

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

COLIFORM BACTERIA ANALYSIS

| C | OLIFORIN | DACI | | | | | |
|---|--|-----------------------|--|--|--|--|--|
| Date Sample Collected | Time Sample Collected | ⊠ AM | County: | | | | |
| 01/04/2019 Month Day Year | 6:40 | | SNOHOMISH | | | | |
| Type of Water System (c ☑ Group A Put ☐ Group B Put | | Other: | | | | | |
| Group A and Group B Sy | stems Provide f | rom Water | Facilities Inventory (WFI): | | | | |
| | ID# 283 | | | | | | |
| a to the state of the | | | | | | | |
| System Name: CITY | | | | | | | |
| Contact Person: RIC | | EK | 405 029 1025 | | | | |
| | Day Phone: 360-793-1101 Cell Phone: 425 238 1935 | | | | | | |
| Eve. Phone: 425 2 | .00 1000 | FAX: | | | | | |
| Send results to: (Print fu City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 9 | ER | s and zip c | ode) | | | | |
| Data Delivery: ☐ MAIL | | | | | | | |
| | SAMPLE | NFORM | ATION | | | | |
| Sample collected by (na | ame): RICHARD | BAKER | | | | | |
| Specific location where | sample collecte | ed: | | | | | |
| 505 LEWIS AV | Έ | | | | | | |
| Special Instructions or Com Type of Sample (must che | ments: | f#1 through | #4 listed below) | | | | |
| Type of Sample (must che 1. ☑ Routine Distribution | | 2 D Repea | nt Sample (after unsat. routine) | | | | |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.39 mg/l | | Distribu | ution System Groundwater Rule (GWR) lation of 1,000 or less) | | | | |
| 3 Raw Water Source Sat | mple | Uncatisfac | tory routine lab number. | | | | |
| ☐ E. coli - GWR source : ☐ Fecal - Surface, GWI, | sample | ļ | | | | | |
| Other | | Unsatisfac | tory routine collect date: | | | | |
| S _ | | Chlorinate | d: Yes No | | | | |
| Public Systems must provid | e | Chlorine R | esid: TotalFree | | | | |
| Source Number from (WFI | r Information Only | <u> </u> | | | | | |
| ☐ Construction ☐ Repa | airs 🗀 Private R | lesidence | □ Other | | | | |
| LAB USE ONLY D | RINKING WA | TER RES | ULTS LAB USE ONLY | | | | |
| ☐ Unsatisfactory Total Coliform Presen | | | ☑ Satisfactory | | | | |
| ☐ E. coli present ☐ Fecal coliform pre | □ E. coli at sent □ Fecal co | osent liform abse | en | | | | |
| ☐ Replacement Sar Sample not tested be ☐ Sample too old (> ☐ Improper Containe | cause 30 hours) | □ TNT(□ Turb | id Culture | | | | |
| Bacterial Density Res Total Coliform < 1 | sults: Plate Cour /100 ml. F | nt / m ecal Colifo | | | | | |
| Method Code: SM 92 | 222B | | Date Received: 1/4/2019 | | | | |
| Date Analyzed: 1/4 | | | Date Reported: 1/9/19 | | | | |
| 06687 | | | Lab Use Only: | | | | |
| | | | | | | | |

Sample Number (DOH number plus five digits)

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



AmTest Laboratories

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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 01/04/2019 | Collecte | d ØA | | County: | |
|--|--------------------------------|---------------------------------|----------------------------------|--|--|
| Month Day Year | 7:15 | ОΡ | M | SNOHOMIS | |
| Type of Water System (ch ☐ Group A Pub ☐ Group B Pub | lic | e box) □ Private □ Other: | | usehold | |
| Group A and Group B Sys | stems Provid | e from W | ater | Facilities Inventory (WFI) | |
| | ID# 28 | 300Y | | | |
| System Name: CITY (| OF GOLI | D BAR | | | |
| Contact Person: RIC | HARD BA | KER | | - | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | one | e: 425 238 1935 | |
| Eve. Phone: 425 23 | 8 1935 | FAX: | | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 982 | 2 | ess and zi | p co | de) | |
| Data Delivery: MAIL | □ EMAIL: | | | | |
| | SAMPLE | INFORI | VIA. | TION | |
| Sample collected by (nam | | | | | |
| Specific location where sa 40507 SR 2 | mple collecte | ed: | | | |
| Special Instructions or Comme | | | | | |
| Type of Sample (must check | | | | · · | |
| Chlorinated: ☑ Yes ☐ No ☐ Sou | | | bution æ Gr | ample (after unsat. routine) n System oundwater Rule (GWR) n of 1,000 or less) | |
| ☐ E. coll - GWR source sam ☐ Fecal - Surface, GWI, son ☐ Other | ple | | satisfactory routine lab number: | | |
| \$ | 1 1 | Unsatisfac | tory | routine collect date: | |
| Public Systems must provide Source Number from (WFI) | Chlorinate Chlorine R | | | | |
| 4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs | rmation Only □ Private Re | sidence | □ 01 | ther | |
| LAB USE ONLY DRIN | KING WAT | ER RES | UL. | TS LAB USE ONLY | |
| ☐ Unsatisfactory Total Coliform Present and | d | | E | 1 Satisfactory | |
| ☐ E. coli present ☐ Fecal coliform present | □ E. coli abs □ Fecal colif | | nt | | |
| ☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 ho ☐ Improper Container ☐ | e - | Test uns TNTC | ; | ole because: Iture | |
| Bacterial Density Results: Total Coliform < 1 /100 | | / ml. al Colifon | | oli /100 ml. /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 plu | us five digits) | | Lab | Use Only: | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | | | | County: | | |
|--|--------------------------------|---------------------------------|-----------------|--|--|--|
| 01/04/2019 Month Day Year | Collecte 8:00 | d Ø A □ F | | SNOHOMIS | | |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | lic | e box) □ Private □ Other: | e Ho | usehold | | |
| Group A and Group B Sys | tems Provide | e from W | ater | Facilities Inventory (WF | | |
| System Name: CITY (| ID# 28 | | | | | |
| | | | | | | |
| Contact Person: RICHARD BAKER Day Phone: 360-793-1101 Cell Phone: 425 238 1935 | | | | | | |
| | | | non | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | | FAX: | | | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982 | 2 | ss and zi | p co | de) | | |
| Data Delivery: ☐ MAIL I | □ EMAIL: | | | · . | | |
| | SAMPLE | INFOR | MA | TION | | |
| Sample collected by (nam | e):RICHARD | BAKER | | | | |
| Specific location where sa | | ed: | | | | |
| 715 CROFT AVE | | | - | | | |
| Type of Sample (must check | | f#1 throug | h #4 | listed below) | | |
| 1. ☑ Routine Distribution Sat Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.23 mg/l Fre | mple ee 0.20 mg/l | Distri | ibutio ce Gr | ample (after unsat. routine) n System oundwater Rule (GWR) on of 1,000 or less) | | |
| 3. Raw Water Source Sample E. coll - GWR source sample Fecal - Surface, GWI, son | ole | | | routine lab number: | | |
| <u> S </u> | | Unsatisfa | ctory | routine collect date: | | |
| | _ | Chlorinate | / ed: Ye | es No | | |
| Public Systems must provide Source Number from (WFI) | | | | : Total Free | | |
| 4. ☐ Sample Collected for Info | mation Only Private Re | sidence | 0 | ther | | |
| LAB USE ONLY DRIN | KING WAT | ER RES | SUL: | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | 3 | | 15 | 3 Satisfactory | | |
| ☐ E. coli present [☐ Fecal coliform present [| □ E. coli abs □ Fecal colif | ent orm abse | n | | | |
| ☐ Replacement Sample Sample not tested because ☐ Sample too old (>30 ho ☐ Improper Container ☐ | 9 | Test uns TNTO | | ole because: lture | | |
| Bacterial Density Results: Total Coliform < 1 /100 | | / ml al Colifon | . E.c | oli /100 ml. /100 ml. | | |
| Method Code: SM 9222B | | | Date | Received: 1/4/2019 | | |
| Date Analyzed: 1/4/2019 | , 15:30 | | Date | e Reported: 1/9/19 | | |
| 06685 Sample Number (DOH number plu | s five digits) | | Lab | Use Only: | | |

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



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| COLIF | -OKM | BACI | ERIA ANALYSIS | | |
|--|---------------------------------|---------------------------------|---|--|--|
| | Sample | _ | County: | | |
| 02/22/2019 Col Month Day Year 7:3 | lected 30 | ☑ AM □ PM | SNOHOMIS | | |
| Type of Water System (check onl ☑ Group A Public ☐ Group B Public | □ F | x) Private Ho Other: | usehold | | |
| Group A and Group B Systems P | rovide fro | m Water | Facilities Inventory (WFI) | | |
| ID# | 2830 | 10Y | . , | | |
| System Name: CITY OF G | OLD E | BAR | | | |
| Contact Person: RICHARD | BAKE | R | | | |
| Day Phone: 360-793-1101 | 3-1101 Cell Phone: 425 238 19 | | | | |
| Eve. Phone: 425 238 1935 | 5 FA | X: | | | |
| Send results to: (Print full name, a City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 | | and zip co | de) | | |
| Data Delivery: MAIL EMA | IL: | | | | |
| SAMP | LE INF | ORMA | TION | | |
| Sample collected by (name): RICH | IARD BA | KER | | | |
| Specific location where sample co | | | | | |
| 15012 MOONLIGHT [| <u>DR</u> | | | | |
| Special Instructions or Comments: Type of Sample (select only one t | vne of san | anie from t | mas 1 through 5 haloui | | |
| Routine Distribution Sample | | | ample (after unsat. routine) | | |
| Chlorinated; ☑ Yes ☐ No Chlorine: Total 0.66 mg/l Free 0.32 m | | Distributi Source G | on System Groundwater Rule (GWR) on of 1,000 or less) | | |
| 3, Ground Water Rule Source Sample | | | routine lab number: | | |
| s | | | | | |
| ☐ Triggered (A/P) | Uns | atisfactory | routine collect date | | |
| ☐ Assessment (A/P) | Chic | rinated: Vo | ted: YesNo | | |
| | Chic | orine Resid | | | |
| | te Resider | | 1.1.1.1.1 | | |
| LAB USE ONLY DRINKING V | VATER | RESUL: | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | 3 13 | 1 Satisfactory | | |
| ☐ E. coli present ☐ E. coli ☐ Fecal coliform present ☐ Fecal | i absent coliform | absen | | | |
| ☐ Replacement Sample Require Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ | Tes | t unsuitat FNTC Furbid Cu | ole because: | | |
| Bacterial Density Results: Plate Co Fotal Coliform < 1 /100 ml. | ount Fecal Co | / ml. E.c | oli /100 ml. /100 ml. | | |
| Method Code: SM 9222B | | Date | Received: 2/22/2019 | | |
| Date Analyzed: 2/22/2019, 15:00 | | | Reported: 2/23/19 | | |
| 06600991 Sample Number (DOH number plus five digits | <u>-</u> | | Use Only: | | |

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





Test unsuitable because:

☐ TNTC

☐ Turbid Culture

/ ml. E.coli



AmTest Laboratories

COLIFORM BACTERIA ANALYSIS

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County:

Cell Phone: 425 238 1935

Repeat Sample (after unsat. routine)
 Distribution System

☐ Source Groundwater Rule (GWR)

☑ Satisfactory

/100 ml.

Date Received: 2/22/2019

Date Reported: 2/23/19

Lab Use Only:

(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes Chlorine Resid: Total SNOHOMISH

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

☑ AM

☐ Other:

FAX:

SAMPLE INFORMATION

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

□ E, coli absent

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

☐ Private Household

425-885-1664

Time Sample

Collected

8:30

Date Sample Collected

Type of Water System (check only one box) ☑ Group A Public

System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER

Send results to: (Print full name, address and zip code)

Sample collected by (name): RICHARD BAKER Specific location where sample collected:

☐ Group B Public

Day Phone: 360-793-1101 Eve. Phone: 425 238 1935

Gold Bar, Wa, 98251 Data Delivery: ☐ MAIL ☐ EMAIL:

City of Gold Bar RICHARD BAKER

508 1ST AVE W Special Instructions or Comments:

Chlorinated: ☑ Yes ☐ No

☐ Triggered (A/P) ☐ Assessment (A/P)

□ Unsatisfactory

Total Coliform Present and ☐ E. coli present

1. ☑ Routine Distribution Sample

Chlorine: Total 0.37 mg/l Free 0.34 mg/l

4. ☐ Sample Collected for Information Only

☐ Replacement Sample Required Sample not tested because

Bacterial Density Results: Plate Count

Date Analyzed: 2/22/2019, 15:00

06600992

Sample Number (DOH number plus five digits)

☐ Sample too old (>30 hours)

☐ Improper Container ☐

Method Code: SM 9222B

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

☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

☐ Fecal coliform present ☐ Fecal coliform absen

Total Coliform < 1 /100 ml. Fecal Coliform

3. Ground Water Rule Source Sample

LS_|__|

107 5th St

02/22/2019

Month Day Year

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SIS

| COLIF | ORM | BAC | TERIA ANALYSIS |
|--|-----------------|----------------------------|---|
| | Sample ected | Ø AM □ PM | County: |
| | - | | SNOHOMIS |
| Type of Water System (check only ☑ Group A Public ☐ Group B Public | | ox) Private H Other: | ousehold |
| Group A and Group B Systems Pr | ovide fr | om Wate | r Facilities Inventory (WFI) |
| ID# | | | , , , , , , , , , , , , , , , , , , , |
| System Name: CITY OF GO | OLD I | BAR | |
| Contact Person: RICHARD | | - | |
| Day Phone: 360-793-1101 | С | ell Phoi | ne: 425 238 1935 |
| Eve. Phone: 425 238 1935 | - | AX: | 120 200 1000 |
| Send results to: (Print full name, a | | | |
| City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 | | | , |
| Data Delivery: ☐ MAIL ☐ EMAI | L: | | 17.00 |
| SAMP | LE IN | FORM | ATION |
| Sample collected by (name): RICH | | | |
| Specific location where sample col | | TILLI | -9// |
| 501 LEWIS AVE | | | |
| Special Instructions or Comments: | | | |
| Type of Sample (select only one ty | pe of sa | mple from | types 1 through 5 below) |
| Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.38 mg/l Free 0.29 m | | □ Distribu □ Source | Sample (after unsat. routine) ition System Groundwater Rule (GWR) tion of 1,000 or less) |
| 3. Ground Water Rule Source Sample | _ | • • | ry routine lab number: |
| • | " | isausiacio | ry roddie iab number. |
| _S | Un | satisfactor | y routine collect date: |
| ☐ Triggered (A/P) | | , | |
| ☐ Assessment (A/P) | | lorinated: | YesNo |
| 4. Sample Collected for Information Q | | ioine Res | id. Total riee |
| ☐ Construction ☐ Repairs ☐ Prival | te Reside | ence 🗆 | Other |
| LAB USE ONLY DRINKING V | VATER | RESU | LTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present and | | | ☑ Satisfactory |
| ☐ E. coli present ☐ E. coli ☐ Fecal coliform present ☐ Fecal | | | |
| ☐ Replacement Sample Require Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ | Te | TNTC Turbid C | able because: Culture |
| Bacterial Density Results: Plate Co Total Coliform < 1 /100 ml. | | / ml. E | .coli /100 ml. /100 ml. |
| Method Code: SM 9222B | | Da | ate Received: 2/22/2019 |
| Date Analyzed: 2/22/2019, 15:00 | | _ | ate Reported: 2/23/19 |
| 06600993 | | _ | b Use Only: |

