress and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251``` |  |  |  |
| Data Dellvery: C MAlL C EMALL |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by (name): RICHARD BAKER |  |  |  |
| Specific location where sample collected: |  |  |  |
| Special Insturdons or Commentis: |  |  |  |
| Type of Sample (must check only one box of\#1 through\#4 listed below) |  |  |  |
| 1. © Routine Distribution Sample <br> Chiorinated: © Yes $\square$ No Chiorine: Totala 0.10 mg I Fres 0.1 mg / |  | 2. $\square$ Repeat Sample (after unsat routine) <br> Distribution System <br> - Source Groundwater Rule (GWR) (Population of 1,000 or less) |  |
| $\begin{aligned} & \text { 3. Raw Water Source Sample } \\ & \text { ■E. cali - GWR sourca sample } \\ & \text { - Fecal - Surfice, GWI, some springs } \\ & \text { व Other } \end{aligned}$ |  | Unsaistactory outine lab number: |  |
| $\mid$ <br> Public Systems must provide Source Number fom (WFif) |  | Unsatistactory routine conlect date:$\qquad$ |  |

- $\qquad$

4. प Sample Collected for Infomation Only

## Residence aother

LAB USEONLY DRINKING WATER RESULTS $\qquad$
Qunssitifactory
Total Colifom Present and


| Sample not tested because $\square$ Sample too old (>30 hours) $\square$ Improper Container | Test unsuitable beca <br> $\square$ TNTC <br> T Turbid Culture <br> ■ |
| :---: | :---: |

Bacterial Density Results: Plate Count 1 ml . E.coli $\quad 1100 \mathrm{~mL}$
Total Coliform $<1 / 100 \mathrm{ml}$. Fecal Coliform $\quad 100 \mathrm{~mL}$

| Method Code: SM 92228 | Date Received: 1/122017 |
| :---: | :---: |
| Date Analyzed: 11122017, 15:00 | Date Reported: 1/13/17 |
| 06600315 | Lab Use Only: |

DOH
RFC.EIVED JAN 2729 R $^{6}$

| $\underset{\text { AM EST }}{\text { AM..... }}$ | AmTest Laboratories <br> 13600 NE 126th PL STE C，Kirkland，WA 98034 425－885－1664 www amlestlab．com |  |  |
| :---: | :---: | :---: | :---: |
|  | COLIFORM BACTERIA ANALYSIS |  |  |
| Date Sampla Collectad 02／08／2017 Month Day Year | Time Sam Collecte 8：30 | $\begin{aligned} & \square A M \\ & \hline \text { Pa } \end{aligned}$ | County： SNOHOMISH |
| Type of Water System（check onty one box）  <br> $\square$ Group A A Public Privata Household <br> $\square$ Group B Public ロ Other．  |  |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory（WFI）： <br> ID\＃28300Y <br> Systan Name：CITY OF GOLD BAR |  |  |  |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 |  | Cell Phone： 4252381935 |  |
| Eve．Phone： 4252381935 |  | FAX： |  |
| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |  |  |
| Data Dellvery： $\mathrm{\square}$ MAIL $\mathrm{\square}$ EMALL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sampla collected by（name）：RICHARD BAKER |  |  |  |
| Specific location whare sample collected： 318 EVERGREEN WAY |  |  |  |
| Special Instuctions or Comments： TEMP $=19.4 \mathrm{C}$ |  |  |  |
| Type of Sample（must check oniy one box of \＃1 through \＃4 Asted betow） |  |  |  |
| 1．区 Routine Dlstribution <br> Chlorinated：$⿴ 囗 十$ Yes $\square$ No Chlorine：Total 0.33 mg A | on Sample <br> Free $0.22 \mathrm{mg} /$ | 2．प Repeat Sample（after unsat．routine）ם Distribution SystimS Source Groundwater Rule（CWR）（Population of 1,100 or less） |  |
| 3．Raw Water Source Sample <br> －E coll－GWR source sample <br> －Fecal－Surface，GWI，some spings <br> $\square$ Other |  | Unsalusiactory routine ab number． |  |
| ｜＿S＿｜ <br> Public Systems must provide Source I | $\qquad$ <br> － <br> ce Number from（WFi） |  |  |
| 4．I Sample Collected for Intormation Only $\square$ Constuction $\square$ Repars $\square$ Pivate Residence $\square$ Other |  |  |  |
| LABUSEONLY D | DRINKING WATER RESULTS |  | LAB USE ONLY |
|  |  |  | ■ Salisfactory |
|  |  |  |  |
| Bacterial Density Results：Plate Count Total Coliform＜1 1100 ml ． |  | $\begin{array}{cr} \hline 1 \mathrm{mI} \text { E.coli } & 1100 \mathrm{ml} . \\ \text { cal Coliform } & \mu 00 \mathrm{ml} . \end{array}$ |  |
| Method Code：SM 9222e |  |  | Recelved： $218 / 2017$ |
| Date Analyzed：21812017，15：00 |  |  | Reported： 21917 |
|  |  |  | se Only： |

 COLIFORM BACTERIA ANALYSIS

| Date Sample Collecter 02／08／2017 Month Day Year | Time Sample Collected 10：00 | $\begin{aligned} & \text { ©AM } \\ & \square P M \end{aligned}$ | County： <br> SNOHOMISH |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| ID\＃28300Y |  |  |  |
| System Name：CIT | cremame CIT OF GOLD BAR |  |  |

Conlact Person：RICHARD BAKER

| Contact Person：RICHARD BAKER |  |
| :--- | :--- |
| Day Phone： $360-793-1101$ | Cell Phone： $\mathbf{4 2 5} 2381935$ |
| Eve．Phone： 4252381935 | FAX： |

Eve．Phone： 4252381935 FAX：
Send rasults to：（Pinin full name，address and zip code）
City of Gold Bar
City of Gold Bar
107 5th St
Gold Bar，Wa， 9825
Data Dellwery：प MALL $\square$ EMALL： SAMPLE INFORMATION
Sample collected by（name）：RICHARD BAKER
Spedilic location where samplie collected：
pecial Instuctions or Comments：$\quad$ TEMP $=19.4$
Type of Sample（must check only one box of $\# 1$ through \＃4 listed below）


AMET AmTest Laboratories
 COLIFORM BACTERIA ANALYSIS

 $\qquad$
4．प Sample Collectad for Information Only
LAB USE ONLY DRIMING Residence DOther

| LAB USE ONLY | DRINKING WATER RES | LTS LABUSE ONLY |
| :---: | :---: | :---: |
| $\square$ Unsatisfactory Total Collform Prosent and |  | $\square$ Satisfactory |
| ㄷ．coll present | －E．coll bisent |  |


$\square$ Replacement Sampla Required

Bacterial Density Resulis：Plale Count 1 ml ．E．coli 1100 ml ．

| 100 | Fecal Coliform $\quad 100 \mathrm{ml}$ ． |
| :---: | :---: |
| Mathod Code：SM 9222B | Date Received： $281 / 2017$ |
| Date Analyzed：2／812017，15：00 | Date Reported：21917 |
| 06600762 | Labuse Only： |



