



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/04/2019 Month Day Year	Time Sample Collected 6:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 LEWIS AVE		
Special Instructions or Comments: _____		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.39 mg/l Free 0.33 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWR, some springs <input type="checkbox"/> Other Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	Public Systems must provide Source Number from (WFI) _____	
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 1/ 4/2019	
Date Analyzed: 1/ 4/2019, 15:30	Date Reported: 1/ 9/19	
06687 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/04/2019 Month Day Year	Time Sample Collected 7:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2		
Special Instructions or Comments: _____		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.35 mg/l Free 0.24 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWR, some springs <input type="checkbox"/> Other Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	Public Systems must provide Source Number from (WFI) _____	
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 1/ 4/2019	
Date Analyzed: 1/ 4/2019, 15:30	Date Reported: 1/ 9/19	
06686 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/04/2019 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
Special Instructions or Comments: _____		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.23 mg/l Free 0.20 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWR, some springs <input type="checkbox"/> Other Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	Public Systems must provide Source Number from (WFI) _____	
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 1/ 4/2019	
Date Analyzed: 1/ 4/2019, 15:30	Date Reported: 1/ 9/19	
06685 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/22/2019 Month Day Year	Time Sample Collected 7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMIS
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 15012 MOONLIGHT DR		
Special Instructions or Comments: Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.66 mg/l Free 0.32 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 2/22/2019	
Date Analyzed: 2/22/2019, 15:00	Date Reported: 2/23/19	
06600991 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/22/2019 Month Day Year	Time Sample Collected 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Special Instructions or Comments: Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.34 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 2/22/2019	
Date Analyzed: 2/22/2019, 15:00	Date Reported: 2/23/19	
06600992 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/22/2019 Month Day Year	Time Sample Collected 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS AVE		
Special Instructions or Comments: Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.38 mg/l Free 0.29 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 2/22/2019	
Date Analyzed: 2/22/2019, 15:00	Date Reported: 2/23/19	
06600993 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/14/2019 Month Day Year	Time Sample Collected 5:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.60 mg/l Free 0.56 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample L S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 3/14/2019	
Date Analyzed: 3/14/2019, 15:00	Date Reported: 3/15/19	
066-01422 Sample Number (DOH number plus five digits)		Lab Use Only:

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



COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/14/2019 Month Day Year	Time Sample Collected 7:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.51 mg/l Free 0.46 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample L S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 3/14/2019	
Date Analyzed: 3/14/2019, 15:00	Date Reported: 3/15/19	
066-01421 Sample Number (DOH number plus five digits)		Lab Use Only:

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



COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/14/2019 Month Day Year	Time Sample Collected 7:48 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.55 mg/l Free 0.54 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample L S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 3/14/2019	
Date Analyzed: 3/14/2019, 15:00	Date Reported: 3/15/19	
066-01420 Sample Number (DOH number plus five digits)		Lab Use Only:

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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/03/2019 Month Day Year	Time Sample Collected 9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> 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: 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 INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

15012 MOONLIGHT DR

Special Instructions or Comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine)
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Distribution System
Chlorine: Total 0.47 mg/l Free 0.44 mg/l	<input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____
_____ S _____	Unsatisfactory routine collect date: _____
<input type="checkbox"/> Triggered (A/P)	Chlorinated: Yes _____ No _____
<input type="checkbox"/> Assessment (A/P)	Chlorine Resid: Total _____ Free _____

4. Surface or GWR Raw Water Sample (Enumeration)

☐ E. coli ☐ Fecal Filtered Yes _____ No _____ S _____

5. ☐ Sample Collected for Information Only

☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	

☐ Replacement Sample Required

Sample not tested because Test unsuitable because:

<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid Culture
<input type="checkbox"/>	<input type="checkbox"/>

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B Date Received: 4/ 3/2019

Date Analyzed: 4/ 3/2019, 15:45 Date Reported: 4/ 4/19

066-01819 Lab Use Only:

Sample Number (DOH number plus five digits)

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/03/2019 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
---	--	----------------------

Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> 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: 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 INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