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

Sample Number (DOH number plus five digits)





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

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COLIFORM BACTEDIA AMALVOIC

| | OLII OI | ZIAL D | ACI | ERIA ANALYSIS | | | |
|--|------------------------------|------------------------------|----------------------------------|---|--|--|--|
| Date Sample Collected 03/14/2019 | Time Sam Collecte | | I AM | County: | | | |
| Month Day Year | 5:45 | | I PM | SNOHOMIS | | | |
| Type of Water System (che ☑ Group A Publi ☐ Group B Publi | | box) Prive | ate Hou | usehold | | | |
| Group A and Group B Syst | ems Provide | e from \ | | Facilities Inventory (WFI) | | | |
| | ID# 28 | 300 | Y | , | | | |
| System Name: CITY C | F GOLE | <u> BA</u> | R_ | | | | |
| Contact Person: RICH | IARD BAR | (ER | | | | | |
| Day Phone: 360-793 | -1101 | Cell Phone: 425 238 1935 | | | | | |
| Eve. Phone: 425 238 | 1935 | FAX: | | | | | |
| Send results to: (Print full n City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982 | 51 | ss and : | zip cod | le) | | | |
| Data Delivery: MAIL | EMAIL: | | | <u> </u> | | | |
| | SAMPLE I | NFOF | TAMS | ION | | | |
| Sample collected by (name) | RICHARD | BAKEF | ₹ | | | | |
| Specific location where sam | ple collected | d: | _ | | | | |
| 505 CROFT AVE | 10 | | | | | | |
| Type of Sample (select onl | | sample i | from typ | es 1 through 5 helow) | | | |
| 1. ☑ Routine Distribution Sam Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.60 mg/l Free | 0.56 mg/l | 2. C Rep | peat Sa stribution urce Gn | mple (after unsat. routine) n System pundwater Rule (GWR) of 1,000 or less) | | | |
| 3. Ground Water Rule Source S | Sample | Unsatisf | actory n | outine lab number: | | | |
| S | | Jnsatisfa | ictory ro | utine collect date: | | | |
| ☐ Assessment (A/P) | 2 | Chlorinat Chlorine | ed: Yes | | | | |
| 4. Surface or GWI Raw Water Sa | | | Nesiu. | Total Free | | | |
| □ E. coli □ Fecal | Filtered Yes_ | _ No | _ | <u> </u> | | | |
| OF REAL PROPERTY. | ation Only I Private Resi | dence | □ Oth | er | | | |
| | NG WATE | RRES | SULTS | S LAB USE ONLY | | | |
| ☐ Unsatisfactory Total Coliform Present and | 12 | | Ø | Satisfactory | | | |
| ☐ E. coli present ☐ ☐ | E. coli abser | nt | | | | | |
| ☐ Replacement Sample Resample not tested because ☐ Sample too old (>30 hours ☐ Improper Container ☐ | T(s) [| est uns I TNTO I Turbi | | because: | | | |
| lacterial Density Results: Pta otal Coliform <1 /100 m | ite Count | | . E.coli m | /100 ml. /100 ml. | | | |
| Method Code: SM 9222B | | | | Received: 3/14/2019 | | | |
| the first to the second | | | | | | | |
| late Analyzed: 3/14/2019, 1 | 5:00 | - 1 | Date F | Reported: 3/15/19 | | | |

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

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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 03/14/2019 | Time Sam Collected | | м | County: |
|--|-----------------------|---------------------------------|-------------|---|
| Month Day Year | 7:35 | OP | М | SNOHOMIS |
| Type of Water System (che ☑ Group A Publi ☐ Group B Publi | C | e box) □ Private □ Other: | | sehold |
| Group A and Group B Syst | ems Provide | e from Wa | ater F | acilities Inventory (WFI) |
| | ID# 28 | | | |
| System Name: CITY C | | | _ | |
| Contact Person: RICI | | | | |
| Day Phone: 360-793 | | _ | one | : 425 238 1935 |
| Eve. Phone: 425 238 Send results to: (Print full r | | FAX: | | |
| City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982 Data Delivery: MAIL D | 51 | | | |
| | | INFOR | 18.43 | TION |
| Sample collected by (name | SAMPLE | | WA! | IUN |
| 40507 SR2 Special Instructions or Commen Type of Sample (select or 1. ☑ Routine Distribution Sam | nly one type o | 2. 🗆 Repe | eat Sa | ample (after unsat, routine) |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.51 mg/l Fre | e 0.46 mg/l | ☐ Sour | rce G | on System roundwater Rule (GWR) n of 1,000 or less) |
| 3. Ground Water Rule Source | Sample | Unsatisfa | ctory | routine lab number: |
| s | | Unsatisfac | ton r | outine collect date: |
| ☐ Triggered (A/P) | 1 | Oriodiloide | , , | odinie conect date. |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | | |
| 4. Surface or GWI Raw Water \$ | | • | | |
| ☐ E. coli ☐ Fecal 5. ☐ Sample Collected for Infor | Filtered Yes | No | | S |
| □ Construction □ Repairs | Private Re | sidence | □ Ot | her |
| LAB USE ONLY DRINI | KING WAT | ER RES | ULT | TS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present and | | | | Satisfactory |
| | E. coli abs | ent | 1 | |
| ☐ Replacement Sample is Sample not tested because ☐ Sample too old (>30 hor ☐ Improper Container ☐ | | Test uns TNTC Turbic | | le because: Iture |
| Bacterial Density Results: Fotal Coliform < 1 /100 | | / ml. al Colifon | . E.cı m | oli /100 ml. /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 | s five digits) | | Lab | Use Only: |

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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Sam | | | County: |
|---|-------------------|-------------------------------|------|--|
| 03/14/2019 Month Day Year | Collected 7:48 | | | SNOHOMIS |
| Type of Water System (ct ☑ Group A Pub ☑ Group B Pub | lic I | box) □ Private □ Other: | Но | usehold |
| Group A and Group B Sys | stems Provide | from Wa | iter | Facilities Inventory (WF |
| | ID# 28 | | | |
| System Name: CITY | OF GOLD |) BAR | | |
| Contact Person: RIC | HARD BAI | KER | | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | on | e: 425 238 1935 |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98 | R | ss and zip | o co | ode) |
| Data Delivery: MAIL | C EMAIL: | | | <u> </u> |
| | SAMPLE | INFORI | MA | TION |
| Sample collected by (nan | ne):RICHARE | BAKER | | |
| Specific location where sa | | ed: | | |
| 715 CROFT AV | | | | |
| Special Instructions or Commo Type of Sample (select | | f sample fo | Om. | tynes 1 (brough 5 below) |
| 1. ☑ Routine Distribution S | | | | Sample (after unsat, routine |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.55 mg/l F | ree 0.54 mg/l | ☐ Sou | rce | tion System Groundwater Rule (GWR) ion of 1,000 or less) |
| 3. Ground Water Rule Soun | ce Sample | Unsatisfa | cto | y routine lab number: |
| <u> </u> | | Unackata | | and the second second |
| ☐ Triggered (A/P) | | Unsatista | ctor | y routine collect date: |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | | |
| 4. Surface or GWI Raw Water | r Sample (Enur | neration) | | |
| □ E. coll □ Fecal | Filtered Yes | No | | <u>_</u> \$ <u> </u> |
| 5. □ Sample Collected for Int □ Construction □ Repairs | | esidence | 0 | Other |
| LAB USE ONLY DRI | NKING WAT | TER RES | SUI | LTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present ar | | | | ☑ Satisfactory |
| ☐ E. coli present | ☐ E. coli ab: | sent | | |
| ☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 t ☐ Improper Container ☐ | se | Test uns | 3 | able because: Culture |
| Bacterial Density Results Total Coliform < 1 /10 | | / ml | | .coli /100 ml. /100 ml. |
| Method Code: SM 92228 | 3 | | Da | te Received: 3/14/2019 |
| Date Analyzed: 3/14/20 | 19, 15:00 | | Da | ate Reported: 3/15/19 |
| 066-01420 Sample Number (DOH number) | | | La | b Use Only: |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 04/03/2019 | Time Samp Collected | | Coun | ty: |
|--|-----------------------------|-----------------------------------|----------------|------------------------|
| Month Day Year | 9:15 | □ PN | 1 | SNOHOMISH |
| Type of Water System (ch ☑ Group A Publi ☐ Group B Publi | ic E | box) 3 Private I 3 Other: _ | dousehold | 1 |
| Group A and Group B Sys | tems Provide | from Wat | er Facilitie | es Inventory (WFI): |
| | ID# 283 | 300Y | | |
| System Name: CITY (| | | | |
| Contact Person: RIC | | | | |
| Day Phone: 360-79 | 3-1101 | 3-1101 Cell Phone: 425 238 19 | | |
| | 8 1935 | FAX: | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 98 | R 251 | ss and zip | code) | |
| Data Delivery: MAIL | | | | |
| Sample collected by (name | SAMPLE | | IATION | |
| Specific location where sa 15012 MOONLIC special Instructions or Comme Type of Sample (select | SHT DR | | m tynes 1 H | rmuch 5 helow) |
| 1. ☑ Routine Distribution Sa | | | | (after unsat, routine) |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.47 mg/l Fr | • | ☐ Distri | bution Systi | em rater Rule (GWR) |
| 3. Ground Water Rule Source | e Sample | Unsatisfac | tory routine | lab number: |
| SL | | Unantiafaci | les reutine | enliant date: |
| ☐ Triggered (A/P) | | Unsaustac | tory routine | collect date: |
| ☐ Assessment (A/P) | | Chlorinated Chlorine R | | No Free |
| 4. Surface or GWI Raw Water | Sample (Enum | neration) | | |
| □ E. coli □ Fecal | Filtered Yes | No | | s |
| 5. ☐ Sample Collected for Info ☐ Construction ☐ Repairs | ormation Only □ Private Re | sidence | □ Other | |
| LAB USE ONLY DRIN | KING WAT | ER RES | ULTS L | AB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present an | d | | ☑ Satis | sfactory |
| ☐ E. coli present | ☐ E. coli abs | ent | | |
| ☐ Replacement Sample Sample not tested because ☐ Sample too old (>30 h ☐ Improper Container ☐ | se ` | Test unsi | | cause: |
| Bacterial Density Results: Total Coliform < 1 /10 | | / ml. | E.coli n /1 | /100 ml. 00 ml. |
| Method Code: SM 9222B | | | Date Rece | eived: 4/ 3/2019 |
| Date Analyzed: 4/ 3/201 | 9, 15:45 | | Date Repo | orted: 4/4/19 |
| 066-01819 Sample Number (DOH number p | lus five digits) | | Lab Use (| Only: |



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COLIFORM BACTERIA ANALYSIS

| - OOLII O | MIII DA | TEIGH ANALTON | | | |
|--|---|--|--|--|--|
| Date Sample Collected Time Sa 04/03/2019 Collected Month Day Year 8:00 | | | | | |
| Type of Water System (check only o | ne box) | ONOTIONIO | | | |
| ☑ Group A Public ☐ Group B Public | ☐ Private ☐ Other: | Household | | | |
| Group A and Group B Systems Prov | ide from Wa | ter Facilities Inventory (WFI): | | | |
| ID# 2 | 8300Y | | | | |
| System Name: CITY OF GOI | LD BAR | | | | |
| Contact Person: RICHARD B | AKER | | | | |
| Day Phone: 360-793-1101 | Cell Ph | one: 425 238 1935 | | | |
| Eve. Phone: 425 238 1935 | FAX: | | | | |
| Send results to: (Print full name, add City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 | lress and zip | code) | | | |
| Data Delivery: D MAIL D EMAIL | • | | | | |
| SAMPL | E INFORI | MATION | | | |
| Sample collected by (name): RICHA | | | | | |
| Specific location where sample colle 505 LEWIS | :c(ea; | | | | |
| Special Instructions or Comments: | | | | | |
| Type of Sample (select only one type | e of sample fro | orn types 1 through 5 below) | | | |
| 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.56 mg/l Free 0.47 mg/l | □ Distribution System □ Source Groundwater Rule (GWR) | | | | |
| 3. Ground Water Rule Source Sample | Unsatisfa | ctory routine lab number: | | | |
| S Tringer (4.8) | Unsatisfac | tory routine collect date: | | | |
| ☐ Triggered (A/P) ☐ Assessment (A/P) | | Chlorinated: Yes No Chlorine Resid: Total Free | | | |
| 4. Surface or GWI Raw Water Sample (Er | numeration) | | | | |
| □ E, coli □ Fecal Filtered Y | | S | | | |
| 5. □ Sample Collected for Information Onl □ Construction □ Repairs □ Private | ly Residence | □ Other | | | |
| LAB USE ONLY DRINKING W | ATER RES | ULTS LAB USE ONLY | | | |
| D Unsatisfactory Total Coliform Present and | | ☑ Satisfactory | | | |
| ☐ E. coli present ☐ E. coli a ☐ Replacement Sample Required | | <u> </u> | | | |
| Sample not tested because Sample too old (>30 hours) Improper Container | Test uns | uitable because: d Culture | | | |
| Bacterial Density Results: Plate Cou Total Coliform <1 /100 ml. F | int / ml ecal Colifor | E.coli /100 ml. m /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: | | | |

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Sample Number (DOH number plus five digits)