RECEIVED APR 032017

## AMEST <br> AmTest Laboratories  <br> COLIFORM BACTERIA ANALYSIS

| $\begin{aligned} & \text { Date Sample Collected } \\ & \text { 03/16/2017 } \\ & \text { Month Day Year } \end{aligned}$ | Time Sample Collected 6：30 | $\begin{aligned} & \square \mathrm{AM} \\ & \square \mathrm{PM} \end{aligned}$ | County： SNOHOMIS |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Group A and Group B Sys | D\＃ 2830 | from Water B00Y BAR | Facilities Inventory（WFI）： |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 Cell Phone： 4252381935 |  |  |  |
| Eve．Phone： 4252381935 FAX： |  |  |  |
| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |  |  |
| Data Delivery：－MAIL－EMAIL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by（name）：RICHARD BAKER |  |  |  |
| Specific location where sample collected： 505 CROFT AVE |  |  |  |
| Special l IStiuctions or Comments： TEMP $^{P}=12.2 \mathrm{C}$ |  |  |  |
| Type of Sample（must check only one box of＊1 through $\# 4$ listed below） |  |  |  |
| 1．© Routine Distribution Sa <br> Chlorinated： $\begin{aligned} \text { Y Yes } \\ \text { ロ No }\end{aligned}$ Chlorine：Total 0.37 mg ／ |  | 2．$\square$ Repeat Sample（after unsat routine） <br> ［1］Distribution System <br> －Source Groundwater Rule（GWR） <br> （Population of 1,000 or less） <br> Unsatisfactory routine lab number： <br> Unsatisfactory routine collect date： <br> Chlorinated $\qquad$ No <br> Chlorine Resid：Total $\qquad$ Free $\qquad$ |  |
| 3．Raw Water Source Sample品．coll－GWR sourre sam <br> a Other <br> LS＿ $\qquad$ <br> Public Systems must provide Source Number from（WFI） |  |  |  |
| 4．$\square$ Sample Collected for Information Only <br> －Construction $\square$ Repars $\square$ Privale Residence $\square$ Other |  |  |  |
| LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Bacterial Density Results：Plate Count 1 ml ．E．coli 1100 ml ． Total Coliform＜ $1 / 100 \mathrm{ml}$ ．Fecal Coliform $/ 100 \mathrm{ml}$ ． |  |  |  |
| Method Code：SM 9222B |  |  | Received：3／16／2017 |
| Date Analyzed：3／16／2017，16：30 |  |  | Reported：3／17117 |
| 06601603 Sample Number（DOH rumber plu | five diptas) |  | Use Only： |

DOH Foum \＃331－319（rowised 02116）
RECEIVED APR 03 20ीX
$\frac{\text { ANBET }}{1+01+i+10}$
AmTest Laboratories 13600 NE 126th PL STE C，Kirkland，WA 98034

COLIFORM BACTERIA ANALYSIS


0 Group A Public
$\square$ Group B Public
Group A and Group B Systems Provide from Water Facilities Inventory（WFI）：

## ID\＃28300Y

## System Name：CITY OF GOLD BAR

Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935 Eve．Phone： 4252381935 FAX：
Send results to：（Print full name，address and zip code）
City of Gold Bar
City of Gold Bar
107 5th St
Gold Bar，Wa， 9825
Data Delivery：प MAlL I EMAIL

## SAMPLE INFORMATION

Sample collected by（name）：RICHARD BAKER
Specific location where sample collected
715 CROFT AVE W
Tyecial instructions or Comments：，TEMP $=12.2 \mathrm{C}$
Type of Sample（must check oniy one box ol ${ }^{* 1} 1$ through $\# 4$ histed below）

 3．Raw Water Sourse Sample IE．coll－GWR source sample
品 $\begin{aligned} & \text { Octal－Surface，GWI，some spings }\end{aligned}$ －other


Public Systons must providis
Saurze Number fram（WFil
Chlornatede．Yes
Chlorine Resid：Total
No
Free
4．प Sample Collected for Inliormaton Only
esidence $\quad$ OOther
LABUSE ONLY DRINKING WATER RESULTS LAB USE ONLY

| $\square$ Unsatisfactory | El Satisfactory |
| :--- | :--- |
| Total Coliform Present and |  |

Total Coliform Present and




DoH Form 3 331－319（rovised 0216）
RECEIVED APR 032018

AMEST
AmTest Laboratories ${ }_{425-885-1664}^{12600}$ NE PL STE C. Kirkland, WA 98034 COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 04/06/2017 Month Day Year | $\begin{aligned} & \text { Time Sample } \\ & \text { Collected } \\ & \text { 10:00 } \end{aligned}$ | D AM $\square \mathrm{PM}$ | County: SNOHOMISH |
| :---: | :---: | :---: | :---: |



Group A and Group B Systems Provide from Water Facilities Inventory (WFI):
ID\# 28300Y
System Name: CITY OF GOLD BAR
Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 Cell Phone: 4252381935
Eve. Phone: 4252381935 FAX:
Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD
107 5th St
Gold Bar, Wa, 98251
Data Delivery: O MAIL $\mathrm{\square}$ EMAIL

## SAMPLE INFORMATION

Sample collected by (name):RICHARD BAKE
15012 MOONLIGHT DR
Special listuctions or Comments:
Type of Sample (must check only one box ol \#1 trrough \#4 Ilsted below)

| 1. © R Routine Distrituution Sample | 2. DRepeat Sampla (after unsat. routine) |
| :--- | :--- |


| Chlorinated:Yes <br> Cho <br> Chlorine: Total <br> 0.53 <br> mg$\quad$ Fres 0.1 mgn |
| :--- | 3. Raw Water Souree Sample


L_S_1
Publil Sysams must provide
Source $\qquad$

Unsaitsfactory routine lab number
Unsaitsfactory routione collect date:-
Chiorinated Yes
Chlorine Resic: Total

No
Freee_-
4. प Sample Collected for information Oniv,
$\square$
$\square$

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
QUnsatisfactory
Total Coliform Present and
ㅁ… coli present $\quad$ E. coli absent

- Fecal coliform present $\square$ Fecal co


Test unsuitable because
-TNTC
Turbid Culture - Turbid Culture

Bacterial Density Results: Plate Count 1 mi. E.co 1100 m

100 ml. \begin{tabular}{|l|l|}
\hline Method Code: SM 9222B \& Date Received: 4/6/2017 <br>
\hline

 

\hline Date Analyzed: $4 / 6 / 2017,16: 30$ \& Date Received: $4 / 6 / 2017$ <br>
\hline \& Date Reported: $4 / 7 / 17$ <br>
\hline
\end{tabular} 06602118 CoH form

## AMEST <br> AmTest Laboratories ${ }_{425-885-1664}^{13600}$ NE 12 Pt STE C. Kirkland, WA 98034 COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 04/06/2017 Month Day Year | Time Sampla Collected 7:00 |  | County: SNOHOMIS |
| :---: | :---: | :---: | :---: |
| Type of Water System (check only one box) <br> $\square$ Group A Public $\square$ Private Household <br> $\square$ Group B Public ■Other: $\qquad$ |  |  |  |
| Group A and Group B Sys | ms Provide <br> D\# 283 | 300Y | cilities Inventory (WFI) |
| System Name: CITY OF GOLD BAR |  |  |  |
| Contact Person: RICHARD BAKER |  |  |  |
| Day Phone: 360-793-1101 Cell Phone: 4252381935 |  |  |  |
| Eve. Phone: 4252381935 FAX: |  |  |  |
| Send results to: (Print full name, address and zip code) <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar, Wa, 98251 |  |  |  |
| Data Delivery: $\square$ MAIL C EMAIL: |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by (name):RICHARD BAKER |  |  |  |
| Specific location where sample collected: 501 LEWIS |  |  |  |
| Special Instructions or Comments? |  |  |  |
| Type of Sample (must check oriy one box ol \#1 through \#4 listed below) |  |  |  |
| 1. $\square$ Routine Distribution $S$ Chlorinated: $\begin{array}{r}\text { Yes } \square \text { No }\end{array}$ Chilorine: Total $0.54 \mathrm{mg} / \mathrm{h}$ | $<0.1 \mathrm{mg} /$ |  |  |
| 3. Raw Water Source Sample ■ E. coll - GWR source sample <br> $\square$ Fecal - Surface, GWI, some springs Other |  |  |  |