505 LEWIS

Special Instructions or Comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine)
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Distribution System
Chlorine: Total 0.56 mg/l Free 0.47 mg/l	<input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____
_____ S _____	Unsatisfactory routine collect date: _____
<input type="checkbox"/> Triggered (A/P)	Chlorinated: Yes _____ No _____
<input type="checkbox"/> Assessment (A/P)	Chlorine Resid: Total _____ Free _____

4. Surface or GWR Raw Water Sample (Enumeration)

☐ E. coli ☐ Fecal Filtered Yes _____ No _____ S _____

5. ☐ Sample Collected for Information Only

☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	

☐ Replacement Sample Required

Sample not tested because Test unsuitable because:

<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid Culture
<input type="checkbox"/>	<input type="checkbox"/>

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B Date Received: 4/ 3/2019

Date Analyzed: 4/ 3/2019, 15:45 Date Reported: 4/ 4/19

066-01818 Lab Use Only:

Sample Number (DOH number plus five digits)

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/03/2019 Month Day Year	Time Sample Collected 8:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
---	--	----------------------

Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> 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: 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 INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

508 1ST AVE WEST

Special Instructions or Comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine)
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Distribution System
Chlorine: Total 0.52 mg/l Free 0.49 mg/l	<input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____
_____ S _____	Unsatisfactory routine collect date: _____
<input type="checkbox"/> Triggered (A/P)	Chlorinated: Yes _____ No _____
<input type="checkbox"/> Assessment (A/P)	Chlorine Resid: Total _____ Free _____

4. Surface or GWR Raw Water Sample (Enumeration)

☐ E. coli ☐ Fecal Filtered Yes _____ No _____ S _____

5. ☐ Sample Collected for Information Only

☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	

☐ Replacement Sample Required

Sample not tested because Test unsuitable because:

<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid Culture
<input type="checkbox"/>	<input type="checkbox"/>

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B Date Received: 4/ 3/2019

Date Analyzed: 4/ 3/2019, 15:45 Date Reported: 4/ 4/19

066-01817 Lab Use Only:

Sample Number (DOH number plus five digits)

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/03/2019 Month Day Year	Time Sample Collected 6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.41 mg/l Free 0.33 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 5/ 3/2019	
Date Analyzed: 5/ 3/2019, 15:15	Date Reported: 5/ 4/19	
066-02391 Sample Number (DOH number plus five digits)	Lab Use Only:	

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/03/2019 Month Day Year	Time Sample Collected 8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.22 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 5/ 3/2019	
Date Analyzed: 5/ 3/2019, 15:15	Date Reported: 5/ 4/19	
066-02390 Sample Number (DOH number plus five digits)	Lab Use Only:	

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/03/2019 Month Day Year	Time Sample Collected 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.51 mg/l Free 0.44 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 5/ 3/2019	
Date Analyzed: 5/ 3/2019, 15:15	Date Reported: 5/ 4/19	
066-02389 Sample Number (DOH number plus five digits)	Lab Use Only:	