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



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COLIFORM BACTERIA ANALYSIS

| <u> </u> | OLIFORI | VI DAC | ERIA ANALTSIS |
|---|----------------------------|---|---|
| Date Sample Collected 04/03/2019 | Time Sample Collected | e ☑ AM | County: |
| Month Day Year | 8:40 | □ PM | SNOHOMISH |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | ic 🗆 | oox) Private Ho Other: | ousehold |
| Group A and Group B Sys | tems Provide | from Water | Facilities Inventory (WFI): |
| | ID# 283 | 00Y | |
| System Name: CITY (| OF GOLD | BAR | |
| Contact Person: RIC | HARD BAK | ER | |
| Day Phone: 360-79 | 3-1101 | Cell Phor | e: 425 238 1935 |
| Eve. Phone: 425 23 | 8 1935 I | FAX: | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 98 | R 251 | s and zip c | ode) |
| Data Delivery: ☐ MAIL | □ EMAIL: | | |
| | SAMPLE | NFORMA | ATION |
| Sample collected by (name Specific location where same 508 1ST AVE With Special Instructions or Comme | ample collected | | |
| | | sample from | types 1 through 5 below) |
| 1. ☑ Routine Distribution So Chlorinated: ☑ Yes □ No Chlorine: Total 0.52 mg/l Fi 3. Ground Water Rule Source □ S □ □ □ Triggered (A/P) | ree 0.49 mg/l ce Sample | ☐ Distribu☐ Source (Popula Unsatisfacto | Sample (after unsat, routine) tion System Groundwater Rule (GWR) tion of 1,000 or less) ry routine lab number: y routine collect date: |
| ☐ Assessment (A/P) | | / Chlorinated: Chlorine Res | |
| 4. Surface or GWI Raw Wate | - | | |
| □ E. coli □ Fecal | Filtered Yes_ | No | <u>s</u> |
| 5. Sample Collected for Inf | | sidence 🗆 | Other |
| LAB USE ONLY DRI | NKING WAT | ER RESU | LTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present ar | | | ☑ Satisfactory |
| ☐ E. coli present | E. coli abs | ent | |
| ☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 h ☐ Improper Container ☐ | se | Test unsuit TNTC Turbid | table because: |
| Bacterial Density Results Total Coliform < 1 /10 | | / ml. f al Coliform | coli /100 ml. /100 ml. |
| Method Code: SM 92228 | 3 | D | ate Received: 4/ 3/2019 |
| Date Analyzed: 4/ 3/201 | 9, 15:45 | D | ate Reported: 4/4/19 |
| 066-01817 Sample Number (DOH number) | | L | ab Use Only: |

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

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

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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 05/03/2019 | Time Samp Collected | | 4 | County: | | |
|---|------------------------|-----------------------------------|--------------------------|---------------------------------------|--|--|
| Month Day Year | 6:30 | □ PN | | SNOHOMISH | | |
| ype of Water System (ch ☑ Group A Pub ☑ Group B Pub | lic 🗀 | box)] Private !] Other: _ | Hou | sehold | | |
| Group A and Group B Sys | tems Provide | from Wat | ter F | acilities Inventory (WFI): | | |
| | ID# 283 | | | | | |
| ystem Name: CITY (| OF GOLD | BAR | | | | |
| Contact Person: RICHARD BAKER | | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Pho | one | : 425 238 1935 | | |
| ve. Phone: 425 23 | 8 1935 | FAX: | | | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 98 | ₹ 251 | ss and zip | cod | e) | | |
| Data Delivery: MAIL | | NIFORI | | 1011 | | |
| Samula acidanta di territa | SAMPLE | | MA ! | ION | | |
| Sample collected by (name Specific location where sa | | | | | | |
| 505 CROFT AVE | _ | | | | | |
| pecial Instructions or Comme | ents: | | | | | |
| Type of Sample (select | | | | | | |
| I. ☑ Routine Distribution Sample | | | | | | |
| 3. Ground Water Rule Source | e Sample | Unsatisfa | ctory | routine lab number: | | |
| _S | J. | I Incotice- | +00. | routine collect date: | | |
| ☐ Triggered (A/P) | | Ulisausiau | , | , , , , , , , , , , , , , , , , , , , | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | | | | |
| 4. Surface or GWI Raw Water | r Sample (Enun | neration) | | | | |
| □ E. coli □ Fecal | Filtered Yes | No | _ | S | | |
| 5. Sample Collected for Ini Construction Repairs | ☐ Private Re | | 0 | | | |
| LAB USE ONLY DRI | NKING WAT | TER RES | - | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present a | | 4 | 6 | 2 Satisfactory | | |
| ☐ E. coli present | ☐ E. coli abs | sent | | | | |
| ☐ Replacement Sampl Sample not tested becau ☐ Sample too old (>30 l ☐ Improper Container | se | Test uns | | ole because: | | |
| Bacterial Density Results Total Coliform < 1 /10 | | / ml cal Colifor | n. E.d | oli /100 ml. /100 ml. | | |
| Method Code: SM 9222 | 3 | | Date Received: 5/ 3/2019 | | | |
| Date Analyzed: 5/ 3/201 | 19, 15:15 | | Dat | e Reported: 5/ 4/19 | | |
| 066-02391 Sample Number (DOH number | | | Lat | Use Only: | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 05/03/2019 Month Day Year | Time Sample Collected 8:45 | e ☑ AM □ PM | County: | |
|---|----------------------------------|---|--|--|
| Type of Water System (ch ☑ Group A Publ ☐ Group B Publ | | oox) Private Ho Other: | ousehold | |
| Group A and Group B Sys | tems Provide | from Water | Facilities Inventory (WFI): | |
| | ID# 283 | | | |
| System Name: CITY C | | | | |
| Contact Person: RICI | | | | |
| Day Phone: 360-793 | 3-1101 | Cell Phor | ne: 425 238 1935 | |
| Eve. Phone: 425 23 | 8 1935 I | FAX: | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982 Data Delivery: MAIL | ₹ 251 | | | |
| Data Delivery. D MALE | SAMPLE I | NEORMA | ATION | |
| Sample collected by (nam | | | 111011 | |
| Specific location where sa | | | | |
| 40507 SR2 | | | 3 | |
| Special Instructions or Comme | nts: | enmale for | types 1 through 5 below) | |
| Type of Sample (select) 1. El Routine Distribution Sa | | | Sample (after unsat, routine) | |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.22 mg/l Fr | 1 | ☐ Distribi | ution System Groundwater Rule (GWR) tion of 1,000 or less) | |
| 3. Ground Water Rule Source | e Sample | Unsatisfacto | ory routine lab number. | |
| _S | ı | Unsatisfactory routine collect date: | | |
| ☐ Triggered (A/P) | | | | |
| ☐ Assessment (A/P) | | Chlorinated: YesNo Chlorine Resid: TotalFree | | |
| 4. Surface or GWI Raw Water | | | Te | |
| □ E. coli □ Fecal | Filtered Yes_ | No | S | |
| | ☐ Private Re | | Other | |
| LAB USE ONLY DRII | IAW DAIN | EK KESU | | |
| ☐ Unsatisfactory Total Coliform Present ar | | oot | ☑ Satisfactory | |
| ☐ E. coli present ☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 h ☐ Improper Container ☐ | se | | table because: Culture | |
| Bacterial Density Results Total Coliform < 1 /10 | | / ml. ! al Coliform | | |
| Method Code: SM 92228 | 3 | C | Date Received: 5/ 3/2019 | |
| Date Analyzed: 5/ 3/201 | 9, 15:15 | | Date Reported: 5/ 4/19 | |
| 066-02390 Sample Number (DOH number (| | L | ab Use Only: | |

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



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 05/03/2019 | Time Sam Collecte | | ₹I AM | County: | | |
|--|----------------------|--------------|------------------------|---|--|--|
| Month Day Year | 9:30 | | ⊒ PM | SNOHOMISI | | |
| Type of Water System (cf ☑ Group A Pub ☐ Group B Pub | lic | box) Priv | | usehold | | |
| Group A and Group B Sys | tems Provid | e from | Water | Facilities Inventory (WFI) | | |
| | ID# 28 | 30 0 | Υ | | | |
| System Name. CITY (| OF GOLI |) BA | AR . | | | |
| Contact Person: RIC | HARD BA | KER | | | | |
| Day Phone: 360-79 | 3-1101 | Cell | Phon | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 8 1935 | FAX | : | | | |
| Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 | | | | | | |
| Data Delivery: MAIL | □ EMAIL: | | | | | |
| | SAMPLE | INFO | RMA | TION | | |
| Sample collected by (nam | | | ER | | | |
| Specific location where sa 715 CROFT AVE | | ea: | | | | |
| Special Instructions or Comme | nts: | | | | | |
| Type of Sample (select | | | | | | |
| 1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.51 mg/l Fn | ee 0.44 mg/l | | Distributi Source (| iample (after unsat, routine) ion System Groundwater Rule (GWR) on of 1,000 or less) | | |
| 3. Ground Water Rule Sourc | e Sample | Unsa | tisfactory | routine lab number: | | |
| <u> </u> | | Unact | infontar. | - valie a calle de de de | | |
| ☐ Triggered (A/P) | | Ulisau | | routine collect date: | | |
| ☐ Assessment (A/P) | | Chlori | nated: Yene Resid | | | |
| 4. Surface or GWI Raw Water | | | • | | | |
| 5. Sample Collected for Info | Filtered Yes | No | | S | | |
| ☐ Construction ☐ Repairs | ☐ Private Re | sidenç | e 🗆 O | ther | | |
| LAB USE ONLY DRIN | KING WAT | ER R | ESUL | TS LAB USE ONLY | | |
| Unsatisfactory Total Coliform Present and | _ | | 6 | Z Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | ent | | | | |
| Sample not tested becaus Sample too old (>30 ho Improper Container | e | | | ole because; ulture | | |
| Bacterial Density Results: Total Coliform < 1 /100 | | / al Coli | ml. E.c | oli /100 ml. /100 ml. | | |
| Method Code: SM 9222B | | - 12 - 1 | Date | e Received: 5/ 3/2019 | | |
| Date Analyzed: 5/ 3/2019 | , 15:15 | | Date | e Reported: 5/ 4/19 | | |
| 066-02389 Sample Number (DOH number plu | ıs five digits) | SC 2 VI | Lab | Use Only: | | |



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COLIFORM BACTERIA ANALYSIS

| | | | _ | |
|--|---------------------------------|---|-----------------|-------------------|
| Date Sample Collected 06/07/2019 Month Day Year | Time Sampl Collected 7:00 | e ☑ AM □ PM | County: | NOHOMIS |
| Type of Water System (ch | lic 🗆 | l Private H | ousehold | |
| ☐ Group B Pub Group A and Group B Sys | | Other: | r Facilities Ir | ventory (WFI) |
| Group A and Group & Sys | | | i i aciiiles ii | wentery (*** ', |
| | ID# 283 | | | |
| System Name: CITY (| | | | |
| Contact Person: RIC | | - | | |
| Day Phone: 360-79 | 3-1101 | Cell Pho | ne: 425 2 | 38 1935 |
| Eve. Phone: 425 23 | 88 1935 | FAX: | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip (| code) | |
| Data Delivery: MAIL | □ EMAIL: | | | |
| | SAMPLE | NFORM | ATION | |
| Sample collected by (nar | | | | |
| Specific location where s | | d: | | |
| 15012 MOON L Special Instructions or Comm | | | | 22 000 |
| Type of Sample (select | only one type of | sample from | n types 1 throu | igh 5 below) |
| | Free 0.34 mg/l | ☐ Distril ☐ Source (Popul | oution System | - |
| 3. Ground Water Rule Sout | - | Olisausiac | ory recario los | , mattibul - |
| <u> s </u> | _] | Unsatisfactory routine collect date: | | |
| ☐ Triggered (A/P) ☐ Assessment (A/P) | | Chlorinated: YesNo Chlorine Resid: TotalFree | | |
| 4. Surface or GWI Raw Wat | er Sample (Enun | | | |
| □ E. coli □ Fecal | Filtered Yes | | L | S |
| 5. Sample Collected for Ir | s Private Re | | □ Other | 4 |
| LAB USE ONLY DR | INKING WAT | TER RES | _ | |
| ☐ Unsatisfactory Total Coliform Present a | | | ☑ Satisfa | ctory |
| ☐ E. coli present ☐ Replacement Samp | ☐ E. coli ab | sent | | |
| Sample not tested beca Sample too old (>30 Improper Container | use hours) | ☐ TNTC | Culture | |
| Bacterial Density Result Total Coliform < 1 / | ts: Plate Count 100 ml. Fe | d / ml. | n /100 | /100 ml.) mi. |
| Method Code: SM 9222 | 2B | | | ed: 6/ 7/2019 |
| Date Analyzed: 6/ 7/20 | 19, 15:30 | 7. | Date Report | ed: 6/ 8/19 |
| 066-03189 | | | Lab Use On | ly: |

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



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| C | OLIFORN | BAC | TERIA ANALYSIS | | | |
|--|----------------------------------|----------------------------|---|--|--|--|
| Date Sample Collected 06/07/2019 Month Day Year | Time Sample Collected 9:45 | e Ø AM □ PM | County: SNOHOMISH | | | |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | lic 🔲 | ox) Private H Other: | ousehold | | | |
| Group A and Group B Sys | tems Provide f | rom Wate | r Facilities Inventory (WFI): | | | |
| ID# 28300Y | | | | | | |
| System Name: CITY (| OF GOLD | BAR | | | | |
| Contact Person: RICHARD BAKER | | | | | | |
| Day Phone: 360-79 | 3-1101 C | Cell Pho | ne: 425 238 1935 | | | |
| Eve. Phone: 425 23 | | AX: | | | | |
| Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 | | | | | | |
| Data Delivery: MAIL | | | | | | |
| | SAMPLE IN | | ATION | | | |
| Sample collected by (name | | | 71 - 71 | | | |
| Specific location where sa | | : : | | | | |
| 508 1ST AVE W | | | | | | |
| | | sample from | n types 1 through 5 below) | | | |
| 1. ☑ Routine Distribution So Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.45 mg/l F | ample 2 | ☐ Distrib | t Sample (after unsat, routine) oution System e Groundwater Rule (GWR) ation of 1,000 or less) | | | |
| 3. Ground Water Rule Sour | | | ory routine lab number: | | | |
| S | J T | Unsatisfacti | ory routine collect date: | | | |
| ☐ Triggered (A/P) | | | ; Yes No | | | |
| ☐ Assessment (A/P) | | Chlorinated Chlorine Re | ; Yes No sid: Total Free | | | |
| 4. Surface or GWI Raw Water | r Sample (Enume | eration) | | | | |
| □ E. coli □ Fecal | Filtered Yes_ | No | s | | | |
| 5. Sample Collected for Int | | idence [| 1 Other | | | |
| | | | ULTS LAB USE ONLY | | | |
| ☐ Unsatisfactory | | | ☑ Satisfactory | | | |
| Total Coliform Present at E. coli present | nd □ E. coli abse | ent | 77 | | | |
| ☐ Replacement Sampl Sample not tested becau ☐ Sample too old (>30 l ☐ Improper Container | e Required ise | 700VIII0V | itable because: | | | |
| Bacterial Density Results Total Coliform < 1 /1 | s: Plate Count 00 ml. Feca | al Coliforn | | | | |
| Method Code: SM 9222 | В | | Date Received: 6/ 7/2019 | | | |
| Date Analyzed: 6/ 7/2019, 15:30 | | | Date Reported: 6/8/19 | | | |