Pauranumbertam $\underset{\text { Chlorine Residid Tolal }}{\text { Tin }}$
${ }^{4}$ - प Sample Collected for Intormation Only
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

| $\square$ Unsatisfactory | $\square$ Satisfactory |
| :--- | :--- |

Total Coliform Present and


- Replacement Sample Required Test


Bacterial Density Results: Plate Count $\quad 1 \mathrm{ml}$ E.coll $\quad 100 \mathrm{ml}$

| Method Code: SM 92228 | Date Received: 4/6/2017 |
| :--- | :--- |
| Date Analyzed: $4 / 6 / 2017,16: 30$ | Date Reported: 4/7/17 |
|  | Lab Use Only: |

$\underset{\text { Sampe Number (DOHOH Number plus five digit }}{060217}$
Lab Use Only:
Sampio Number (iOOH numbinar flus
RECEIVED APR 272010

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


G Group A Public
Private Household
A Group B Pubic

## ID\# 28300Y

System Name: CITY OF GOLD BAR
Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 Cell Phone: 4252381935 Eve. Phone: 4252381935 FAX:
Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD
107 5th St
Gold Bar, Wa, 98251
Data Delivery: ■ MAIL ■ EMALL:
SAMPLE INFORMATION
Sample coilected by (name):RICHARD BAKER
Specific location where sample collected:
508 1ST AVE W
Special instrucions or Cormmenisi:
ype of Sampie (must check only one box of \#1 through \#4 isted bei(w)

1. $\square$ Routine Distrlbution Sample

2. Raw Water Source Sample




3. Dample Collected for information Only

Residence aother
LAB USE ONLY DRINKING WATER RESULTS LAB USE: ONLY
QUnsatisfactory
Total Coliform Present and
品 E. coll present $\square \mathrm{E}$. coli absen
$\square$ Fecal coliform presentD Fecal coliform absent



| Method Code: SM 9222B | Date Received: $4 / 6 / 2017$ |
| :--- | :--- | Method Code: SM 9222B

d: 4/6/2017, 16:30
06602116
Date Repoted: 47117

Date Reported: $4 / 7 / 117$
DOH Fom \#331-319 (rwised 0246)


AMEST
AmTest Laboratories 13600 NE 126 th PL STE C Kirkland，WA 98034
$425-885-1664$
Wuw amlestlab．com COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 05／17／2017 Month Day Year | Time Sample Collected 8：50 | $\begin{aligned} & \text { ©AM } \\ & \square P M \end{aligned}$ | County： SNOHOMIS |
| :---: | :---: | :---: | :---: |
| Type of Water System（check only one box）  <br> EGroup $A$ Pubulic ロPrivate Household <br> $\square$ Group $B$ Public ロOther： |  |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory（WFI）： <br> ID\＃28300Y |  |  |  |
| System Name：CITY OF GOLD BAR |  |  |  |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 Cell Phone： 4252381935 |  |  |  |
| Eve．Phone： 4252381935 FAX： |  |  |  |
| Send resuits to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Goid Bar，Wa， 98251 |  |  |  |
| Data Delivery：$\square$ MAIL $\mathrm{\square}$ EMALL |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by（name）：RICHARD BAKER |  |  |  |
| Specific location where sample collected： 40507 SR 2 |  |  |  |
| Special instuctions or Comments． TEMP $=21.5 \mathrm{C}$ |  |  |  |
| Type of Sample（must check only one box of $\# 1$ trrough 44 listed below） |  |  |  |
| 1．日 Routine Distribution Sample <br> Cnlorinated： 0 Yes $\square$ No <br> Chlorine Total 0.27 mg 月 Free 0.20 mg 月 |  | 2．Q Repaat Sample（after unsat，rautine） <br> －Distribution system <br> S Surcee Grouncwater Rule（GWR） <br> （Population of 1,000 or less） |  |
| $\begin{aligned} & \text { 3. Raw Water Source Sample } \\ & \text { - E.colil - GWR scurres spample } \\ & \text { Fecal - Surface, GWI, some springs } \\ & \text { Other } \end{aligned}$ | ne springs $\qquad$ | $\qquad$ No |  |
| 4．D Sample Collected for Infornation Only$\square$ Construction $\quad$ Repairs $\quad$ Private Residence $\quad$ Other |  |  |  |
| LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY |  |  |  |
| $\square$ Unsatisfactory Satisfactory <br> Total Coliform Present and  <br> Q E．coli present $\quad$ 口E．coli absent  <br> $\square$ Fecal coliform presentロ Fecal coliform absen  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Method Code：SM 92228 |  |  | te Received： 511712017 |
| Date Analyzed：5／17／2017，15：30 |  |  | te Reported：5／18／17 |
| $\begin{array}{r} 06603115 \\ \hline \text { Sample Number (DOH numbarf } \end{array}$ | us five digits） |  | Use Only： |

DOH Form
DOH Form \＃331－319（ravised 0216）

AmTest Laboratories 3600 NE 126 th PL STE C，Kirkland，WA 98034 COLIFORM BACTERIA ANALYSIS

| Date Sample Collected <br> 051172017 <br> Month Day Year | Time Sample <br> Collected <br> $7: 30$ | Q AM <br> QPM | County： |
| :---: | :---: | :---: | :---: |
| SNOHOMISH |  |  |  | Type of Water System（check only one box）

$\stackrel{\square}{\square}$ Group A Public
a Private Household
Group A and Group B Systems Provide from Water Facilities Inventory（WFI）．

## D\＃28300Y

System Name：CITY OF GOLD BAR
Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935
Eve．Phone： 4252381935 FAX：
Send fesults to：（Print full name，address and zip code）
City of Gold Bar
RICHARD
107 th St 025
Data Deilivery：$\square$ MAll $\square$ EMAIL
SAMPLE INFORMATION
Sample collected by（name）：RICHARD BAK
Spample coliecied by（name．
505 CROFT AVE
Special Instructions or Comments：TEMP $=21.5 \mathrm{C}$
Type of Sample（must check oniy one box of \＃1 through \＃t isted below）
1．$\square$ Routine Distribution Sample
Chlorinated：© Yes a No

3．Raw Water Sourte Sample

＿－S＿1
Public Syisims must provide
Surces Number trom（WFI）

| 2．DRepeat Sample（after unsat．routine） <br>  <br> －Source Groundwater Rule（GWR） （Population of 1,000 or less） |
| :---: |
| Unsatisfactory routine lab number： |
| Unsatistactory routine conect date |
|  |

4．प Sample Collected for Intormation Only
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
Q Unsatisfactory
Total Colifomm Present and
드․ coli present 믄．coli absent
$\square$ Fecal coliform present $\square$ Fecal coliform absen