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/07/2019 Month Day Year	Time Sample Collected 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 15012 MOON LIGHT DR		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.39 mg/l Free 0.34 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 6/ 7/2019	
Date Analyzed: 6/ 7/2019, 15:30	Date Reported: 6/ 8/19	
066-03189 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/07/2019 Month Day Year	Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE WEST		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.45 mg/l Free 0.25 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 6/ 7/2019	
Date Analyzed: 6/ 7/2019, 15:30	Date Reported: 6/ 8/19	
066-03188 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/07/2019 Month Day Year	Time Sample Collected 8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.36 mg/l Free 0.35 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 6/ 7/2019	
Date Analyzed: 6/ 7/2019, 15:30	Date Reported: 6/ 8/19	
066-03187 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/12/2019 Month Day Year	Time Sample Collected 7:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.25 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Resid: Total <input type="checkbox"/> Free <input type="checkbox"/>	
3. Ground Water Rule Source Sample L S <input type="checkbox"/> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes <input type="checkbox"/> No <input type="checkbox"/> L S <input type="checkbox"/>		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform 0. /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 7/12/2019	
Date Analyzed: 7/12/2019, 16:00	Date Reported: 7/13/19	
066-03896 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/12/2019 Month Day Year	Time Sample Collected 6:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.30 mg/l Free 0.27 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Resid: Total <input type="checkbox"/> Free <input type="checkbox"/>	
3. Ground Water Rule Source Sample L S <input type="checkbox"/> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes <input type="checkbox"/> No <input type="checkbox"/> L S <input type="checkbox"/>		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform 0. /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 7/12/2019	
Date Analyzed: 7/12/2019, 16:00	Date Reported: 7/13/19	
066-03895 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/12/2019 Month Day Year	Time Sample Collected 6:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.31 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Resid: Total <input type="checkbox"/> Free <input type="checkbox"/>	
3. Ground Water Rule Source Sample L S <input type="checkbox"/> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes <input type="checkbox"/> No <input type="checkbox"/> L S <input type="checkbox"/>		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform 0. /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 7/12/2019	
Date Analyzed: 7/12/2019, 16:00	Date Reported: 7/13/19	
066-03897 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/02/2019 Month Day Year	Time Sample Collected 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 15012 MOONLIGHT DR		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.25 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 8/ 2/2019	
Date Analyzed: 8/ 2/2019, 15:00	Date Reported: 8/ 3/19	
066-04304 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/02/2019 Month Day Year	Time Sample Collected 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.40 mg/l Free 0.40 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 8/ 2/2019	
Date Analyzed: 8/ 2/2019, 15:00	Date Reported: 8/ 3/19	
066-04305 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/02/2019 Month Day Year	Time Sample Collected 6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.42 mg/l Free 0.33 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 8/ 2/2019	
Date Analyzed: 8/ 2/2019, 15:00	Date Reported: 8/ 3/19	
066-04303 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 09/10/2019 Month Day Year	Time Sample Collected 8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 SR2		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.22 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 9/10/2019	
Date Analyzed: 9/10/2019, 14:30	Date Reported: 9/11/19	
066-05181 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 09/10/2019 Month Day Year	Time Sample Collected 7:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.25 mg/l Free 0.23 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 9/10/2019	
Date Analyzed: 9/10/2019, 14:30	Date Reported: 9/11/19	
066-05180 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 09/10/2019 Month Day Year	Time Sample Collected 6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ L S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 9/10/2019	
Date Analyzed: 9/10/2019, 14:30	Date Reported: 9/11/19	
066-05179 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 6:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.78 mg/l Free 0.72 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05689 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 7:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 15012 MOONLIGHT DR		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.76 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05690 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.71 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ____ No ____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05691 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/05/2019 Month Day Year	Time Sample Collected 9:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH					
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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							
SAMPLE INFORMATION							
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected: 715 CROFT AVE W							
Project Name or Comments:							
Type of Sample (select only one type of sample from types 1 through 5 below)							
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.25 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr><tr><td>3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td colspan="2"></td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.25 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.25 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____						
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)							
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____							
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other							
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory					
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____							
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.							
Method Code: SM 9222B		Date Received: 11/ 5/2019					
Date Analyzed: 11/ 5/2019, 14:30		Date Reported: 11/ 6/19					
066-06321 Sample Number (DOH number plus five digits)		Lab Use Only:					



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/05/2019 Month Day Year	Time Sample Collected 8:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.29 mg/l Free 0.23 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ____ No ____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 5/2019
Date Analyzed: 11/ 5/2019, 14:30		Date Reported: 11/ 6/19
066-06320 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/05/2019 Month Day Year	Time Sample Collected 9:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 5/2019
Date Analyzed: 11/ 5/2019, 14:30		Date Reported: 11/ 6/19
066-06322 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/13/2019 Month Day Year	Time Sample Collected 9:15 AM PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.92 mg/l Free 0.89 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 12/13/2019	
Date Analyzed: 12/13/2019, 15:30	Date Reported: 12/14/19	
066-07142 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

JAN 06 2020



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/13/2019 Month Day Year	Time Sample Collected 6:30 AM PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 LEWIS AVE		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.86 mg/l Free 0.76 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 12/13/2019	
Date Analyzed: 12/13/2019, 15:30	Date Reported: 12/14/19	
066-07141 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/13/2019 Month Day Year	Time Sample Collected 7:05 AM PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 15012 MOONLIGHT DR		
Special Instructions or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 1.19 mg/l Free 0.81 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWR Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 12/13/2019	
Date Analyzed: 12/13/2019, 15:30	Date Reported: 12/14/19	
066-07140 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