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

066-03188

Sample Number (DOH number plus five digits)



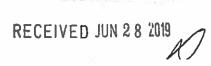
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| | COLIFOR | M BA | CT | ERIA ANALYSIS |
|--|---------------|-------------------------------|----------------|--|
| Date Sample Collected 06/07/2019 | Collected | i ØA | | County: |
| Month Day Year | 8:15 | ΠP | М | SNOHOMISH |
| Type of Water System (ci ☑ Group A Pub ☐ Group B Pub | olic i | box) □ Private □ Other: | | usehold |
| Group A and Group B Sys | stems Provide | from Wa | ater | Facilities Inventory (WFI) |
| | ID# 28 | 300Y | | |
| System Name: CITY | OF GOL | BAR | | |
| Contact Person: RIC | HARD BAI | KER | | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | on | e: 425 238 1935 |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | ss and zi | o co | de) |
| Data Delivery: 🗆 MAIL | □ EMAIL: | | | |
| | SAMPLE | INFOR | MA | TION |
| Sample collected by (nan | ne): RICHARD | BAKER | | |
| Specific location where sa | | ed: | | |
| 501 LEWIS AVE | | | | |
| Special Instructions or Comme Type of Sample (select | | f sample fo | nen t | unes 1 thmuch 5 halow) |
| 1. ☑ Routine Distribution S | | 2. 🗆 Rep | eat S | Sample (after unsat, routine) |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.36 mg/l F | ree 0.35 mg/l | ☐ Dist☐ Sou | ribut rce (| ion System Groundwater Rule (GWR) on of 1,000 or less) |
| 3. Ground Water Rule Source | ce Sample | Unsatisfa | ctory | y routine lab number: |
| S | J | | _ | |
| ☐ Triggered (A/P) | | | - | routine collect date: |
| ☐ Assessment (A/P) | | Chlorinate | / ed: Y | esNo |
| | | Chlorine F | Resid | : Total Free |
| 4. Surface or GWI Raw Wate | , , | | | |
| E. coli | Filtered Yes | No | _ | |
| 5. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs | | esidence | | Other |
| LAB USE ONLY DRI | NKING WAT | ER RES | SUL | TS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present ar | nd | | T | ☑ Satisfactory |
| ☐ E. coli present | ☐ E. coli abs | sent | L | |
| ☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 h ☐ Improper Container ☐ | se | Test uns | | ble because: |
| Bacterial Density Results Total Coliform < 1 /10 | | / ml al Colifor | - | coli /100 mt. /100 mt. |
| Method Code: SM 9222E | 31/ | 35 ms | Da | te Received: 6/ 7/2019 |
| Date Analyzed: 6/ 7/201 | 9, 15:30 | | Da | te Reported: 6/8/19 |
| 066-03187 | | | Lat | Use Only: |

Sample Number (DOH number plus five digits)

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



Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 07/12/2019 | | mple | | County: |
|--|-----------------------------|----------------------|-------------------------|--|
| Month Day Year | 7:55 | į | ☑ AM □ PM | SNOHOMIS |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | eck only or lic lic | e box) Priv | /ate Hoi | usehold |
| Group A and Group B Sys | tems Provid | de from | Water | Facilities Inventory (WFI) |
| | ID# 28 | | | , |
| System Name: CITY C | | | | |
| Contact Person: RICI | IARD BA | KEB | 111 | |
| Day Phone: 360-793 | | _ | Phone | e: 425 238 1935 |
| Eve. Phone: 425 238 | | FAX | | . 423 230 1935 |
| Send results to: (Print full r City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982 | 51 | ess and | zip coo | de) |
| Data Delivery: MAIL | EMAIL: | | | |
| | SAMPLE | INFO | RMAT | ION |
| Sample collected by (name |): RICHARE | BAKE | R | |
| Specific location where san | ple collecte | ed: | | |
| 715 CROFT AVE | W | | | |
| pecial Instructions or Comment | | | | |
| Type of Sample (select on | ly one type o | sample | from typ | es 1 through Sibelow) |
| | 0.25 mg/l | | istributior ource Gr | mple (after unsat. routine) I System Dundwater Rule (GWR) of 1,000 or less) |
| 3. Ground Water Rule Source : | Sample | | | outine lab number: |
| S | i | Unsatist | actory ro | utine collect date: |
| ☐ Triggered (A/P) | | | 1 | |
| ☐ Assessment (A/P) | | Chlorina Chlorine | ted: Yes Resid: T | otal Free |
| Surface or GWI Raw Water Sa | imple (Enum | eration) | | |
| | Filtered Yes_ | No | -0.0 | s |
| . ☐ Sample Collected for Inform I Construction ☐ Repairs ☐ | ation Only I Private Res | idence | □ Othe | er . |
| LAB USE ONLY DRINK | NG WAT | R RE | SULTS | LAB USE ONLY |
| Unsatisfactory otal Coliform Present and | 8 | 6 | | Satisfactory |
| | E. coli abse | nt | | |
| Replacement Sample Re | equired | | | |
| ample not tested because Sample too old (>30 hours | · 1 | | | because: |
|] Improper Container | | | C id Cultu | |
| | | | | re |
| acterial Density Results: Pla otal Coliform 0. /100 mi | | / m | I. E.coli | /100 ml. |
| ethod Code: SM 9222B | 200 | | | eceived: 7/12/2019 |
| ate Analyzed: 7/12/2019, 1 | 6:00 | - | | eported: 7/13/19 |
| 066-03896 ample Number (DOH number plus fiv | e digits) | | | e Only: |
| H Form #331-319 (revised 02/16) | | | 1.1. 10.70 | |

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| | OLIFOR | MBAG | ار | ERIA ANALYSIS | | |
|--|--|--|-----------------------------------|---|--|--|
| Date Sample Collected 07/12/2019 | Time Samp Collected | | и | County: | | |
| Month Day Year | 6:15 | □ PN | N | SNOHOMISH | | |
| Type of Water System (cl ☑ Group A Pub ☐ Group B Pub | ic E | box)] Private] Other: _ | Hou | usehold | | |
| Group A and Group B Sys | stems Provide | from Wa | ter | Facilities Inventory (WFI): | | |
| | ID# 283 | 300Y | | | | |
| System Name: CITY (| OF GOLD | BAR | | | | |
| Contact Person: RIC | HARD BAK | (ER | | | | |
| Day Phone: 360-79 | ay Phone: 360-793-1101 Cell Phone: 425 238 193 | | | | | |
| Eve. Phone: 425 23 | 8 1935 | FAX: | | 8 | | |
| 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 | NFOR | MA' | TION | | |
| Sample collected by (nan | ne): RICHARD | BAKER | | 200 | | |
| Specific location where sa | ample collecte | d: | | | | |
| 505 CROFT AVI | | | | | | |
| Special Instructions or Comme Type of Sample (select | | sample for | om h | mes 1 through 5 below) | | |
| 1. ☑ Routine Distribution Set Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.30 mg/l F 3. Ground Water Rule Source ☐ S ☐ ☐ ☐ | ree 0.27 mg/l ce Sample | ☐ Distr ☐ Sour (Popu Unsatisfac | ibuti rce (ulatio ctory | sample (after unsat, routine) on System Groundwater Rule (GWR) on of 1,000 or less) y routine lab number: routine collect date: | | |
| ☐ Triggered (A/P) ☐ Assessment (A/P) | - San | Chiorinate Chlorine R | | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enurr | eration) | | = ,, | | |
| □ E. coli □ Fecal | Filtered Yes | No | | SII | | |
| 5. □ Sample Collected for Inf □ Construction □ Repairs | | sidence | | Other | | |
| LAB USE ONLY DRI | NKING WAT | ER RES | UL | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present ar | | | I | ☑ Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample Sample not tested becau ☐ Sample too old (>30 h ☐ Improper Container ☐ | se | | ; | ble because: ulture | | |
| Bacterial Density Results Total Coliform 0. /10 | | / ml | | coli /100 ml. /100 ml. | | |
| Method Code: SM 9222E | 3 | | Dat | te Received: 7/12/2019 | | |
| Date Analyzed: 7/12/20 | 19, 16:00 | | Da | te Reported: 7/13/19 | | |
| 066-03895 Sample Number (DOH number) | | | Lat | Use Only: | | |

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





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COLIFORM BACTERIA ANALYSIS

| | OLII OI | IIII DA | U | LINIA ANAL I SI | | | |
|--|-------------------------|---------------------------------|-----------------|---|--|--|--|
| Date Sample Collected 07/12/2019 | Time Sam Collecte | | M | County: | | | |
| Month Day Year | 6:50 | O P | М | SNOHOMIS | | | |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | lic | e box) □ Private □ Other: | Hou | usehold | | | |
| Group A and Group B Sys | tems Provid | e from Wa | ater | Facilities Inventory (WF | | | |
| | ID# 28 | 300Y | | | | | |
| System Name: CITY OF GOLD BAR | | | | | | | |
| Contact Person: RICHARD BAKER | | | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | one | e: 425 238 1935 | | | |
| Eve. Phone: 425 23 | 8 1935 | FAX: | | | | | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 982 | R 251 | ess and zip | p cod | de) | | | |
| Data Delivery: MAIL | □ EMAIL: | | | | | | |
| | SAMPLE | | MA' | rion | | | |
| Sample collected by (name | | | -2.7 | <u> </u> | | | |
| Specific location where sa | mple collecte | ed: | | | | | |
| 40507 SR 2 decial Instructions or Commer | nts: | | | | | | |
| Type of Sample (select of | | fisample fro | om:tv | pes 1 through 5ibelow) | | | |
| . ☑ Routine Distribution Sa Chlorinated: ☑ Yes ☐ No | | 2. Repe | eat Satisfice G | ample (after unsat, routine) on System roundwater Rule (GWR) n of 1,000 or less) | | | |
| . Ground Water Rule Source | e Sample | Unsatisfac | ctory | routine lab number: | | | |
| S | | Unsatisfac | tory i | outine collect date: | | | |
| ☐ Triggered (A/P) | | / | | | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine R | | | | | |
| . Surface or GWI Raw Water | Sample (Enum | neration) | | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | | S | | | |
| ☐ Sample Collected for Info Construction ☐ Repairs | mation Only Private Re | sidence | □ Ot | her | | | |
| LAB USE ONLY DRIN | KING WAT | ER RES | ULI | S LAB USE ONLY | | | |
| □ Unsatisfactory otal Coliform Present and □ E. coli present □ | i ⊐ E. coli abs | ent | R | Satisfactory | | | |
| ☐ Replacement Sample | | CIII | - | | | | |
| ample not tested because □ Sample too old (>30 ho □ Improper Container □ | Ð | Test unst TNTC Turbid | ; | le because: iture | | | |
| acterial Density Results: otal Coliform 0. /100 | | / ml. al Coliform | | oli /100 ml. /100 ml. | | | |
| lethod Code: SM 9222B | | | Date | Received: 7/12/2019 | | | |
| ate Analyzed: 7/12/2019 | 9, 16:00 | | _ | Reported: 7/13/19 | | | |
| 066-03897 | | | | Use Only: | | | |

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

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COLIECTM BACTERIA ANALYSIS

| | | | _ | RIA ANAL I SIS | |
|---|-------------------------|-----------------------------------|--------------------------|---|--|
| Date Sample Collected 08/02/2019 | Time Samp Collected | | | County: | |
| Month Day Year | 10:40 | □ PN | 1 | SNOHOMISI | |
| Type of Water System (che ☑ Group A Publi ☐ Group B Publi | c [| box) I Private I I Other: _ | | ehold | |
| Group A and Group B Syst | ems Provide | from Wa | ter F | acilities Inventory (WFI) | |
| | ID# 283 | 300Y | | | |
| System Name: CITY C | F GOLD | BAR | | | |
| Contact Person: RICI | HARD BAK | ŒR | | 199 | |
| Day Phone: 360-793-1101 Cell Phone: 425 238 1935 | | | | | |
| Eve. Phone: 425 238 | 3 1935 | FAX: | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982 | | ss and zip | cod | a) | |
| Data Delivery: MAIL | EMAIL: | | | | |
| 54 | SAMPLE | INFORM | TAN | ION | |
| Sample collected by (name Specific location where said 15012 MOONLICE) | mple collecte SHT DR | | | 7/ SAI | |
| Special Instructions or Commer Type of Sample (select of | | sample fro | om:typ | es 1 through 5 below) | |
| 1. ☑ Routine Distribution Sat | | 2. C Repe | at Sa ibutio ce Gi | imple (after unsat. routine) n System oundwater Rule (GWR) n of 1,000 or less) | |
| 3. Ground Water Rule Source | Sample | Unsatisfac | ctory | routine lab number: | |
| <u>\$</u> | | Ingoliefac | ton/ F | outine collect date: | |
| ☐ Triggered (A/P) | | Urisausiau | , , | / | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine R | | | |
| 4. Surface or GWI Raw Water | | | | 827 - 42 | |
| E. coli | | No | | _S | |
| 5. ☐ Sample Collected for Info ☐ Construction ☐ Repairs | ☐ Private Re | | □ Ot | | |
| LAB USE ONLY DRIN | KING WAT | ER RES | ושני | S LAB USE ONLY | |
| ☐ Unsatisfactory Total Coliform Present an | | | 2 | Satisfactory | |
| ☐ E. coli present ☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 ho ☐ Improper Container | e | |) | ele because: Iture | |
| Bacterial Density Results: Total Coliform < 1 /10 | | / ml | , E.c m | oli /100 ml. /100 ml. | |
| Method Code: SM 9222B | | Time. | Date | Received: 8/ 2/2019 | |
| Date Analyzed: 8/ 2/2019 | 9, 15:00 | | Date | Reported: 8/ 3/19 | |
| 066-04304 Sample Number (DOH number p | us five digits) | 700 | Lab | Use Only: | |
| | | | | | |