Sampla Number（DCOH Mumber Pus fiva digy

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

| Date Sampie Callected 05／17／2017 Month Day Year | Time Sampl Collected 7：50 | $\begin{array}{ll} \hline \text { ple } & \\ d & \text { ロAM } \\ \square \mathrm{PM} \end{array}$ |  |
| :---: | :---: | :---: | :---: |
| Type of Water System（check only one box）  <br> 日Group $A$ Public ロ Private Household <br> OGroup B Public Other． |  |  |  |
| Group A and Group B Sys <br> System Name：CITY | D\＃ 283 | from Water $300 Y$ BAR | Facilities Inventory（WFI）： |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 |  | Cell Phone： 4252381935 |  |
| Eve．Phone： 4252381935 |  | FAX： |  |
| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |  |  |
| Data Delivery： C MAIL C EMAIL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by（name）：RICHARD BAKER |  |  |  |
| Speciic location where sample collected： |  |  |  |
| 715 CROFT AVE W |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1．四 Routine Distribution Sample <br>  Chlorine：Total 0.22 mg ／Free $0.14 \mathrm{mg} / 1$ |  | $\begin{aligned} & \text { 2. प Repeat Sample (after unsat routine) } \\ & \text { 品 Distribution system } \\ & \text { Source nountwater Rule (GWR) } \\ & \text { (Population of } 1,000 \text { or less) } \end{aligned}$ |  |
| 3．Raw Water Source Sample <br> －E．coll－GWR source sample <br> Fecal－Surface，GWI，some springs <br> O Other |  | Unsalisfactory rouline lab number． |  |
|  |  | $\overline{\text { Unsatisfactory routine collect date：}}$ <br> CT $\qquad$ <br> Chlorine Resid：Tola $\qquad$ No Free $\square$ |  |

－ $\overline{\text { Chlorinated：Yes }}$ Chlorine Resid：$_{\text {Total }}{ }^{\text {No }}$
4．प Sample Conlegted for Intomation Only
LAB USE ONLY DRINKING WATER RESULTST LAB USE ONLY

| $\square$ Unsatisfactory |  |
| :--- | :--- |
| Total Coliform Present and | $\square$ Satisfactory |
| $\square \mathrm{E}$. coli present $\quad \square$ E．coli absent |  |

몬．colli present $\quad$ QE．colil absent
$\square$ Replacement Sample Required


DOH Foom \＃331－319（ravised 0216）

AMEST
AmTest Laboratories ${ }_{425-885-1664}^{13600}$ NE 12 STE C，Kirkland，WA 980
COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 06／14／2017 Month Day Year | Time Samp Collected 8：40 |  |  |
| :---: | :---: | :---: | :---: |
| Type of Water System（check only one box） <br> ©Group A Public $\quad$ Private Household <br> $\square$ Group B Public $\quad$ Other： $\qquad$ |  |  |  |
| Group A and Group B Sys <br> System Name：CITY |  |  | Facilities Inventory（WFI）： |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 Cell Phone： 4252381935 |  |  |  |
| Eve．Phone： 4252381935 FAX： |  |  |  |
| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |  |  |
| Data Delivery： C MAIL C EMAIL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by（name）：RICHARD BAKER |  |  |  |
| Specific location where sample collected： 15012 MOONLIGHT DR |  |  |  |
| Special Instuctions or Commenis： |  |  |  |
|  |  |  |  |
| 1．El Routine Distribution Sample <br> Chiorinated：$\square$ Yes $\square$ No <br> Chlorine：Total $0.38 \mathrm{mg} / \mathrm{l}$ Free $0.26 \mathrm{mg} / \mathrm{I}$ |  | 2．－Repeat Sample（after unsat．routine） <br> ㅁ Distribution System Source Groundwater Rule（GWR） <br> （Population of 1,000 or less） |  |
| 3．Raw Water Source Samp E．coli－GWR source san －Other \|_S $\qquad$ $\qquad$ <br> Public Systams must provide Source Number form（WF） | $\begin{aligned} & \text { le } \\ & \text { esprings } \\ & 1 \end{aligned}$ | Unsatisfactory routine collect date： <br> C <br> Cnlonnaled Y es $\qquad$ No $\qquad$ Chlorine Resid：Tola $\qquad$ Free $\square$ |  |
| 4．© Sample Collected for Information Only $\square$ Construction $\square$ Repairs Private Residence Other |  |  |  |
| LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Method Code：SM 92228 |  |  | Received：6／14／2017 |
| Date Analyzed：6／14／2017，16：15 |  |  | e Reported：6／15／17 |
| 06603679 | five digils） |  | Use Only： |

DOH Fom \＃331－319（ravised 02116）

## AMIEST <br> AmTest Laboratories  COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Sample <br> Oof14／2017 <br> Collected | QAM | County： |
| :---: | :---: | :---: | :---: |
| Month Day Year | $9: 00$ | $\square \mathrm{PM}$ | SNOHOMIS |

Type of Water System

$$
\begin{aligned}
& \text { pe of Water System (chect } \\
& \square \text { Grout A Public }
\end{aligned}
$$

$\square$ Group A Public
Group B Public $\qquad$
box）
प Pivate
Other：

## ID\＃28300Y

System Name：CITY OF GOLD BAR
Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935 Eve．Phone： 4252381935 FAX：

| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |
| :---: | :---: |
| Data Delivery：$\square$ MAIL $\square$ EMAIL： |  |
| SAMPLE INFORMATION |  |
| Sample collected by（name）：RICHARD BAKER |  |
| Speciitic location where sample collected： |  |
| 508 1ST AVE W |  |
| Special Insiructions or Conments． |  |
| Type of Sample（must check only one box of $\# 1$ through \＃4 listed below） |  |
| 1．El Routine Distribution Sample <br> Chlorinated $⿴ 囗 十 ⺝ 刂$ Yes $\square$ No <br> Chlorine：Total $0.60 \mathrm{mg} /$ Free 0.56 mg ／ | 2．－Repeat Sample（after unsat routine） －Distribution Sysysem Rue（GWR） Sourc Grundwater Rele （Population of 1,000 or less） |
| 3．Raw Water Source Sample <br> DE．coli－GWR source sample <br> Fecal－Surface，GWl，some springs <br> $\square$ Other | Unsatistactory routine lab number： |
| L_S_ $\qquad$ 1 <br> Public Systems must provide | $\text { Chlorinated: Yes } C^{\mathrm{NO}_{0}}$ Chlorine Resid: Tota $\square$ ${ }^{\mathrm{No}} \overline{\mathrm{Fre}}$ |

${ }^{4}$－D Sample Collected for Information Only
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

| Q Unsatisfactory |  |
| :--- | :--- |
| Total Coliform Present and | $\boxtimes$ Satisfactory |

ㅁ․ coli present $\quad$ E．coli absent
$\square$ Replacement Sample Required
Sample not tested becuase
Sampie too old（＞30 hours） ㅁ Sample too old（＞30

\[
$$
\begin{array}{|l|}
\hline \text { Method Code: SM 9222B } \\
\hline \text { Date Anaivzed: } 6 / 14 / 2017 \text {. } 16 \\
\hline
\end{array}
$$

\] | 06603678 |
| :---: |
| Sample Number（DOH Number flus five digit） | Date Received：6／14／2017

DOH Fom \＃331－319（revised 02H16）

## AMTEST

| Date Sample Collected 06／14／2017 Month Day Year | $\begin{array}{ll} \begin{array}{ll} \text { Time Sarmple } & \\ \text { Collected } & \text { @ AM } \\ 7: 40 & \square \mathrm{PM} \end{array} \end{array}$ | County： <br> SNOHOMIS |
| :---: | :---: | :---: |
| Type of Water System（check only one box）日Group A PublicGroup B Public吅 Private Household |  |  |
| Group A and Group B | s Provide from Wa <br> \＃28300Y | cilities Inventory（W |