JAN 06 2020

Am Test Inc.
13600 NE 126TH PL
Suite C
Kirkland, WA 98034
(425) 885-1664



Professional
Analytical
Services

Arsenic
Report of Analysis

2019

Date Collected: 03/14/19	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--03356	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04 & S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 3/14/19 Date Analyzed: 3/20/19 Date Reported: 3/20/19 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0068	0.001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

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AR TEST PANEL
(Arsenic by EPA 200.8)
Report of Analysis

Date Collected: 03/16/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--04442	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 3/16/18 Date Analyzed: 3/20/18 Date Reported: 3/28/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

EPA Regulated AND STATE REGULATED OR REQUIRED

DOH#	Analytes	Results	Units	SRL	Trigger	MCL	MCL Exceeded? (Check only if YES)	Method/Analyst
4	Arsenic	0.0060	mg/l	0.001	0.01	0.01		EPA 200.8 /MJ

NOTES:

***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.

SRL (State Reporting Level): The minimum reporting level established by the Washington Department of Health (DOH)

Trigger Level: DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.00X): The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).

Lab Comments:

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Select Inorganic Chemistry Report of Analysis

Date Collected: 05/17/19	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--06710	County: Snohomish
Sample Location: SNOHOMISH	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 5/17/19 Date Reported: 5/29/19 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar Attention: Richard Baker 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0004	Arsenic		0.0052	0.001	0.01	0.01	mg/l		5/20/19	EPA 200.8 /AY
0114	Nitrite		ND	0.1	0.5	1	mg/l		5/17/19	EPA 300.0 /AG
0020	Nitrate		ND	0.5	5	10	mg/l		5/17/19	EPA 300.0 /AG
0161	Total Nitrate + Nitrite		ND	0.5	5	10	mg/l			EPA 300.0 /

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

- No existing trigger or MCL.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291

WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

NTU: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

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HERB1 TEST PANEL
(SOC - Herbicides by EPA Method 515.4)
Report of Analysis

Date Collected: 06/14/19	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 125--08204	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C - Confirmation (confirmation of chemical result) <input type="checkbox"/> I - Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O - Other (specify)	Date Received: 06/14/19 Date Analyzed: 6/27/19 Date Reported: 7/ 3/19 Comments:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input type="checkbox"/> D - Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: (Name) _____ Phone Number: _____
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

EPA REGULATED AND STATE REGULATED OR REQUIRED

DOH#	Analytes	Results	Units	SRL	Trigger	MCL	Exceeds	MCL	Method	Analyst
37	2,4-D	ND	ug/L	0.10	0.10	70.			515.4 EPA	ANATEK
38	2,4,5-TP (Silvex)	ND	ug/L	0.20	0.20	50.			515.4 EPA	ANATEK
134	Pentachlorophenol	ND	ug/L	0.04	0.04	1.0			515.4 EPA	ANATEK
137	Dalapon	ND	ug/L	1.0	1.0	200			515.4 EPA	ANATEK
139	Dinoseb	ND	ug/L	0.20	0.20	7.0			515.4 EPA	ANATEK
140	Picloram	ND	ug/L	0.10	0.10	500			515.4 EPA	ANATEK
138	Dicamba	ND	ug/L	0.20	0.20	--	--	--	515.4 EPA	ANATEK
135	2,4-DB	ND	ug/L	1.0	1.0	--	--	--	515.4 EPA	ANATEK
136	2,4,5-T	ND	ug/L	0.40	0.40	--			515.4 EPA	ANATEK
220	Bentazon	ND	ug/L	0.50	0.50	--			515.4 EPA	ANATEK
221	Dichloroprop	ND	ug/L	0.50	0.50	--			515.4 EPA	ANATEK
223	Acifluorfen	ND	ug/L	2.0	2.0	--	--	--	515.4 EPA	ANATEK
225	Dacthal (DCPA Acid Metab)	ND	ug/L	0.10	0.10	--	--	--	515.4 EPA	ANATEK
226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.50	0.50	--	--	--	515.4 EPA	ANATEK
224	Chloramben	ND	ug/L	0.20	0.20	--	--	--	515.4 EPA	ANATEK

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.001): indicates the compound was not detected in the sample at or above the concentration indicated.