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





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| C | OLIFORN | A BACT | ERIA ANALYSIS |
|---|----------------------------------|--------------------------------------|---|
| Date Sample Collected 08/02/2019 Month Day Year | Time Sample Collected 8:20 | e Ø AM D PM | County: SNOHOMISH |
| Type of Water System (cl ☑ Group A Pub ☐ Group B Pub | olic 🗆 | Private Ho Other: | |
| Group A and Group B Sy | stems Provide | from Water | Facilities Inventory (WFI): |
| | ID# 283 | Y00 | |
| System Name: CITY | | | |
| Contact Person: RIC | | | |
| Day Phone: 360-79 | 3-1101 | Cell Phor | e: 425 238 1935 |
| Eve. Phone: 425 23 | 38 1935 | FAX: | |
| Send results to: (Print ful City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R 3251 | s and zip c | |
| Data Delivery: ☐ MAIL | | NEODIA | ATION |
| | SAMPLE | | ATION |
| Sample collected by (nail Specific location where \$ 508 1ST AVE V Special Instructions or Comm | sample collecte V | d: | types 1 through 5 below) |
| 1. ☑ Routine Distribution S Chlorinated: ☑ Yes □ No Chlorine: Total 0.40 mg/l 3. Ground Water Rule Sou | Sample Free 0.40 mg/l | 2. C Repeat C Distrib Source (Popula | Sample (after unsat, routine) ution System Groundwater Rule (GWR) ution of 1,000 or less) ory routine lab number: |
| SII ☐ Triggered (A/P) | | | ry routine collect date: |
| ☐ Assessment (A/P) | | Chlorinated: Chlorine Re | YesNo sid: Total Free |
| 4. Surface or GWI Raw Wa | | | |
| ☐ E. coli ☐ Fecai | Filtered Yes | No | <u></u> |
| 5. Sample Collected for Construction Repair | rs 🔲 Private Re | | Other |
| | INKING WA | IER RES | JLTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present | | cont | ☑ Satisfactory |
| ☐ E. coli present ☐ Replacement Sam Sample not tested beca ☐ Sample too old (>30 ☐ Improper Container ☐ | ause) hours) | | itable because: |
| Bacterial Density Result Total Coliform < 1 | lts: Plate Coun 100 ml. Fe | cal Coliforn | |
| Method Code: SM 922 | 2B | | Date Received: 8/ 2/2019 |
| Date Analyzed: 8/ 2/2 | 019, 15:00 | | Date Reported: 8/3/19 |
| 066-0430 Sample Number (DOH numb | 05 er plus five digits) | | Lab Use Only: |

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

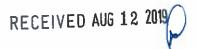


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| | OLIFOR | IM BAC | TERIA ANALYSIS |
|---|-----------------------|-----------------------------------|--|
| Date Sample Collected 08/02/2019 | Time Sam Collected | MA 🖾 🗈 | |
| Month Day Year | 6:30 | | SNOHOMIS |
| Type of Water System (ch ☑ Group A Pub ☑ Group B Pub | lic l | box) Private H Other: | lousehold |
| Group A and Group B Sys | tems Provide | from Water | er Facilities Inventory (WFI |
| | ID# 28 | | |
| System Name: CITY (| | | |
| Contact Person: RIC | HARD BAI | KER | |
| Day Phone: 360-79 | 3-1101 | Cell Pho | ne: 425 238 1935 |
| Eve. Phone: 425 23 | | FAX: | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEF 107 5th St Gold Bar, Wa, 98 | 2 | ss and zip (| code) |
| Data Delivery: MAiL | □ EMAIL: | | |
| | SAMPLE | INFORM | ATION |
| Sample collected by (nam | ne): RICHARD | BAKER | |
| Specific location where sa | | | |
| 501 LEWIS AVE | 111 | | |
| Special Instructions or Comme | | | the second second |
| 1. ☑ Routine Distribution Sa | | | nitypes 1 through 5ibelow) |
| Chlorinated: ☑ Yes ☐ No | ree 0.33 mg/l | ☐ Distrib | t Sample (after unsat. routine) oution System or Groundwater Rule (GWR) ation of 1,000 or less) |
| 3. Ground Water Rule Source | e Sample | Unsatisfact | ory routine lab number: |
| <u> </u> | | | |
| ☐ Triggered (A/P) | * | Unsatisfacto | ory routine collect date: |
| ☐ Assessment (A/P) | = | /_ Chlorinated: Chlorine Re | |
| 4. Surface or GWI Raw Water | Sample (Enum | | sid. TotalFree |
| □ E. coli □ Fecal | | , | 1 \$ 1 |
| 5. Sample Collected for Info | ormation Only | | |
| □ Construction □ Repairs | | | |
| LAB USE ONLY DRIN | IKING WAI | ER RESU | Transmiss of the second |
| ☐ Unsatisfactory Total Coliform Present an ☐ E. coli present | - | sent | ☑ Satisfactory |
| ☐ Replacement Sample Sample not tested becaus ☐ Sample too old (>30 h ☐ Improper Container | Required se | | itable because: |
| Bacterial Density Results: Total Coliform < 1 /10 | | / mt. l | |
| Method Code: SM 9222B | | |)ate Received: 8/ 2/2019 |
| Date Analyzed: 8/ 2/201 | | _ | Pate Reported: 8/3/19 |
| 066-04303 | -,,,-,,-, | | ab Use Only: |
| | | 15 | |

066-04303 Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 02/16)





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COLIFORM BACTERIA ANALYSIS

| COLIFORI | II BAC | ENIA ANALTOIC | |
|---|----------------------------|---|--|
| Date Sample Collected Time Sample Collected | ☑ AM | County: | |
| Month Day Year 8:15 | □ PM | SNOHOMISH | |
| ☐ Group B Public ☐ | Private Ho Other: | | |
| Group A and Group B Systems Provide | from Wate | Facilities Inventory (WFI): | |
| ID# 283 | 300Y | 73 | |
| system Name: CITY OF GOLD | | | |
| Contact Person: RICHARD BAK | | | |
| Day Phone: 360-793-1101 | Cell Phor | ne: 425 238 1935 | |
| Eve. Phone: 425 238 1935 | FAX: | | |
| Send results to: (Print full name, addres City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 | ss and zip o | ode) | |
| Data Delivery: MAIL EMAIL: | | | |
| SAMPLE | INFORM | ATION | |
| Sample collected by (name): RICHARD | BAKER | | |
| Specific location where sample collecte 715 SR2 Special Instructions or Comments: | ed: | | |
| Type of Sample (select only one type of | | | |
| 1. ☑ Routine Distribution Sample Chiorinated: ☑ Yes □ No Chlorine: Total 0.26 mg/l Free 0.22 mg/l | ☐ Distrib | t Sample (after unsat. routine) oution System e Groundwater Rule (GWR) ation of 1,000 or less) | |
| 3. Ground Water Rule Source Sample | Unsatisfact | tory routine lab number | |
| _S | Unsatisfact | ory routine collect date: | |
| ☐ Triggered (A/P) | | | |
| ☐ Assessment (A/P) | Chlorinated Chlorine Re | | |
| 4. Surface or GWI Raw Water Sample (Enu | meration) | 93 93 | |
| □ E. coli □ Fecal Filtered Yes | s No | S | |
| 5. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private R | | ☐ Other | |
| LAB USE ONLY DRINKING WA | TER RES | ULTS LAB USE ONLY | |
| ☐ Unsatisfactory Total Coliform Present and | | ☑ Satisfactory | |
| ☐ E. coli present ☐ E. coli ab | sent | | |
| ☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ | | uitable because: d Culture | |
| Bacterial Density Results: Plate Cour Total Coliform <1 /100 ml. Fe | nt / ml. ecal Colifor | . E.coli /100 ml. m /100 ml. | |
| Method Code: SM 9222B | | Date Received: 9/10/2019 | |
| Date Analyzed: 9/10/2019, 14:30 | 1 | Date Reported: 9/11/19 | |
| 066-05181 Sample Number (DOH number plus five digits) | | Lab Use Only: | |



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



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| | | | ERIA ANALYSIS | | |
|--|---------------------------------|---------------------------|--|--|--|
| Date Sample Collected 09/10/2019 | Collected | E AM □ PM | County: | | |
| Month Day Year | World Day Tear | | SNOHOMISH | | |
| Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | |
| Group A and Group B Sys | stems Provide 1 | from Water | Facilities Inventory (WFI): | | |
| | ID# 283 | | | | |
| System Name: CITY | OF GOLD | BAR | | | |
| Contact Person: RICHARD BAKER | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Pho | ne: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 I | FAX: | | | |
| Send results to: (Print ful City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 Data Delivery: MAIL | R 3251 | | | | |
| Data Delivery: D MAIL | SAMPLE | NEORM | ATION | | |
| | | | ATION | | |
| Sample collected by (nat Specific location where s | me): KIUMAKU :ample collecte | d: | | | |
| 40507 SR2 | parriple concers | | | | |
| Special Instructions or Comm | nents: | W 0.00 | | | |
| Type of Sample (selec | t only one type of | sample from | nitypes 1 through 5 below) | | |
| 1. ☑ Routine Distribution | | 2. D Repea | t Sample (after unsat, routine) | | |
| Chlorinated: ☑ Yes ☐ No | | ☐ Source | oution System e Groundwater Rule (GWR) | | |
| Chlorine: Total 0.25 mg/l | | | ation of 1,000 or less) | | |
| 3. Ground Water Rule Sou | rce Sample | Unsatisfac | tory routine lab number: | | |
| _S | _ | Unsatisfact | ory routine collect date: | | |
| ☐ Triggered (A/P) | | , | | | |
| ☐ Assessment (A/P) | | Chlorinated Chlorine R | l: Yes No esid: Total Free | | |
| 4. Surface or GWI Raw Wa | ter Sample (Enur | neration) | | | |
| □ E. coli □ Fecal | Filtered Yes | No | <u></u> | | |
| 5. Sample Collected for Construction Repair | rs Private Re | | Other | | |
| LAB USE ONLY DE | UNKING WA | TER RES | ULTS LAB USE ONLY | | |
| Unsatisfactory Total Coliform Present | | | ☑ Satisfactory | | |
| D E. coli present | ☐ E. coli ab | sent | | | |
| ☐ Replacement Sample not tested bed ☐ Sample too old (>30 ☐ Improper Container | ause) hours) | | suitable because; d Culture | | |
| Bacterial Density Resu | lts: Plate Coun | t / ml | . E.coli /100 ml. m /100 ml. | | |
| Method Code: SM 922 | 2B | | Date Received: 9/10/2019 | | |
| Date Analyzed: 9/10/2 | | | Date Reported: 9/11/19 | | |
| 066-05180 | | | Lab Use Only: | | |
| Sample Number (DOH numb | | | 1 | | |

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

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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected 09/10/2019 | Time Samp Collected | le ☑ AM | County: |
|---|------------------------|---------------------------------|--|
| Month Day Year | 6:30 | □ PM | SNOHOMIS |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | lic 🗆 | oox) I Private H I Other: | ousehold |
| Group A and Group B Sys | stems Provide | from Wate | ர Facilities Inventory (WF |
| | ID# 283 | | |
| System Name: CITY (| | | <u> </u> |
| Contact Person: RIC | | _ | |
| Day Phone: 360-79 | 3-1101 | Cell Pho | ne: 425 238 1935 |
| Eve. Phone: 425 23 | 88 1935 | FAX: | |
| Send results to: (Print full City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code) |
| Data Delivery: □ MAIL | | | |
| | SAMPLE | NFORM | ATION |
| Sample collected by (nan | | | |
| Specific location where sa | | | Total Telescope |
| 505 CROFT AVI | | | |
| Special Instructions or Commo | | sample fron | nitypes:1 through 5:below) |
| 1. ☑ Routine Distribution S | | 2. 🗆 Repea | t Sample (after unsat, routine |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.24 mg/l F | ree 0.21 mg/l | ☐ Source | eution System Groundwater Rule (GWR) ation of 1,000 or less) |
| 3. Ground Water Rule Sour | ce Sample | Unsatisfact | ory routine lab number: |
| _S | J | Linestinfacto | and multiple pollogit date: |
| ☐ Triggered (A/P) | | Unsausracio | ory routine collect date: |
| ☐ Assessment (A/P) | | Chlorinated Chlorine Re | |
| 4. Surface or GWI Raw Water | er Sample (Enum | eration) | |
| □ E. coli □ Fecal | Filtered Yes | No | SII |
| 5. ☐ Sample Collected for In ☐ Construction ☐ Repairs | ☐ Private Re | | 1 Other |
| LAB USE ONLY DRI | NKING WAT | ER RES | JLTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present a | | | ☑ Satisfactory |
| ☐ E. coli present | ☐ E. coli ab: | ent | |
| ☐ Replacement Sampl Sample not tested beca ☐ Sample too old (>30 I ☐ Improper Container | use | □ TNTC □ Turbid □ | |
| Bacterial Density Results Total Coliform < 1 /1 | | / ml. al Coliform | E.coli /100 mi. n /100 ml. |
| Method Code: SM 9222 | В | T C | Date Received: 9/10/2019 |
| Date Analyzed: 9/10/20 | 19, 14:30 | | Date Reported: 9/11/19 |
| 066-05179 Sample Number (DOH number | | | ab Use Only: |

DOH Form #331-319 (revised 02/15)