System Name：CITY OF GOLD BAR
Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935 Eve．Phone： 4252381935 FAX：
Send results to：（Print full name，address and zip code）
City of Gold Bar
1075 th St
Gold Bar，Wa， 98251
Data Dellivery：$\square$ MAIL I EMAIL：


Sample Number（DOCH number flus

## AM EST

AmTest Laboratories
13600 NE 126th PL STE C, Kirkland, WA 9803
COLIFORM BACTERIA ANALYSIS


## ID\# 28300Y

System Name: CITY OF GOLD BAR
Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 Cell Phone: 4252381935
Eve. Phone: 4252381935 FAX
Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
1075 th St
Gold Bar, Wa, 98251
Data Delivery: $\square$ MAIL $\square$ EMAIL:

## SAMPI E INFORMATION

Sample collected by (name): RICHARD BAKER
Specific location where sample collected:
715 CROFT AVE W
,



L_L_L_L_L

Public Systems must provide
Source
Number from (WFI)


4. Sample Collected for Information Only

- Construction
$\square$ Repairs
a Private

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

| ㄴUnsatisfactory |  |
| :--- | :--- |
| Total Coliform Present and | Satisfaction |

Total Coliform Present and


- Replacement Sample Required


Q Sample too old ( 330 hours)
a Improper Container


## AMEST




SAMPLE INFORMATION
Sample collected by (name): RICHARD BAKER
Specific location w
40507 SR $\qquad$ Type of Sample (must check only one box of \#1 through \#4 listed below)


Public syyiems must provide

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY


$\square$ Replacement Sample Required


 | Method Code: SM 9222B | Date Received: 7/13/2017 |
| :--- | :--- | Date Analyzed: 7/13/2017 $15: 30$

06604383
DOH Form \#331-319 (revised 0276)


Type of Water System (check only one box)
$\square$ Group A Public
$\square$ Private

## D\# 28300Y

System Name: CITY OF GOLD BAR
Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 Cell Phone: 4252381935
Eve. Phone: 4252381935 FAX:
Send results to : (Print full name, address and zip code)
nd results to: (Print full
City of Gold Bar
RICHARD BAKER
107 fth St
Gold Bar, Wa, 9825
Data Delivery: व MAIL ㅁ EMAIL:
SAMPLE INFORMATION
Sample collected by (name): RICHARD BAK
Sample collected by (name): RICHARD
505 CROFT AVE
505 CROFT AVE
Special Instructions or Comments: TEMP $=18.5 \mathrm{CC}$
Type of Sample (must check only one box of $\# 11$ through wit listed below)
Type of Sample (must check only one box of $\# 11$ neigh

3. Raw Water Source Sample

a Fecal-
O Other
S


Unsatisfactory routine tab number:
Unsatisfactory routine collect date:
$\xrightarrow{\text { Chilornaled }}$ Cries
Nay

 | LAB USE ONLY DRINKING WATER RESULTS |
| :--- | :--- | Q Unsatisfactory

Total Coliform Present and


ㅁ. coli present $\quad$ QE. coll absent
$\square$ Fecal coliform present $\square$ Fecal coliform absent

## 



atrial Density Results: Plate Count $/ \mathrm{ml}$. E.coli \begin{tabular}{ll}
Bacterial Density Results: Plate Count <br>
Total Coliform $<1 / 100 \mathrm{ml}$. Fecal Coliform. <br>
\hline

 

Method Code: SM 9222B \& Date Received: 7/1312011 <br>
\hline
\end{tabular} Date Analyzed: 7/13/2017, 15:30 Date Reported: 7/14/17 Lab Use Only:

Sample Number (Door number plus five dipisis)
OOH Form \#331.319 (revised 02416)

## AMEST

AmTest Laboratories
$\underset{425-885-1664}{1360 \mathrm{NE}} \mathbf{1 2 6 \text { th STE C．Kirkland，WA }}$ ，Whw．amlestlab．com
COLIFORM BACTERIA ANALYSIS


DOH Form \＃331－3t9（revised 0216）

## AMEST <br> AmTest Laboratories <br> 13600 NE 126th PL STE C，Kirkland，WA 98034 <br> COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 08／22／2017 Month Day Year | Time Sample Collected 9：45 | $\begin{aligned} & \square A M \\ & \square P M \end{aligned}$ | County： <br> SNOHOMISH |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Group A and Group B Sy <br> System Name：CITY | ID\＃Provide f 283 | from Wa | acilities Inventory（WFI）： |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 |  | Cell Phon | ： 4252381935 |
| Eve．Phone： 4252381935 |  | 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：प MAIL－EMAIL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |


| SAMPLE INFORMATION |  |
| :---: | :---: |
| Sample collected by（name）：RICHARD BAKER |  |
| Specific location where sample collected： |  |
| ecial instuction or Comments |  |
| Type of Sample（must check only one box of \＃1 trrough H4 listed below） |  |
| 1．昛 Routlne Distribution Sample <br> Chlorinated．$⿴ 囗 十$ Yes $\square$ No <br> Chlorine：Total $0.37 \mathrm{mg} / \mathrm{Free} \mathbf{0 . 3 2 \mathrm { mg } / \mathrm { I }}$ | 2．प Repeat Sample（after unsat．routine） <br> 미 Distribution Systern <br> Source Groundwater Rule（GWR） （Population of 1,000 or less） |
| 3．Raw Water Source Sample <br> ■ E．coli－GWR source sample <br> －Fecal－Surface，GWI，some springs | Unsatisfactory routine lab number： |
| L_S_1_\| | $\overline{\text { Unsatisfactory routine }} \overline{\text { collect date：}}$ |
| Publle Systems must provide Sourra Number from（WFI） | Chlorine Resid：Tolal－No |

## 4．DSample Collected for Infomation Only

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
I Unsatisfactory

$\square$ Replacement Sample Required




| Method Code：SM 92228 | Date Received：8／22／2017 |
| :--- | :--- | Date Analyzed：8／22／2017，16：30

06605441
Sample Number（OOH Humber
OOH Form \＃31－319（revised 0216）
RECEIVED AUG 292087

AMET AmTest Laboratories ${ }_{425-885-1664}^{1360 \text { NE }}$ 126th PL STE C，Kirkland，WA 98034
COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 08／2222017 Month Day Year | Time Sample Collected 8：00 | $\begin{aligned} & \square \mathrm{AM} \\ & \square \mathrm{PM} \end{aligned}$ | County | SNOHOMISI |
| :---: | :---: | :---: | :---: | :---: |
| Type of Water System（check only one box）  <br> Group A Public ロPivate Household <br> Q Group B Public Other： |  |  |  |  |

## ID\＃28300Y

system Name：CITY OF GOLD BAR
Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935 Eve．Phone： 4252381935 FAX：
Send resulls to：（Print full name，address and zip code）
City of Gold Bar
RICHARD BAKE
107 5th St
ar，Wa， 98251

| SAMPLE INFORMATION |  |
| :---: | :---: |
| Sample collected by（name）：RICHARD BAKER |  |
| Specificilocation where sample collected： |  |
| 501 LEWIS AVE |  |
| Special Instructions or Comments． |  |
| Type of Sample（must check only one box of \＃t through \＃4 Ilsted below） |  |
| 1．® R Routine Distributon Sample | 2．ロ Repeat Sample（after unsat．routine） －Distribution System |
| Chlorinated：© Yes ㅁ№ Chlorine：Total $0.38 \mathrm{mg} /$ Free $0.30 \mathrm{mg} / \mathrm{l}$ | －Source Groundwater Rule（GWR） |
| 3．Raw Water Scurce Sample －E．coll－GWR source sample Fecal－Surface GWI some springs | Unsatistactory rouline lab mumber． |
| L＿S＿1 | Unsautstactor mutine collect date： |
| Public Systems must provide <br> Source Number from［WFI | Chlorinated Yes No Chlorine Resid：Total $\qquad$ Free |