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Kirkland, WA 98034
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Arsenic Report of Analysis

Date Collected: 06/13/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--10083	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 6/13/18 Date Analyzed: 6/15/18 Date Reported: 6/18/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0060	0.001	0.01	0.01	mg/l		EPA 200.8 /KQ

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291

WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

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(SOC - Herbicides by EPA Method 515.3)
Report of Analysis

Date Collected: 06/29/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 125--11184	County: Snohomish
Sample Location: 505 CRAFT AVE	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C - Confirmation (confirmation of chemical result) <input type="checkbox"/> I - Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O - Other (specify)	Date Received: 06/29/18 Date Analyzed: 7/13/18 Date Reported: 7/17/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> C - Composite (Specify in Comments Field) <input checked="" type="checkbox"/> D - Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: (Name) _____ Phone Number: _____
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

EPA REGULATED AND STATE REGULATED OR REQUIRED

DOH#	Analytes	Results	Units	SRL	Trigger	MCL	Exceeds	MCL	Method	Analyst
37	2,4-D	ND	ug/L	0.10	0.10	70.			515.3 EPA	ANATEK
38	2,4,5-TP (Silvex)	ND	ug/L	0.20	0.20	50.			515.3 EPA	ANATEK
134	Pentachlorophenol	ND	ug/L	0.04	0.04	1.0			515.3 EPA	ANATEK
137	Dalapon	ND	ug/L	1.0	1.0	200			515.3 EPA	ANATEK
139	Dinoseb	ND	ug/L	0.20	0.20	7.0			515.3 EPA	ANATEK
140	Picloram	ND	ug/L	0.10	0.10	500			515.3 EPA	ANATEK
138	Dicamba	ND	ug/L	0.20	0.20	--	--	--	515.3 EPA	ANATEK
135	2,4-DB	ND	ug/L	1.0	1.0	--	--	--	515.3 EPA	ANATEK
136	2,4,5-T	ND	ug/L	0.40	0.40	--			515.3 EPA	ANATEK
220	Bentazon	ND	ug/L	0.50	0.50	--			515.3 EPA	ANATEK
221	Dichloroprop	ND	ug/L	0.50	0.50	--			515.3 EPA	ANATEK
223	Acifluorfen	ND	ug/L	2.0	2.0	--	--	--	515.3 EPA	ANATEK
225	Dacthal (DCPA Acid Metab)	ND	ug/L	0.10	0.10	--	--	--	515.3 EPA	ANATEK
226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.50	0.50	--	--	--	515.3 EPA	ANATEK
224	Chloramben	ND	ug/L	0.20	0.20	--	--	--	515.3 EPA	ANATEK

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.001): indicates the compound was not detected in the sample at or above the concentration indicated.

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Select Inorganic Chemistry Report of Analysis

2019

Date Collected: 08/09/19	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--11744	County: Snohomish
Sample Location: 715 CROFT AVE	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 8/ 9/19 Date Reported: 9/10/19 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar Attention: Richard Baker 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0008	Iron		ND	0.1	--	0.3 ¹	mg/l		8/18/19	EPA 200.7 /KF
0010	Manganese		0.013	0.01	0.05	0.05 ¹	mg/l		8/18/19	EPA 200.7 /KF

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

- No existing trigger or MCL.

¹ Secondary MCL (Established for aesthetic purposes, not health based).