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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | |
|--|--|--|--------------------------------------|---|--|--|
| 10/04/2019 Month Day Year | Collected 6:15 | I ⊠A □P | (80)(0)(4) | SNOHOMISH | | |
| ☑ Group A Pub | Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | | |
| | ID# 283 | 300Y | | | | |
| System Name: CITY (| OF GOLI | | | | | |
| | Contact Person: RICHARD BAKER | | | | | |
| Day Phone: 360-79 | | 1 | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code |) | | |
| 37 | SAMPLE | INFOF | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | 30.000 | | |
| Specific location where sar 501 LEWIS | | | | | | |
| Project Name or Comments | S: | | | | | |
| Type of Sample (select of | nly one type o | of sample | from | types 1 through 5 below) | | |
| 1. ☑ Routine Distribution S | ample | | | ample (after unsat. routine) on System | | |
| Chlorinated: ☑ Yes □ No Chlorine: Total 0.78 mg/l F | ree 0.72 mg/l | ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfa | actory | routine lab number: | | |
| _S_ | I | Unsatisfactory routine collect date: | | | | |
| ☐ Triggered (A/P) | | Olisalisia | tory routine conect date. | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | // ed: YesNo Resid: Total Free | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | - | S | | |
| 5. □ Sample Collected for Info | ormation Only □ Private Re | esidence | | other | | |
| LAB USE ONLY DRI | NKING WA | TER RES | SUL | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | 1 | 5 | ☑ Satisfactory | | |
| | ☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required | | | | | |
| Sample not tested because | · | | | le because: | | |
| ☐ Sample too old (>30 hours) ☐ Improper Container | | ☐ TNTC ☐ Turbid Culture | | | | |
| □ Improper Container □ Turbid Culture □ □ | | | | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | rm / 100 ml. | | |
| Method Code:SM 9222B | | | Date | e Received: 10/ 4/2019 | | |
| Date Analyzed: 10/ 4/2019 | 9, 15:15 | | Date | e Reported: 10/ 5/19 | | |
| 066-05689 | | | Lab | Use Only: | | |
| Sample Number (DOH number p | lus five digits) | | L_ | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | [| County: | | |
|--|--|--|--------------------------------------|---------------------------|--|--|
| 10/04/2019 Month Day Year | Collected 7:15 | ⊠ A □ P | 9000000 | SNOHOMISH | | |
| ☑ Group A Pub | Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | |
| Group A and Group B Syst | tems Provide | from Wat | er Fa | cilities Inventory (WFI): | | |
| | ID# 283 | 300Y | | | | |
| System Name: CITY (| OF GOLI |) BAR | | | | |
| Contact Person: RICHARD BAKER | | | | | | |
| Day Phone: 360-79 | | | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip | code |) | | |
| | SAMPLE | INFOR | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | 30.000 | | |
| Specific location where sar | | | | | | |
| 15012 MOONLIC | | | | | | |
| Project Name or Comments | | | • | | | |
| Type of Sample (select of | | | | | | |
| 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.79 mg/l Free 0.76 mg/l | | Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfa | actory | routine lab number: | | |
| _S_ | _S_ | | nsatisfactory routine collect date: | | | |
| ☐ Triggered (A/P) | | Olisalisia | tory routine concertance. | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine I | // ed: YesNo Resid: Total Free | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | meration) | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | - | S | | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | пο | Other | | |
| LAB USE ONLY DRI | NKING WA | TER RE | SUL | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | E | ☑ Satisfactory | | |
| ☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required | | | | | | |
| Sample not tested because | · | | | ole because: | | |
| ☐ Sample too old (>30 hours) ☐ Improper Container | | □ TNTC □ Turbid Culture | | | | |
| | | | | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | rm / 100 ml. | | |
| Method Code:SM 9222B | | | Date | e Received: 10/ 4/2019 | | |
| Date Analyzed: 10/ 4/2019 | 9, 15:15 | | Date | e Reported: 10/ 5/19 | | |
| 066-05690 | | | Lab | Use Only: | | |
| Sample Number (DOH number p | lus five digits) | | <u> </u> | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | |
|---|-------------------------------|--|--------------------------------------|--|--|
| 10/04/2019 Month Day Year | Collected 9:00 | I ⊠ A □ P | (80)(0)(4) | SNOHOMISH | |
| Type of Water System (che ☑ Group A Publ ☐ Group B Publ | lic | oox) □ Private □ Other: _. | Hou | sehold | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | |
| | ID# 283 | 300Y | | | |
| System Name: CITY (| OF GOLI | BAR | | | |
| Contact Person: RIC | | | 2 | | |
| Day Phone: 360-79 | 3-1101 | Cell Pr | none | e: 425 238 1935 | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code | | |
| | SAMPLE | INFOF | RM/ | ATION | |
| Sample collected by (name |): RICHARD | BAKER | | | |
| Specific location where sar 508 1ST AVE W | - | : | | | |
| Project Name or Comments | | | | | |
| Type of Sample (select o | 7.0 | | | | |
| 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.79 mg/l Free 0.71 mg/l | | Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | |
| 3. Ground Water Rule Source | | | actory | routine lab number: | |
| _S_ | I | Unactiofa | Insatisfactory routine collect date: | | |
| ☐ Triggered (A/P) | Unsatisfa | | / / | | |
| ☐ Assessment (A/P) | Chlorinate Chlorine F | | | d: Yes No Resid: Total Free | |
| 4. Surface or GWI Raw Water | r Sample (Enur | neration) | | | |
| □ E. coli □ Fecal | Filtered Yes | No | | S | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | |
| LAB USE ONLY DRIN | NKING WA | TER RES | SUL | TS LAB USE ONLY | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | 6 | ☑ Satisfactory | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | EIIL | | | |
| Sample not tested because Te ☐ Sample too old (>30 hours) ☐ Improper Container ☐ | | Test uns ☐ TNT0 ☐ Turbid | 2 | ole because: Iture | |
| Bacterial Density Results | s: | | | | |
| Plate Count / ml. Total Coliform < 1 /10 | 0 ml | E.coli Fecal C | | / 100 ml. orm / 100 ml. | |
| Method Code:SM 9222B | v 1111. | i ecal C | r | e Received: 10/ 4/2019 | |
| Date Analyzed: 10/ 4/2019 | 9.15:15 | | | e Reported: 10/ 5/19 | |
| | , 10.10 | | _ | Use Only: | |
| 066-05691 Sample Number (DOH number p | lus five digits) | | Lab | Osc Offiy. | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | |
|--|--|--|--------------------------------------|---------------------------|--|--|
| 11/05/2019 Month Day Year | Collected 9:05 | I ⊠ A □ P | (80)(0)(4) | SNOHOMISH | | |
| ☑ Group A Pub | Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | | |
| | ID# 28300Y | | | | | |
| System Name: CITY (| OF GOLI |) BAR | | | | |
| | Contact Person: RICHARD BAKER | | | | | |
| Day Phone: 360-79 | | | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code |) | | |
| 37 | SAMPLE | INFOF | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | |
| Specific location where sar 715 CROFT AVE | mple collected | | | | | |
| Project Name or Comments | S: | | | | | |
| Type of Sample (select of | nly one type o | of sample | from | types 1 through 5 below) | | |
| 1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.26 mg/l Free 0.25 mg/l | | Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source Sample | | Unsatisfa | actory | routine lab number: | | |
| | | | Unsatisfactory routine collect date: | | | |
| ☐ Triggered (A/P) | | Unsatista | actory routine collect date: | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | // ed: YesNo Resid: TotalFree | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | |
| □ E. coli □ Fecal | Filtered Yes | No | | S | | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | | |
| LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY | | | | | | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | <u> </u> | ☑ Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | ent | | | | |
| Sample not tested because Sample too old (>30 ho | • | | 2 | ole because: | | |
| ☐ Improper Container ☐ ☐ | | □ Turbi | d Cu | Iture | | |
| Bacterial Density Results | s: | | | /400 ·····I | | |
| Plate Count / ml. Total Coliform < 1 /10 | 0 ml. | E.coli Fecal C | | /100 ml. orm /100 ml. | | |
| Method Code:SM 9222B | | | r | e Received: 11/ 5/2019 | | |
| Date Analyzed: 11/5/2019 | 9, 14:30 | | | e Reported: 11/6/19 | | |
| 066-06321 | | | _ | Use Only: | | |
| Sample Number (DOH number p | lus five digits) | | | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | |
|---|---|--------------------------|--------------------------------------|--|--|--|
| 11/05/2019 Month Day Year | Collected 8:50 | ⊠ A □ P | 1000000 | SNOHOMISH | | |
| ☑ Group A Publ | Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | |
| Group A and Group B Syst | tems Provide | from Wat | er Fa | cilities Inventory (WFI): | | |
| | ID# 28300Y | | | | | |
| System Name: CITY (| OF GOLI |) BAR | , | | | |
| 0879-0.00 (0.6) (0.6) (0.6) (0.6) | Contact Person: RICHARD BAKER | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98 | R | s and zip (| code |) | | |
| | SAMPLE | INFO | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | |
| Specific location where sar | | | | | | |
| 40507 SR2 | | | | | | |
| Project Name or Comments | | | | | | |
| Type of Sample (select o | nly one type o | of sample | from | types 1 through 5 below) | | |
| 1. ☑ Routine Distribution Sa | ample | | | ample (after unsat. routine) on System | | |
| Chlorinated: ☑ Yes □ No Chlorine: Total 0.29 mg/l Fi | ree 0.23 mg/l | ☐ Sou | ırce G | Groundwater Rule (GWR) on of 1,000 or less) | | |
| 3. Ground Water Rule Source | e Sample | Unsatisfa | actory | routine lab number: | | |
| _S_ | I | Uncaticfa | Unsatisfactory routine collect date: | | | |
| ☐ Triggered (A/P) | | Onsatisia | / / | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine I | | ed: YesNo Resid: TotalFree | | |
| 4. Surface or GWI Raw Water | r Sample (Enur | meration) | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | | _S_ | | |
| 5. ☐ Sample Collected for Info ☐ Construction ☐ Repairs | ormation Only □ Private Re | esidence | пο | other | | |
| LAB USE ONLY DRIN | NKING WA | TER RE | SUL | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | | 6 | ☑ Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample | ☐ E. coli abs | ent | | | | |
| Sample not tested because | | Test uns | uitab | ole because: | | |
| ☐ Sample too old (>30 hours) | | TNTC | | | | |
| ☐ Improper Container ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | □ Turbi | d Cu | Iture | | |
| Bacterial Density Results | s: | - | | | | |
| Plate Count / ml. | | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | v mi. | Fecal C | r | | | |
| Method Code:SM 9222B | 14:30 | | N | e Received: 11/5/2019 | | |
| Date Analyzed: 11/5/2019 | i, 14:30 | | _ | e Reported: 11/6/19 | | |
| 066-06320 Sample Number (DOH number p | lus five digits) | | Lab | Use Only: | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | |
|--|-------------------------------|--------------------------------------|--|---|--|--|
| 11/05/2019 Month Day Year | Collected 9:25 | ☑ A □ P | (80)(0)(4) | SNOHOMISH | | |
| Type of Water System (che ☑ Group A Publ ☐ Group B Publ | lic | oox) □ Private □ Other: | Hou | sehold | | |
| Group A and Group B Syst | tems Provide | from Wat | er Fa | acilities Inventory (WFI): | | |
| ID# 28300Y | | | | | | |
| System Name: CITY (| OF GOLI |) BAR | | | | |
| | Contact Person: RICHARD BAKER | | | | | |
| Day Phone: 360-79 | | | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip (| code |) | | |
| 37 | SAMPLE | INFO | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | |
| Specific location where sar 505 CROFT AVE | mple collected | | | | | |
| Project Name or Comments | S: | | | | | |
| Type of Sample (select of | only one type o | of sample | from | types 1 through 5 below) | | |
| 1. ☑ Routine Distribution Sa | ample | | | ample (after unsat. routine) on System | | |
| Chlorinated: ☑ Yes □ No Chlorine: Total 0.24 mg/l F | ☐ Sou | rce G | Groundwater Rule (GWR) on of 1,000 or less) | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfa | actory | routine lab number: | | |
| _S_ | I | Unsatisfactory routine collect date: | | | | |
| ☐ Triggered (A/P) | | Onounoid | / / | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine I | ed: YesNo Resid: TotalFree | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | _ | S | | |
| 5. □ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | | |
| LAB USE ONLY DRI | NKING WA | TER RE | SUL | .TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | ant. | <u> </u> | ☑ Satisfactory | | |
| ☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required | | | | | | |
| Sample not tested because | · | | | ole because: | | |
| ☐ Sample too old (>30 hours) ☐ Improper Container | | ☐ TNTC ☐ Turbid Culture | | | | |
| | | | u o u | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | orm /100 ml. | | |
| Method Code:SM 9222B | | | Date | e Received: 11/ 5/2019 | | |
| Date Analyzed: 11/5/2019 | 9, 14:30 | | Date | e Reported: 11/6/19 | | |
| 066-06322 Sample Number (DOH number p | | | Lab | Use Only: | | |



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| CC | DLIFORM E | BACTERIA | A ANALYSIS | | | | |
|---|----------------------------------|-------------------------|---|--|--|--|--|
| Date Sample Collected | Time Sample | | County: | | | | |
| 12/13/2019 Month Day Year | Collected 9:15 | ⊠ AM □ PM | SNOHOMISH | | | | |
| | <u> </u> | | SNOHOWISH | | | | |
| Type of Water System (check only one box) ☑ Group A Public ☐ Group B Public ☐ Other: | | | | | | | |
| Group A and Group B Systems Provide from Water Facilities Inventory (WFI): | | | | | | | |
| ID | # 28300Y | • | | | | | |
| System Name: CITY OF GOLD BAR | | | | | | | |
| Contact Person: RICHAF | | | | | | | |
| Day Phone: 360-793-1101 Cell Phone: 425 238 1935 | | | | | | | |
| Eve. Phone: 425 238 1 | | FAX: | | | | | |
| Send results to: (Print full nam | | | | | | | |
| City of Gold Bar | e, audices and 2 | ap code) | | | | | |
| RICHARD BAKER | | | | | | | |
| 107 5th St | | | | | | | |
| Gold Bar, Wa, 98251 | | | | | | | |
| Data Delivery: MAIL | | | | | | | |
| | MPLE INFO | | | | | | |
| Sample collected by (name): | | BAKER | | | | | |
| Specific location where sample | e collecteu: | | | | | | |
| 508 1ST AVE W Special Instructions or Comments: | | | | | | | |
| Type of Sample (select only | one type of sample | from types 1 thr | ough 5 below) | | | | |
| 1. 図 Routine Distribution Samp | le | | Sample (after unsat. routine) tion System | | | | |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.92 mg/l Free 0 | .89 ma/i | ☐ Source | Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source S | | Unsatisfactor | Unsatisfactory routine lab number: | | | | |
| [_S] | | | | | | | |
| ☐ Triggered (A/P) | | Unsatisfactory | satisfactory routine collect date: | | | | |
| ☐ Assessment (A/P) | | Chlorinated: Y | Chlorinated: YesNo | | | | |
| | | Chlorine Resi | | | | | |
| 4. Surface or GWI Raw Water Sa | | | 1 8 1 1 1 | | | | |
| 5. Sample Collected for Inform | Filtered Yes, | No | LS L | | | | |
| □ Construction □ Repairs | ation Only ☐ Private Resident | e 🖸 Other | | | | | |
| LAB USE ONLY DRI | NKING WATE | RRESULTS | LAB USE ONLY | | | | |
| ☐ Unsatisfactory | M 25 | | ☑ Satisfactory | | | | |
| Total Coliform Present and | □ E. coli abs | ent | 1.60 | | | | |
| ☐ Replacement Sample R | | | | | | | |
| Sample not tested because | | Test unsuit | able because: | | | | |
| ☐ Sample too old (>30 hou ☐ Improper Container | rs) | ☐ Turbid | Culture | | | | |
| 0 | | <u> </u> | | | | | |
| Bacterial Density Results: Pl Total Coliform <1 /100 r | ate Count / nl. Fecal Col | ml. E.coli iform /10 | /100 ml. 10 ml. | | | | |
| Method Code: SM 9222 | 3 | | 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) | | | | | | | |