4．D Sample Collected for Information Only
a Construction
IRepaits
arivate
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
T Unsatisfactory
Total Coliform Present and
$\square$ Satisfactory
믐．colif present
ㅁ．coli absent

\section*{$\square$ Replacement Sample Required <br> 

## Bacterial Density Results：Plate Count 1 ml．E．coli $\quad 1100 \mathrm{~m}$

| Total Coliform $<11100 \mathrm{ml}$ ． ．Fecal Coliform $\quad 100 \mathrm{ml}$ ． |
| :--- | :--- | :--- |


| Method Code：SM 9222B | Date Received： $8 / 22 / 2017$ |
| :--- | :--- |


| Date Analyzed： $8 / 22 / 2017,16: 30$ | Date Reported： $8 / 23 / 17$ |
| :--- | :--- |

$$
06605440
$$ Lab Use Only：

RECEIVEO SEP 23 20TX


DOHForm

## AMEST

AmTest Laboratories

COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 09/15/2017 Month Day Year | $\begin{aligned} & \text { Time Sample } \\ & \text { Collected } \\ & 8: 30 \end{aligned}$ | $\begin{aligned} & \square \mathrm{AM} \\ & \square \mathrm{PM} \end{aligned}$ | Count |
| :---: | :---: | :---: | :---: |


日 Group A Public
$\square$ Group B Pubic - Othe

## ID\# 28300Y

System Name: CITY OF GOLD BAR
Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 Cell Phone: 4252381935
Eve. Phone: 4252381935 FAX:
Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD
1075 th St
Gold Bar, Wa, 98251
Data Delivery: $\square$ MAIL I EmAlL:

## SAMPLE INFORMATION

Sample collected by (name):RICHARD BAKER
Specific location where sample collected:
715 CRAFT AVE W

(eca | Type of Sample (must check only one |
| :--- |
| 1. $■$ Routine Distribution Sample |




| 2. - Repeat Sample (after unsat routine) <br> Distribution System <br> $\square$ Source Groundwater Rule (GWR) (Population of 1,000 or less) |
| :---: |
| Unsalisfactory rutine tab number. |
| Unsatisfactory routine col |
|  |

 $\xrightarrow{\text { Chlorinated Yes }}$

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
D Unsatisfactory
Total Coliform Present
$\square$ Satisfactory
ㅁ. coli present
-


$\begin{array}{lll}\text { Bacterial Density Results: Plate Count } \\ \text { Total Coliform } \\ <1 / 100 \mathrm{ml} \text {. } & \text { Fecal Coliform }\end{array}$

| Method Code: SM 9222B | Date Received: 9/15/2017 |
| :--- | :--- |
| Date Analyzed: $9 / 15 / 2017,15: 00$ | Date Reported: 9/16/17 |

Date Analyzed: $9 / 15 / 2017$, $15: 00$
DOH Form \#331:319 (revisso 0216)
RECEIVED SEP $2 a 2017$


System Name: CITY OF GOLD BAR
Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 Cell Phone: 4252381935 Eve. Phone: 4252381935 FAX:
Send results to: (Print full name, address and zip code)
City of Gold Bar
107 5th St
Gold Bar, Wa, 98251
Data Delivery: प MAll - EMAIL:
SAMPLE INFORMATION
Sample collected by (name): RICHARD BAKER
Specific location where sample collected:
40507 SR 2
Typa of Sample (must check only one box of ${ }^{4} 1$ they

4. प Sample Collected lor nitomation Only

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

| प Unsatisfactory |  |
| :--- | :--- |
| Total Coliform Present and | Satisfactory |


$\square$ Replacement Sample Required



| Method Code: SM 9222B | Date Received: $9 / 15 / 2017$ |
| :--- | :--- |
| Date Analyzed: $9 / 15 / 2017,15: 00$ | Date Reported: $9 / 16 / 17$ |
| Sanpli Number (000H Number plus five digits) | Lab Use Only: |

Sampio Number (DOOH number plus ivive digivis)
DOHFam \#331-319 (rvised 02216)

| AMEST | AmTest Laboratories <br> 13600 NE 126th PL STE C. Kirkland, WA 98034 425-885-1664 www.amtestlab.com |  |  |
| :---: | :---: | :---: | :---: |
|  | COLIFORM BACTERIA ANALYSIS |  |  |
| Date Sampie Collected 10/06/2017 Month Day Year | Time Santiple Collected $6: 40$ |  | County: SNOHOMISH |
|  |  |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <br> ID\# 28300Y |  |  |  |
| Contact Person: RICHARD BAKER |  |  |  |
| Day Phone: 360-793-1101 Cell Phone: 4252381935 |  |  |  |
| Eve. Phone: 4252381935 FAX: |  |  |  |
| Send results to: (Print full name, address and zip code) <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar, Wa, 98251 |  |  |  |
| Data Delivery: $\square$ MAIL C EMAIL: |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by (name):RICHARD BAKER |  |  |  |
| Specific location where sample collected: 501 LEWIS |  |  |  |
| Specal Instructions or Comments: |  |  |  |
| Type of Sample (must check only one box of \#1 trrough \#44 listed below) |  |  |  |
| 1. © Routine Distribution S <br> Chlorinated E Yes DNo Chlorine Total 0.60 mgn | mple <br> 00.49 mg 7 | 2. I Repeat Sample (after unsat. routine) <br> $\square$ Distribution System <br> Source Groundwater Rule (CWR) (Population of 1,000 or less) <br> Unsatisfactory routine lab number: <br> Unsatisfactory routine collect date. <br> Chlorinated Yes $\qquad$ ${ }^{\text {No }}$ Chlorine Resid: Total $\qquad$ Free $\qquad$ $\qquad$ |  |
| 3 Raw Water Source Samp I E. coli - GWR source san - Other L_S_l <br> Publie Systems must provide Sourte Number from (WFl) |  |  |  |
| 4. © Sample Collected for information Only$\square$ Construction $\square$ Repairs $\square$ Private Residence $\square$ Other |  |  |  |
| LAB USE'ONLY DRINKING WATER RESULTS LAB USE ONLY |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Bacterial Density Results: Plate Count $/ \mathrm{ml}$. E.coli $\quad 1100 \mathrm{ml}$. Total Coliform <1/100 ml. Fecal Coliform $\quad 100 \mathrm{ml}$. |  |  |  |
| Method Code: SM 9222 B |  |  | Received: $1016 / 2017$ |
| Date Analyzed: 10/6/2017, 15:45 |  |  | Date Reported: $10 / 7 / 17$ |
| 06606553 Sancio Number (100 Humber | lus five digits) |  | Lab Use Only: |

## $\frac{\text { AMEST }}{1,1+1 \cdot 1}$ AmTest Laboratories ${ }_{425-885-1664}^{13600}$ NE PL PTE C, Kikkland, WA 98034 <br> COLIFORM BACTERIA ANALYSIS

| Date Sample Collected <br> 10/06/2017 <br> Month Day Year | Time Sample <br> Collected <br> 9:10 | Q AM <br> ■ PM |
| :--- | :--- | :--- | | County: |
| :---: |
| SNOHOMISH |
| Type of Water System (check only one box) |