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

NTU: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Reviewed By: 

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Haloacetic Acid (HAA5)

Distribution System - Report of Analysis

HALOACETIC ACIDS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 08/09/19 Date Analyzed: 8/20/19 Date Reported: 9/10/19 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Analyte Abbreviations:

Monochloroacetic Acid = "MCAA"
 Dichloroacetic Acid = "DCAA"
 Trichloroacetic Acid = "TCAA"
 Monobromoacetic Acid = "MBAA"
 Dibromoacetic Acid = "DBAA"
 Total Haloacetic Acids = "HAA5's"

Analytical Method / Analyst Initials: EPA 552.2 / NNL

(DOH#) ANALYTE	(0411) MCAA (ug/L)	(0412) DCAA (ug/L)	(0413) TCAA (ug/L)	(0414) MBAA (ug/L)	(0415) DBAA (ug/L)	(0416) HAA5's (ug/L)
SDRL	2.0	1.0	1.0	1.0	1.0	6.0
MCL	--	--	--	--	--	60**

HAA5 RESULTS

Lab Number / Sample Number	Date Collected	Location Where Sample Collected	MCAA (ug/L)	DCAA (ug/L)	TCAA (ug/L)	MBAA (ug/L)	DBAA (ug/L)	HAA5's (ug/L)
066 / 11744	08/09/2019	715 CROFT AVE	< 2	2.34	2.03	< 1	3.58	8.0

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Haloacetic Acid (HAA5) *Distribution System - Report of Analysis*

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

**Value listed is for the sum of the five haloacetic acids (MCAA, DCAA, TCAA, MBAA and DBAA).

- No existing trigger or MCL.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

MCL (Maximum Contaminant Level): Highlight result if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

ug/L: micrograms per liter or parts per billion.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Comments:

Reviewed By:  _____

AMTEST

Haloacetic Acid (HAA5)
Distribution System - Report of Analysis

HALOACETIC ACIDS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 08/16/18 Date Analyzed: 8/27/18 Date Reported: 8/29/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Monochloroacetic Acid = "MCAA" Dichloroacetic Acid = "DCAA" Trichloroacetic Acid = "TCAA" Monobromoacetic Acid = "MBAA" Dibromoacetic Acid = "DBAA" Total Haloacetic Acids = "HAA5's"

(DOH#) ANALYTE	(0411) MCAA (ug/L)	(0412) DCAA (ug/L)	(0413) TCAA (ug/L)	(0414) MBAA (ug/L)	(0415) DBAA (ug/L)	(0416) HAA5's (ug/L)
SDRL	2.0	1.0	1.0	1.0	1.0	6.0
MCL	--	--	--	--	--	60**

Analytical Method / Analyst Initials: EPA 552.2 / NNL

HAA5 RESULTS

Lab Number / Sample Number	Date Collected	Location Where Sample Collected	MCAA (ug/L)	DCAA (ug/L)	TCAA (ug/L)	MBAA (ug/L)	DBAA (ug/L)	HAA5's (ug/L)
066 / 14819	08/16/2018	501 LEWIS	< 2	< 1	< 1	< 1	< 1	< 1

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TTHM TEST PANEL

Distribution System - Report of Analysis

TRICHALOMETHANE ANALYSIS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 8/16/18 Date Analyzed: 8/20/18 Date Reported: 8/29/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Analytical Method / Analyst Initials: EPA 524.2 / NNL

DOH# ANALYTE	(0027) Chloroform (ug/L)	(0028) Bromodichloromethane (ug/L)	(0029) Dibromochloromethane (ug/L)	(0030) Bromoform (ug/L)	(0031) TTHM's (ug/L)
SDRL	0.5	0.5	0.5	0.5	
MCL	--	--	--	--	80**

Lab Number / Sample Number	Date Collected	Sample Location	Chloroform (ug/L)	Bromodichloromethane (ug/L)	Dibromochloromethane (ug/L)	Bromoform (ug/L)	TTHM's (ug/L)
066 / 14818	08/16/2018	501 LEWIS	2.24	3.07	3.84	1.57	10.7

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2019

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TTHM TEST PANEL

Distribution System - Report of Analysis

TRICHALOMETHANE ANALYSIS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 8/9/19 Date Analyzed: 8/12/19 Date Reported: 9/10/19 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Analytical Method / Analyst Initials: EPA 524.2 / NNL

DOH# ANALYTE	(0027) Chloroform (ug/L)	(0028) Bromodichloromethane (ug/L)	(0029) Dibromochloromethane (ug/L)	(0030) Bromoform (ug/L)	(0031) TTHM's (ug/L)
SDRL	0.5	0.5	0.5	0.5	
MCL	--	--	--	--	80**