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

COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Sample | | A ANALYSIS County: | | | | |
|---|--|---|--|--|--|--|--|
| 12/13/2019 Month Day Year | Collected 6:30 | ☑ AM □ PM | SNOHOMISH | | | | |
| Type of Water System (check of EZI Group A Public ☐ Group B Public | | ⊒ Private Hou ⊐ Other: | | | | | |
| Group A and Group B Systems | Group A and Group B Systems Provide from Water Facilities Inventory (WFI): | | | | | | |
| | # 28300Y | | | | | | |
| System Name: CITY O | F GOLD BA | AR | | | | | |
| Contact Person: RICHAF | RD BAKER | | | | | | |
| Day Phone: 360-793-1101 Cell Phone: 425 238 1935 | | | | | | | |
| Eve. Phone: 425 238 1 | 935 | FAX: | | | | | |
| City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 Data Delivery: I MAIL I | | | | | | | |
| | MPLE INFOR | RMATION | | | | | |
| Sample collected by (name): | 75-51 - 555 | | | | | | |
| Specific location where samp | | 45-127- | | | | | |
| 505 LEWIS AVE | | | | | | | |
| Special Instructions or Comments: | | | | | | | |
| Type of Sample (select only | | | | | | | |
| 1. M Routine Distribution Samp | le | 2. Repeat : | Sample (after unsat. routine) tion System | | | | |
| Chlorinated: ☑ Yes ☐ No Chlorina: Total 0.86 mg/l Free 0 |).76 mg/l | Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | |
| 3. Ground Water Rule Source S | ample | Unsatisfactor | y routine lab number: | | | | |
| LS | | Unsatisfaction | routine collect date: | | | | |
| ☐ Triggered (A/P) | | , | 1 | | | | |
| ☐ Assessment (A/P) | | Chlorinated: \ Chlorine Resi | resNo d: Total Free | | | | |
| 4. Surface or GWI Raw Water Sa | | | | | | | |
| 5. Sample Collected for Inform | Filtered Yes_ | No | LS_L | | | | |
| □ Construction □ Repairs | ☐ Private Residend | a D Other | | | | | |
| LABIUSE ONLY DRI | NKING WATE | RESULTS | | | | | |
| ☐ Unsatisfactory Total Coliform Present and | | | ☑ Satisfactory | | | | |
| ☐ E. coli present ☐ Replacement Sample F | E. coli abs | ent | | | | | |
| Sample not tested because ☐ Sample too old (>30 hou ☐ Improper Container | | Test unsuit TNTC Turbid | able because: Cutture | | | | |
| Bacterial Density Results: P | late Count / | ml. E.coli | /100 ml. | | | | |
| Total Collform < 1 /100 m | | iom /I | Date Received: 12/13/2019 | | | | |
| Date Analyzed: 12/13/2019 | | | Date Reported: 12/14/19 | | | | |
| 066-07141 | | | Lab Use Only: | | | | |
| Sample Number (DOH number plus | | | | | | | |



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

COLIFORM BACTERIA ANALYSIS

| | oun ordin | D, 10 , L | 14 413 | AITALIOIO |
|--|--|----------------------------|------------------|---|
| Date Sample Collected | Time Sample Collected | 9 ☑ A | 14 | County: |
| 12/13/2019 Month Day Year | 7:05 | | | SNOHOMISH |
| Type of Water System (check only one box) ☑ Group A Public ☐ Group B Public ☐ Other: | | | | |
| Group A and Group B Systems | Provide from V | Vater Facilit | ies In | ventory (WFI): |
| ID | # 28300Y | , | | |
| | F GOLD B | | | |
| Contact Person: RICHAF | RD BAKER | | | -6.1 (20) |
| Day Phone: 360-793-11 | 01 | Cell Pho | one: | 425 238 1935 |
| Eve. Phone: 425 238 19 | 935 | FAX: | | |
| Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251 Data Delivery: D MAIL D B | | ip code) | | 17 |
| | MPLE INFOR | MATION | 4 | |
| Sample collected by (name): | | | | |
| Specific location where sample | | PANER | | |
| 15012 MOONLIGHT | DR | | | |
| Special Instructions or Comments: | | | | |
| Type of Sample (select only of 1. El Routine Distribution Sample | COLUMN TO SERVICE AND ADDRESS OF THE PARTY AND | | - | |
| Chlorinated: ☑ Yes ☐ No Chlorine: Total 1.19 mg/l Free 0.8 | | ☐ Distri | bution te Gro | nple (after unsat, routine) System undwater Rule (GWR) if 1,000 or less) |
| 3. Ground Water Rule Source San | nple | Unsatisfaci | lory ro | utine lab number: |
| □ LS_ | | Handlet of | | |
| ☐ Triggered (A/P) | | | • | tine collect date: |
| ☐ Assessment (A/P) | | Chlorinated Chlorine Re | : Yes_ | |
| 4. Surface or GWI Raw Water Samp | le (Enumeration) | | | |
| □ E, coli □ Fecal | Filtered Yes_ | _No | | |
| 5. □ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other | | | | |
| LAB USE ONLY DRINK | ING WATER | RESULTS | \$ | LAB-USE ONLY |
| Unsatisfactory Total Coliform Present and | | | E | 2 Satisfactory |
| ☐ E. coli present ☐ E. coli absent | | | | |
| ☐ Replacement Sample Req Sample not tested because | uired | Test unsui | itabla | hacaucar |
| ☐ Sample too old (>30 hours) | | ☐ TNTC | | |
| ☐ Improper Container | | □ Turbid | Cultu | ire |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform <1 /100 ml. Fecal Coliform /100 ml. | | | | |
| Method Code: SM 9222B | | | | Received: 12/13/2019 |
| Date Analyzed: 12/13/2019, 15 | 5:30 | | Date | Reported: 12/14/19 |
| 066-07140 | | | Lab | Use Only: |
| Sample Number (DOH number nitrs five | dinite) | | | |

JAN 0 6 2020 D

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

JAN 0 6 2020 P

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: ☑ A ☐ B ☐ Other: |
|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar |
| LabSample No: 066 03356 | County: Snohomish |
| Sample Location: TANK ROAD | Source Number(s): S04 & S03 |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 3/14/19 Date Analyzed: 3/20/19 Date Reported: 3/20/19 Comments: |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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:

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



Professional Analytical Services

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

| Date Collected: 03/16/18 | System Group Type: ☑ A ☐ B ☐ 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) Routine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify) | Date Received: 3/16/18 Date Analyzed: 3/20/18 Date Reported: 3/28/18 Comments: |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample | Sample Type: (Check One) |
| 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 | | 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 no 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:



Select Inorganic Chemistry Report of Analysis

| Date Collected: 05/17/19 | System Group Type: ☑ A ☐ B ☐ Other: | |
|---|--|---|
| Water System ID Number: 28300Y | System Name: City of Gold Bar | - |
| LabSample No: 066 06710 | County: Snohomish | |
| Sample Location: SNOHOMISH | Source Number(s): S04/S03 | |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 5/17/19 Date Reported: 5/29/19 Comments: | |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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

| | ANALITICAL 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.

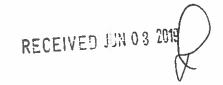
NTU: milligrams per liter or parts per million.

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.



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

| Date Collected: 06/14/19 | System Group Type: ☑ A □ B □ Other: |
|---|---|
| Water System ID Number: 28300Y | System Name: City of Gold Bar |
| LabSample No: 12508204 | County: Snohomish |
| Sample Location: TANK ROAD | Source Number(s): S04/S03 |
| Sample Purpose: (Check Appropriate Box) ☑ RC - Routine/Compliance (satisfies monitoring requirements) ☐ C - Confirmation (confirmation of chemical result) ☐ I - Investigative (does not satisfy monitoring requirements) ☐ O - Other (specify) | Date Received:06/14/19 Date Analyzed: 6/27/19 Date Reported: 7/ 3/19 Comments: |
| Sample Composition: (Check Appropriate Box) ☑ S - Single Source ☐ B - Blended (List Multiple Source Numbers in Source Nos. field) ☐ C - Composite (Specify in Comments Field) ☐ D - Distribution Sample | Sample Type: (Check One) Pre-Treatment/Raw Post-Treatment/Finished 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 | Acifluorofen | 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 regenional 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 no 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.

| | Reveiwed | Bv: | W | 1 |
|--|----------|-----|---|---|
|--|----------|-----|---|---|



Arsenic Report of Analysis

| Date Collected: 06/13/18 | System Group Type: ☑ A □ B □ Other: |
|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar |
| LabSample No: 0661 0083 | County: Snohomish |
| Sample Location: TANK ROAD | Source Number(s): S04/S03 |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 6/13/18 Date Analyzed: 6/15/18 Date Reported: 6/18/18 Comments: |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample | Sample Type: (Check One) |
| 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:

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

| Date Collected: 06/29/18 | System Group Type: ☑ A ☐ B ☐ Other: |
|---|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar |
| LabSample No: 125 11184 | County: Snohomish |
| Sample Location: 505 CRAFT AVE | Source Number(s): S04/S03 |
| Sample Purpose: (Check Appropriate Box) RC - Routine/Compliance (satisfies monitoring requirements) C - Confirmation (confirmation of chemical result) I - Investigative (does not satisfy monitoring requirements) O - Other (specify) | Date Received:06/29/18 Date Analyzed: 7/13/18 Date Reported: 7/17/18 Comments: |
| Sample Composition: (Check Appropriate Box) ☐ S - Single Source ☐ B - Blended (List Multiple Source Numbers in Source Nos. field) ☐ C - Composite (Specify in Comments Field) ☐ D - Distribution Sample | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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 | Acifluorofen | 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 regenional 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 no 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 concentration indicated.





Select Inorganic Chemistry Report of Analysis

| Date Collected: 08/09/19 | System Group Type: ☑ A ☐ B ☐ Other: |
|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar |
| LabSample No: 06611744 | County: Snohomish |
| Sample Location: 715 CROFT AVE | Source Number(s): S04/S03 |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 8/ 9/19 Date Reported: 9/10/19 Comments: |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample | Sample Type: (Check One) |
| 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

| | ANALITIONETE | | | | | | | | | |
|------|--------------|-------------------|---------|------|---------|------|-------|---------------------------|------------------|---------------------|
| DOH# | ANALYTE | DATA QUALIFIER | RESULTS | SDRL | TRIGGER | MCL | UNITS | EXCEEDS MCL (X if Yes) | DATE ANALYZED | METHOD /INITIALS |
| 8000 | iron | | ND | 0.1 | •- | 0.3 | mg/l | | 8/18/19 | EPA 200.7 /KF |
| 0010 | Manganese | | 0.013 | 0.01 | 0.05 | 0.05 | mg/l | | 8/18/19 | EPA 200.7 /KF |

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

-No existing trigger or MCL.
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): fig. the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.



2019

Professional Analytical Services

Haloacetic Acid (HAA5)

Distribution System - Report of Analysis

| HALOACETIC ACIDS | | | | System Group Type: MA LIB LI Other: | | | | | | |
|--|------------------------------------|---------------|-------------------------------|--|--------------------------|--------------------------|--------------------------|--|----------------------------|--|
| Water System ID Number: 28300Y | | · | | System Name: Ci | ity of Gold Bar | | | <u>. </u> | | |
| Source: S92 (Distribution samples) | | | | County: Snohomi | ish | | | | | |
| Sample Purpose: (Check Appropriate ☑ Routine/Compliance (satisfies mo ☐ Confirmation (confirmation of che ☐ Investigative (does not satisfy mod ☐ Other (specify) | nitoring requirer mical result) | | - | Date Received:08 Date Analyzed: 8/ Date Reported: 9/ Comments: | /20/19 | 81 | | | | |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample | | | | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101 | | | | | | |
| 107 001 00 001 | | | | rd Baker th Street Bar, WA 98251 | | | | | | |
| Analyte Abbreviations: Monochloroacetic Acid = "MCAA" Di | ichloroacetic Acid | = "DCAA" | Trichloroacetic Acid = "TCAA" | Monobromoacetic A | Acid = "MBAA" | Dibromoacetic Acid | = "DBAA" | Total Haloacetic A | 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 | |
| Analytical Method / Analyst Initials: | EPA 552.2 / NNL | F-12 | MCL | | | | | | 100 | |
| | | | HAA5 RESULTS | MCAA | DCAA | TCAA | MBAA | DBAA | HAA5's | |
| Lab Number / Sample Number | Date | rocation wher | re Sample Collected | (ug/L) | (ug/L) | (ug/L) | (ug/L) | (ug/L) | (ug/L) | |
| 000 144744 | 08/09/2019 | 715 CROFT AV | <i>I</i> C | (ug/L) | 2.34 | 2.03 | <1 | 3.58 | 8.0 | |
| 066 / 11744 | 100/09/2019 | A 10 CROFT AV | | 1 72 | | 2.00 | | 1 0.00 | | |



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 QUALIFIERA 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:



Haloacetic Acid (HAA5)

Distribution System - Report of Analysis

| HALOACETIC ACIDS | | | System Group | Type: ☑ A □ | B □ Other: | | | | | | |
|--|---|---------------|--|---|---------------------------------|------------------------------------|---------------------------------|---------------------------------|--|--|--|
| Water System ID Number: 28300Y | | | | System Name: City of Gold Bar | | | | | | | |
| Source: S92 (Distribution samples) | | | | County: Snohom | ish | | | | | | |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | | | Date Received:08/16/18 Date Analyzed: 8/27/18 Date Reported: 8/29/18 Comments: | | | | | | | | |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample | | | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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" Di | ichloroacetic Acid | J = "DCAA" | <u>Trichloroacetic Acid = "TCAA"</u> | Monobromoacetic A | Acid = "MBAA" | Dibromoacetic Acid | i_= "DBAA" | Total Haloacetic A | cids = "HAA5's" | | |
| | | | (DOH#) ANALYTE SDRL | (0411) MCAA (ug/L) 2.0 | (0412) DCAA (ug/L) 1.0 | (0413) TCAA (ug/L) 1.0 | (0414) MBAA (ug/L) 1.0 | (0415) DBAA (ug/L) 1.0 | (0416) HAA5's (ug/L) 6.0 | | |
| Analytical Method / Analyst Initials: | EPA 552.2 / NNI | | MCL MCL | •• | | ••• | | | 60** | | |
| Lab Number / Comple Number | Data | Location When | | MCAA | DCAA | TCAA | MRAA | DRAA | HΔΔ5'e | | |
| Lao Rumber / Sample Rumber | | Location whe | re Sample Collected | | | - | | | | | |
| 066 / 14819 | 08/16/2018 | 501 LEWIS | | < 2 | < 1 | < 1 | <1 | < 1 | <1 | | |
| Analyte Abbreviations: Monochloroacetic Acid = "MCAA" Di Analytical Method / Analyst Initials: Lab Number / Sample Number | ichloroacetic Acid EPA 552.2 / NNI Date Collected | Location Whe | (DOH#) ANALYTE SDRL | Monobromoacetic A (0411) MCAA (ug/L) 2.0 MCAA (ug/L) | (0412) DCAA (ug/L) 1.0 | (0413) TCAA (ug/L) 1.0 TCAA (ug/L) | (0414) MBAA (ug/L) 1.0 | (0415) DBAA (ug/L) 1.0 | (0416 HAA5 (ug/L) 6.0 60** | | |