0 Group A Public
Group B Public
OPivate Househol
Group A and Group B Systems Provide from Water Facilities Inventory (WFI)

## ID\# 28300Y

## System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER
Day Phone: 360-793-1101 $\quad$ Cell Phone: 4252381935
Eve. Phone: 4252381935 FAX
and
City of Gold Bar
RICHARD BAKER
1075 th St
107 5th St
, 98251



\section*{AMEST ${ }_{\text {3 }}^{\text {3600 NE }} 125$-885-1664 PL STE C, Kirkland, WA 98034 <br> COLIFORM BACTERIA ANALYSIS <br> | Date Sample Collected 10/06/2017 <br> Month Day Year | Time Sample Collected 8:30 | $\begin{aligned} & \mathrm{EAM} \\ & \square \mathrm{PM} \end{aligned}$ | Cod |
| :---: | :---: | :---: | :---: | <br> SNOHOMISt

 <br> Group $A$ and Group B Systems Provide from Water Facilities Inventory (WFI) <br> ID\# 28300Y <br> System Name: CITY OF GOLD BAR <br> Contact Person: RICHARD BAKER <br> Day Phone: 360-793-1101 Cell Phone: 4252381935 <br> Eve. Phone: 4252381935 FAX: <br> Send results to: (Print full name, address and zip code) <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar, Wa, 98251 <br> Data Delivery: $\square$ MAIL $\square$ EMAIL: <br> SAMPLE INFORMATION <br> Sample collected by (name): RICHARD BAKER <br> Specific location where sample collected <br> 15012 MOONLIGHT DR <br> Special instuctions or Commentis. <br>  3. Raw Water Sourre Sample
 <br> > |_L_|_| <br> <br> L_S_|_| <br> <br> L_S_|_| <br> Public Systans must provide
Source Number trom (WFI) <br> - Depeat Sample (after Unsat. routine)
Dournution System <br> Sourre Grounchamer Rule (GWR)

(Population of 1,000 or less) <br> Unsatistactory routine lab number. <br> Unsaisfactory routine collect date:- <br>  <br> 4. प Sample Collected for Information Only <br> | Q Unsatisfactory |  |
| :--- | :--- |
| Total Coliform Present and | $\boxtimes$ Satisfactor | <br> ㅁ.. coli present $\quad$ E. coli absent <br> $\square$ Replacement Sampie Required

Sample not tested because <br> \begin{tabular}{|c|c|}
\hline \multicolumn{2}{|l|}{\multirow[t]{4}{*}{$\square$ Replacement Sampie Req Sample not tested because - Sample too old (>30 hours)}} <br>
\hline \& <br>
\hline \& <br>
\hline \& <br>
\hline

 <br>  <br> 

\hline Total Coiliorm <1/100 ml. \& $\mathrm{m} \quad 1100 \mathrm{ml}$. <br>
\hline Method Code: SM 9222B \& Date Received: 10/6/2017 <br>
\hline Date Analyzed: 10/6/2017, 15.45 \& Date Reported: 10/7/17 <br>
\hline 06606555 \& Lab Use Only: <br>
\hline
\end{tabular} <br> (}

RECEIVED OCT 172047

AMEST
AmTest Laboratories 13600 NE 126th PL STE C，Kirkland，WA 9803 COLIFORM BACTERIA ANALYSIS

| Date Sampie Collected 11／03／2017 Month Day Year | $\begin{array}{ll} \hline \text { Time Sample } & \\ \begin{array}{c} \text { Collected } \\ \text { ©:30 } \end{array} & \text { ロPM } \end{array}$ | County： <br> SNOHOMIS |
| :---: | :---: | :---: |
| Type of Water System（check only one box）  <br> © Group A Public  <br> Q Group B Public Q Private Household |  |  |
| Group A and Group B S <br> System Name：CITY | ems Provide from Water <br> ID\＃28300Y <br> F GOLD BAR | Facilities Inventory（WFI）： |

Day Phone：360－793－1101 Cell Phone： 4252381935 Eve．Phone： 4252381935 FAX：
Send results to：（Print full name，address and zip code）
City of Gold Bar
RICHARD BAK
Gold Bar，Wa， 98251
Data Delivery：$\square$ MAll $\square$ SAMPLE INFORMATION


## AMEST

AmTest Laboratories ${ }^{13600}$ NE 126th PL STE C，Kirkland，WA 98034

COLIFORM BACTERIA ANALYSIS

| Date Sample Collected <br> 11／03／2017 <br> Month Day Year | Time Sample <br> Collected <br> 6：40 | ロAM <br> ロPM | County： <br> SNOHOMISH |
| :--- | :--- | :--- | :--- |
| Type of Water System（check only one box） |  |  |  | Type of Water System（check only one box）

$\square$ Group A Pubicic
QPrivate
$\square$ Group A Pubilic
$\square$
Group $B$ Public
a Private Househ
a Other：
Group A and Group B Systems Provide from Water Facilities Inventory（WFI）：

## ID\＃28300Y

System Name：CITY OF GOLD BAR
Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935
Eve．Phone： 4252381935 FAX：
Send results to：（Print fill name，address and zip code）
City of Gold Bar
RICHARD
107 5th St
Data Delivery：－MAIL－EMAIL
SAMPLE INFORMATION
505 CRAFT AVE

| Special instructions or Commentis：TEMP $\equiv 13.1 \mathrm{C}$ |
| :--- |
| Type of Sample（must check only one box of 11 hrough $\# 4$ listed below） |



| 2．－Repeat Sample（after unsat．routine） <br> －Distribution System a Source Groundwater Rule（GWR） （Population of 1,000 or less） |
| :---: |
| Unsatistactory routine lab number： |
| $\overline{\text { Unsaitisfactory routine }}$ collect date |
|  |

Puic Syytens musp peowif
Sourre
4．D Sample Collected or intormation
Residence $\quad$ Other
LAB USEOONLY DRINKING WATER RESULTS LAB USE ONLY
Q Unsatisfactory
Tota Coliform Present and
－E．coli present $\quad$ QE．coll absent

| DRepla cement Sample Required |
| :--- |
| Sample not tested because |


Bacterial Density Results：Plate Count $/ \mathrm{ml}$ ．E．coli $/ 100 \mathrm{ml}$ ． －Fecal Coliform M100 Date Analyzed：11／3／2017，16：00 06607221 Date Pepored 11／2017
Sampla Number（OOH Number plus five digin） Lab Use Only：

## AmTest Laboratories

${ }_{4250-885-1654}^{1360}$ NE 126th PL STE C，Kirkland，WA 9803
COLIFORM BACTERIA ANALYSIG

| Date Sample Coilected 11／03／2017 Month Day Year | Time Sample Collected 9：00 | $\begin{aligned} & \square \mathrm{AM} \\ & \square \mathrm{PM} \end{aligned}$ |
| :---: | :---: | :---: |

SNOHOMISI
Type of Water System（check only one box）
$\square$ Group A Public
$\square$ Group $B$ Public
P Private Household
Group A and Group B Systems Provide from Water Facilities Inventory（WFI）
ID\＃28300Y
System Name：CITY OF GOLD BAR
Contact Person：RICHARD BAKER
Day Phone：360－793－1101 Cell Phone： 4252381935
Eve．Phone： 4252381935 FAX：
Send results to：（Print full name，address and zip code）
City of Gold Bar
RICHARD
1075 th St
Gold Bar，Wa， 9825
Data Delivery：■ MAIL－EMAIL