Lab Number / Sample Number	Date Collected	Sample Location	Chloroform (ug/L)	Bromodichloromethane (ug/L)	Dibromochloromethane (ug/L)	Bromoform (ug/L)	TTHM's (ug/L)
066 / 11744	08/09/2019	715 CROFT AVE	4.55	6.37	9.14	3.16	23.2

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Distribution System - Report of Analysis

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

**Value listed is for the sum of the five haloacetic acids (MCAA, DCAA, TCAA, MBAA and DBAA).

- No existing trigger or MCL.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

MCL (Maximum Contaminant Level): Highlight result if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

ug/L: micrograms per liter or parts per billion.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Comments:

Reviewed By: _____

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Arsenic
Report of Analysis

Date Collected: 09/14/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--17238	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 9/14/18 Date Analyzed: 9/21/18 Date Reported: 9/21/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0065	0.001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Revised By: 



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 6:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.78 mg/l Free 0.72 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05689 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.71 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05691 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 7:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH	
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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			
SAMPLE INFORMATION			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 15012 MOONLIGHT DR			
Project Name or Comments:			
Type of Sample (select only one type of sample from types 1 through 5 below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.76 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)		
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _			
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____			Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.			
Method Code: SM 9222B		Date Received: 10/ 4/2019	
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19	
066-05690 Sample Number (DOH number plus five digits)		Lab Use Only:	



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 6:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.78 mg/l Free 0.72 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05689 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.71 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 10/ 4/2019
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19
066-05691 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/04/2019 Month Day Year	Time Sample Collected 7:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH				
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> 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: 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						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: 15012 MOONLIGHT DR						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.76 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</td></tr><tr><td>3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td>Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.76 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.76 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____					
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u>						
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.						
Method Code: SM 9222B		Date Received: 10/ 4/2019				
Date Analyzed: 10/ 4/2019, 15:15		Date Reported: 10/ 5/19				
066-05690 Sample Number (DOH number plus five digits)		Lab Use Only:				



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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/05/2019 Month Day Year	Time Sample Collected 8:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.29 mg/l Free 0.23 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ____ No ____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 5/2019
Date Analyzed: 11/ 5/2019, 14:30		Date Reported: 11/ 6/19
066-06320 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/05/2019 Month Day Year	Time Sample Collected 9:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH				
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: 505 CROFT AVE						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.21 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</td></tr><tr><td>3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td>Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____					
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S_____						
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____						
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.						
Method Code: SM 9222B		Date Received: 11/ 5/2019				
Date Analyzed: 11/ 5/2019, 14:30		Date Reported: 11/ 6/19				
066-06322 Sample Number (DOH number plus five digits)		Lab Use Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/05/2019 Month Day Year	Time Sample Collected 9:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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: 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.25 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 5/2019
Date Analyzed: 11/ 5/2019, 14:30		Date Reported: 11/ 6/19
066-06321 Sample Number (DOH number plus five digits)		Lab Use Only:

Arsenic Report of Analysis

Date Collected: 12/07/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--21718	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 12/ 7/18 Date Analyzed: 12/20/18 Date Reported: 12/21/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0061	0.001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:

***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291

WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Reviewed By:

Am Test Inc.
13600 NE 126TH PL
Suite C
Kirkland, WA 98034
(425) 885-1664



Professional
Analytical
Services

Arsenic Report of Analysis

Date Collected: 12/13/19	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--20395	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 12/13/19 Date Analyzed: 12/16/19 Date Reported: 12/18/19 Comments:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0058	0.001	0.01	0.01	mg/l		EPA 200.8 /HKL

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291

WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Received By: 

**Nitrate/Nitrite
Report of Analysis**

Date Collected: 12/07/18	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--21718	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 12/07/18 Date Analyzed: 12/ 7/18 Date Reported: 12/21/18 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0020	Nitrate		ND	0.5	5	10	mg/l		EPA 300.0 /JC
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /JC
0161	Total Nitrate + Nitrite		ND	0.5	--	10	mg/l		EPA 300.0 /

NOTES:

*Confirmation: Include the original lab number, sample number, and collection date of original sample in either comment section.

- -No trigger value for combined nitrate plus nitrite.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291

WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Lab Comments:

Received By: 