## SAMPLE INFORMATION

Sample collected by（name）：RICHARD BAKER
Speciicic location where sample collected
40507 SR 2 $\qquad$
Type of Sample（imust check only one box of of through $\# 4$ isted below


Distribution System
（
Unsatisfactory routine lab number
L＿S＿＿｜＿＿＿｜
Unsatistactory rouline collect date
Publc Syyiens must provide
Sourca Aumber from（WFI） $\qquad$


LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
QUnsatisfactory
Total Colifom Present and
모．colif present $\quad$ E．coli absent
$\square$ Replacement Sample Required


Bacteriai Density Results：Plate Count $/ \mathrm{ml}$ ．E．col
Total Coliform $<1 / 100 \mathrm{ml}$ ．Fecal Coliform $\quad 1100 \mathrm{ml}$ ．

| Method Code：SM 9222B |
| :--- |
| Date Analyzed：11／3／2017，16：00 | Date Receive 06607220

Sampla Number（000 Humber give digits） Dete Repived．11／3／2017

DOH Fom M331－319（revisad 02216）

AMEST
AmTest Laboratories
${ }_{13600}$ NE 126th PL STE C，Kirkland，WA 98034
COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 12／08／2017 Month Day Year | Time Sampla Collected 9：40 | $\begin{aligned} & \text { le } A M \\ & \square P M \end{aligned}$ | County： SNOHOMISH |
| :---: | :---: | :---: | :---: |
| Type of Water System（check only one box） <br> $\square$ Group A Public $\square$ Private Household <br> $\square$ Group B Public $\square$ Other $\qquad$ |  |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory（WFI）： <br> ID\＃28300Y <br> System Name：CITY OF GOLD BAR |  |  |  |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 |  | Cell Phone： 4252381935 |  |
| Eve．Phone： 4252381935 |  | FAX： |  |
| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |  |  |
| Data Delivery： C MAIL $\mathrm{\square}$ EMAIL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by（name）：RICHARD BAKER |  |  |  |
| Specific location where sample collected： 15012 MOONLIGHT DR |  |  |  |
| Special instuctions or Commentis：TEMP $=12.1 \mathrm{C}$ |  |  |  |
| Type of Sample（must check oniy one box of $\# 1$ through \＃d isted below） |  |  |  |
| 1．© Routine Distribution $S$ Chlorinated：■Yes $\square$ No Chlorine：Total $0.28 \mathrm{mg} /$ | nple <br> 0.26 mg n | 2．प Repeat Sample（alter unsat．routine） <br>  Soufce Groundwater Rule（GWR） （Population of 1,000 or less） <br> Unsatisfactory routine lab number： <br> $\overline{\text { Unsatisfactory routine collect date？}}$ <br> $\bar{\prime}$ $\qquad$ No Chlorine Resid：Tota $\qquad$ Free $\qquad$ |  |
|  | $\begin{aligned} & \text { ple } \\ & \text { ne springs } \end{aligned}$ |  |  |
| 4．S Sample Collected for Information Only－Constrution $\quad$ RepairsD Private Residencea Other |  |  |  |
| LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY |  |  |  |
|  |  |  |  |
| Q Replacement Sample Required  <br> Sample net tested because Test unsuitable because： <br> Q Sample too old（＞30 hours） ם TNTC <br> Q Improper Container ם Turbid Culture |  |  |  |
| Bacterial Density Results：Plate Count $\begin{array}{l}I \mathrm{ml} . \text { E．coli } \\ \text { Total Coliform }\end{array}<1 / 100 \mathrm{ml}$. <br> 100 ml.  |  |  |  |
| Method Code：SM 9222B |  |  | Date Received： $12 / 812017$ |
| Date Analyzed： $1218 / 2017,15: 00$ |  |  | Date Reported：12／9／17 |
| 06607990 Sample Number（DOH number | hus five digits) |  | Lab Use Only： |

AMTET AmTest Laboratories
${ }_{425-885-1664}^{1360 \text { NE }}$ 126th PL STE C，Kirkland，WA 98034
COLIFORM BACTERIA ANALYSIS


## 4．Q Sample Collected for information Only

Construction ORepairs

| LAB USE ONLY | DRINKING WATER RESULTS LAB USE ONLY |
| :--- | :--- |
| －Unsatisfactory |  |
| Total Coliform Present and | छ Satisfactory |

Total Coliform Present and
ㅁ．．coli present $\begin{aligned} & \text { Q．coli absent } \\ & \text { Q Fecal coliform present }\end{aligned}$ Fecal coliform

a Sample tol old $>30$ hours）

| a sam |
| :--- |
| $\square$ |



Method Code：SM 92228
Date Analyzed： 122182017

IOH Fom ： $3331-319$（revised 0216）

## AMEST

| Date Sample Collected 12／08／2017 Month Day Year | Time Sample Collected 7：50 |  | SNOHOMISt |
| :---: | :---: | :---: | :---: |
| Type of Water Systern（check only one box） <br> © Group A Public $\quad$ Private Household <br> $\square$ Group B Public $\square$ Other： $\qquad$ |  |  |  |
| Group A and Group B Sy | ID\＃ 283 | from Water | Facilities Inventory（WFI）： |
| System Name：CITY OF GOLD BAR |  |  |  |
| Contact Person：RICHARD BAKER |  |  |  |
| Day Phone：360－793－1101 |  | Cell Phon | ： 4252381935 |
| Eve．Phone： 4252381935 |  | FAX： |  |
| Send results to：（Print full name，address and zip code） <br> City of Gold Bar <br> RICHARD BAKER <br> 107 5th St <br> Gold Bar，Wa， 98251 |  |  |  |
| Data Delivery：प MAil C EmAlL： |  |  |  |
| SAMPLE INFORMATION |  |  |  |
| Sample collected by（name）：RICHARD BAKER |  |  |  |
| Specific location where sample collected： 501 LEWIS |  |  |  |
| Special l istuctions or Comments：TEMP $=12.1 \mathrm{C}$ |  |  |  |
| Type of Sample（must check only one box of $\# 1$ through $\# 4$ listed below） |  |  |  |
| 1．표 Routhe Distribution Sample <br> Chlorinated：$⿴ 囗 十$ Yes $\square$ No <br> Chorine：Total $0.26 \mathrm{mg} / \mathrm{I}$ Free $0.20 \mathrm{mg} / \mathrm{h}$ |  | $\begin{array}{\|c\|} 2 \text { a Repeats } \\ \text { I Distibutic } \\ \text { Q Source } \\ \text { (Populatid } \end{array}$ | ample（after unsat．routine） System <br> oundwater Rule（GWR） of of 1，000 or less） |
|  |  | Unsalistacia | routine lab number： |
| L_S. $\qquad$ <br> Pub c Systams must provide Source Number from（WFI） | I |  | es |

## 

LABUSEONLY DRINKING WATER RESLI



\begin{tabular}{|c|c|}
\hline I Replacement Sample Required
Sample not tosted because
a Sample too old（ $>30$ hours）
Improper Container

I \& \begin{tabular}{l}
Test unsuitable because： <br>
－TNTC <br>
$\square$ Turbid Cullure

$\qquad$
\end{tabular} <br>

\hline
\end{tabular}

ם1m

| Bacterial Density Results：Plate Count 1 ml ．E．coli $\quad 1000 \mathrm{ml}$ ． |
| :---: |
|  |  |
|  |  |

Method Co

Date Received： 12 8／2017 Date Analyzed：12／8／2017．15：00 Date Reported：12／9／17
O6607988
Sanple Number（ CDOH number Lab Use Only：