Lab Number /

066 / 14818

Sample Number

Date

Collected

08/16/2018

Sample Location

501 LEWIS



Professional Analytical Services

TTHM's

(ug/L)

10.7

Bromoform

1.57

(ug/L)

TTHM TEST PANEL

Distribution System - Report of Analysis

System Group Type: MADBD Other:

| | | System Group Type: ☑ A □ B □ Other: | | | | | | |
|--|--------------------------------------|--|--|--|---|--|--|--|
| | | System Name: City of Gold Bar | | | | | | |
| | | County: | Snohomish | | | | | |
| ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) | | | Date Received: 8/16/18 Date Analyzed: 8/20/18 Date Reported: 8/29/18 Comments: | | | | | |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample | | | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101 | | | | | |
| | | Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251 | | | | | | |
| DOH# ANALYTE SDRL | (0027) Chlorofor (ug/L) 0.5 | m | (0028) Bromodichloromethane (ug/L) 0.5 | (0029) Dibromochloromethane (ug/L) 0.5 | (0030) Bromoform (ug/L) 0.5 | (0031) TTHM's (ug/L) | | |
| | ANALYTE | ANALYTE Chlorofo (ug/L) SDRL 0.5 | System N County: Date Rec Date Ana Date Rec Comment Sample T Sample O Phone N Bill To: DOH# ANALYTE Chloroform (ug/L) SDRL 0.5 | System Name: City of Gold Bar County: Snohomish Date Received: 8/16/18 Date Analyzed: 8/20/18 Date Reported: 8/29/18 Comments: Sample Type: (Check One) Property P | System Name: City of Gold Bar County: Snohomish Date Received: 8/16/18 Date Analyzed: 8/20/18 Date Reported: 8/29/18 Comments: Sample Type: (Check One) □ Pre-Treatment/Raw ☑ Post-Treatment/Finished □ Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101 Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251 DOH# (0027) ANALYTE Chloroform (0028) Bromodichloromethane (ug/L) (ug/L) SDRL 0.5 0.5 0.5 | System Name: City of Gold Bar County: Snohomish Date Received: 8/16/18 Date Analyzed: 8/20/18 Date Reported: 8/29/18 Comments: Sample Type: (Check One) | | |

Chloroform

2.24

(ug/L)

Bromodichloromethane

(ug/L)

3.07

Dibromochloromethane

(ug/L)

3.84



TTHM TEST PANEL

Distribution System - Report of Analysis

| TRIHALOMET | HANE ANALYSIS | | | System Group Type: ☑ A ☐ B ☐ Other: | | | | | | | |
|---|--|------|--|-------------------------------------|--|------------------------------------|---------------------|--------|--|--|--|
| Water System ID Number: 28300Y | | | | | System Name: City of Gold Bar | | | | | | |
| Source: S92 (Distribution samples) | | | County: | Snohomish | | | | | | | |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | | | Date Received: 8/ 9/19 Date Analyzed: 8/12/19 Date Reported: 9/10/19 Comments: | | | | | | | | |
| ☐ Single Source☐ Blended (List N | on: (Check Appropriate Box) fultiple Source Numbers in Source Nos. field) ecify in Comments Field) mple | | | Sample (| | Post-Treatment/Finished Unknown | | | | | |
| Send Report To: | City of Gold Bar 107 5th Street Gold Bar, WA 98251 | | | Bill To: | Richard Baker 107 5th Street Gold Bar, WA 9825 | 1 | | | | | |
| | | DOH# | (0027) | | (0028) | (0029) | (0030) Bromaform | (0031) | | | |

Dibromochloromethane Bromoform TTHM's Chloroform Bromodichloromethane ANALYTE (ug/L) (ug/L) (ug/L) (ug/L) (ug/L) 0.5 SDRL 0.5 0.5 0.5 80** MCL

Analytical Method / Analyst Initials: EPA 524.2 / NNL

| TTHM's |
|--------|
| (ug/L) |
| |
| 23.2 |
| 20.2 |
| |



TTHM TEST PANEL

Distribution System - Report of Analysis

*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 QUALIFIERA 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:

Kirkland, WA 98034 (425) 885-1664



Professional Analytical Services

Arsenic Report of Analysis

| Date Collected: 09/14/18 | System Group Type: ☑ A ☐ B ☐ Other: |
|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar |
| Lab-Sample No; 06617238 | County: Snohomish |
| Sample Location: TANK ROAD | Source Number(s): S04,S03 |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 9/14/18 Date Analyzed: 9/21/18 Date Reported: 9/21/18 Comments: |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample | Sample Type: (Check One) |
| 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

| DO | # 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:



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | |
|--|-------------------------------|--|----------------------------------|---|--|--|
| 10/04/2019 Month Day Year | Collected 6:15 | I ⊠A □P | (80)(0)(4) | SNOHOMISH | | |
| Type of Water System (che ☑ Group A Publ ☐ Group B Publ | lic | oox) □ Private □ Other: _. | Hou | sehold | | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | | |
| | ID# 283 | 300Y | | | | |
| System Name: CITY (| OF GOLI | | | | | |
| Contact Person: RIC | | | Sy. | | | |
| Day Phone: 360-79 | | 1 | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code |) | | |
| 37 | SAMPLE | INFOF | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | 30.000 | | |
| Specific location where sar 501 LEWIS | | | | | | |
| Project Name or Comments: | | | | | | |
| Type of Sample (select of | nly one type o | of sample | from | types 1 through 5 below) | | |
| 1. ☑ Routine Distribution S | ample | | | ample (after unsat. routine) on System | | |
| Chlorinated: ☑ Yes □ No Chlorine: Total 0.78 mg/l F | ree 0.72 mg/l | ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfactory routine lab number: | | | | |
| _S_ | I | Uncaticfo | ctory routine collect date: | | | |
| ☐ Triggered (A/P) | | Olisalisia | ctory routine collect date. | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | ed: Yes No_ Resid: Total Free | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | - | S | | |
| 5. □ Sample Collected for Info | ormation Only □ Private Re | esidence | | other | | |
| LAB USE ONLY DRI | NKING WA | TER RES | SUL | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | 1 | 5 | ☑ Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | ent | | | | |
| Sample not tested because | · | | | le because: | | |
| ☐ Sample too old (>30 ho ☐ Improper Container | urs) | ☐ TNT(| | lture | | |
| | | | u ou | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | rm / 100 ml. | | |
| Method Code:SM 9222B | | | Date | e Received: 10/ 4/2019 | | |
| Date Analyzed: 10/ 4/2019 | 9, 15:15 | | Date | e Reported: 10/ 5/19 | | |
| 066-05689 | | | Lab | Use Only: | | |
| Sample Number (DOH number p | lus five digits) | | L_ | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | | |
|--|--|--|------------------------------------|--|--|--|--|
| 10/04/2019 Month Day Year | Collected 9:00 | I ⊠ A □ P | (80)(0)(4) | SNOHOMISH | | | |
| Type of Water System (che ☑ Group A Publ ☐ Group B Publ | lic | oox) □ Private □ Other: _. | Hou | sehold | | | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | | | |
| | ID# 283 | 300Y | | | | | |
| System Name: CITY (| OF GOLI | BAR | | | | | |
| Contact Person: RIC | | | 2 | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Pr | none | e: 425 238 1935 | | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code | | | | |
| | SAMPLE | INFOF | RM/ | ATION | | | |
| Sample collected by (name |): RICHARD | BAKER | | | | | |
| Specific location where sar 508 1ST AVE W | - | : | | | | | |
| Project Name or Comments | | | | | | | |
| | Type of Sample (select only one type of sample from types 1 through 5 below) | | | | | | |
| 1. ☑ Routine Distribution Solution Sol | ample ree 0.71 mg/l | Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | |
| 3. Ground Water Rule Source | e Sample | Unsatisfa | Unsatisfactory routine lab number: | | | | |
| _S_ | I | Unactiofa | ctory routine collect date: | | | | |
| ☐ Triggered (A/P) | | Unsansia | ctory routine collect date: | | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine F | ed: YesNo Resid: TotalFree | | | | |
| 4. Surface or GWI Raw Water | r Sample (Enur | neration) | | | | | |
| □ E. coli □ Fecal | Filtered Yes | No | | S | | | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | | | |
| LAB USE ONLY DRIN | NKING WA | TER RES | SUL | TS LAB USE ONLY | | | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | 6 | ☑ Satisfactory | | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | EIIL | | | | | |
| Sample not tested because Sample too old (>30 hours) Improper Container Test unsuitable because Total TNTC Turbid Culture | | | | | | | |
| Bacterial Density Results | s: | | | | | | |
| Plate Count / ml. Total Coliform < 1 /10 | 0 ml | E.coli Fecal C | | / 100 ml. orm / 100 ml. | | | |
| Method Code:SM 9222B | v 1111. | i ecal C | r | e Received: 10/ 4/2019 | | | |
| Date Analyzed: 10/ 4/2019 | 9.15:15 | | | e Reported: 10/ 5/19 | | | |
| | , 10.10 | | _ | Use Only: | | | |
| 066-05691 Sample Number (DOH number p | lus five digits) | | Lab | Osc Offiy. | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | [| County: | | |
|--|-------------------------------|--|-------------------------------|---------------------------|--|--|
| 10/04/2019 Month Day Year | Collected 7:15 | ⊠ A □ P | 9000000 | SNOHOMISH | | |
| Type of Water System (che ☑ Group A Publ ☐ Group B Publ | lic | oox) □ Private □ Other: | Hou | sehold | | |
| Group A and Group B Syst | tems Provide | from Wat | er Fa | cilities Inventory (WFI): | | |
| | ID# 283 | 300Y | | | | |
| System Name: CITY (| OF GOLI |) BAR | | | | |
| Contact Person: RIC | | | | | | |
| Day Phone: 360-79 | | | none | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip | code |) | | |
| | SAMPLE | INFOR | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | 30.000 | | |
| Specific location where sar | | | | | | |
| 15012 MOONLIC | | | | | | |
| • | Project Name or Comments: | | | | | |
| Type of Sample (select of | | | | | | |
| 1. ☑ Routine Distribution Solution Sol | ample ree 0.76 mg/l | Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfactory routine lab number: | | | | |
| _S_ | I | Unactiofo | otoni | routing collect data | | |
| ☐ Triggered (A/P) | | Olisalisia | ctory routine collect date: | | | |
| ☐ Assessment (A/P) | | Chlorinate Chlorine I | ed: YesNo Resid: TotalFree | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | meration) | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | - | S | | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | пο | Other | | |
| LAB USE ONLY DRI | NKING WA | TER RE | SUL | TS LAB USE ONLY | | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | E | ☑ Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample | ☐ E. coli abs | ent | | | | |
| Sample not tested because | · | | | ole because: | | |
| ☐ Sample too old (>30 ho ☐ Improper Container | ☐ TNT(| | lture | | | |
| | | | | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | rm / 100 ml. | | |
| Method Code:SM 9222B | | | Date | e Received: 10/ 4/2019 | | |
| Date Analyzed: 10/ 4/2019 | 9, 15:15 | | Date | e Reported: 10/5/19 | | |
| 066-05690 | | | Lab | Use Only: | | |
| Sample Number (DOH number p | lus five digits) | | <u> </u> | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp Collected | | M | County: | | | | |
|--|-------------------------------|---|---------|-------------------------------|--|--|--|--|
| 10/04/2019 Month Day Year | 6:15 | | 1000000 | SNOHOMISH | | | | |
| Type of Water System (ch ☑ Group A Pub ☐ Group B Pub | lic | oox) □ Private □ Other: ˌ | Hou | sehold | | | | |
| Group A and Group B Sys | tems Provide | from Wat | er Fa | acilities Inventory (WFI): | | | | |
| | ID# 283 | 300Y | | | | | | |
| System Name: CITY | System Name: CITY OF GOLD BAR | | | | | | | |
| Contact Person: RIC | HARD BA | KER | | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Pl | non | e: 425 238 1935 | | | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip (| code |) | | | | |
| | SAMPLE | INFO | RMA | ATION | | | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | | | |
| Specific location where sar | mple collected | : | | | | | | |
| 501 LEWIS Project Name or Comments | 2. | | | | | | | |
| Type of Sample (select of | | of sample | from | n types 1 through 5 below) | | | | |
| 1. ☑ Routine Distribution S | 7.5 | | | Sample (after unsat. routine) | | | | |
| Chlorinated: ☑ Yes ☐ No | ree 0.72 mg/l | ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfactory routine lab number: | | | | | | |
| S | .I | Unsatisfa | ctory | routine collect date: | | | | |
| ☐ Triggered (A/P) | | distance of the second state. | | | | | | |
| ☐ Assessment (A/P) | | Chlorinated: YesNo Chlorine Resid: TotalFree | | | | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | | | S | | | | |
| 5. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs | | | | Other | | | | |
| LAB USE ONLY DRII | VKING WA | TER RE | SUL | .TS LAB USE ONLY | | | | |
| ☐ Unsatisfactory Total Coliform Present and ☐ E. coli present | d □ E. coli abs | ent | 6 | ☑ Satisfactory | | | | |
| ☐ Replacement Sample | | OTIC . | | | | | | |
| Sample not tested because ☐ Sample too old (>30 ho | | Test uns ☐ TNT(| | ole because: | | | | |
| ☐ Improper Container | aro) | □ Turbi | | ılture | | | | |
| Service to the second of the second | | | | | | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | orm / 100 ml. | | | | |
| Method Code:SM 9222B | | | Dat | e Received: 10/ 4/2019 | | | | |
| Date Analyzed: 10/ 4/2019 | 9, 15:15 | | Dat | e Reported: 10/ 5/19 | | | | |
| 066-05689 Sample Number (DOH number p | | | Lab | Use Only: | | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | | | |
|--|---|--|------------|--|--|--|--|--|
| 10/04/2019 Month Day Year | Collected 9:00 | I ⊠ A □ P | (80)(0)(4) | SNOHOMISH | | | | |
| Type of Water System (che ☑ Group A Publ ☐ Group B Publ | lic | oox) □ Private □ Other: _. | Hou | sehold | | | | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | | | | |
| | ID# 28300Y | | | | | | | |
| System Name: CITY (| OF GOLI | BAR | | | | | | |
| Contact Person: RIC | | | 2 | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Pr | none | e: 425 238 1935 | | | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKEI 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code | | | | | |
| | SAMPLE | INFOF | RM/ | ATION | | | | |
| Sample collected by (name |): RICHARD | BAKER | | | | | | |
| Specific location where sar 508 1ST AVE W | - | : | | | | | | |
| Project Name or Comments | | | | | | | | |
| Type of Sample (select o | 7.0 | | | | | | | |
| 1. ☑ Routine Distribution Solution Sol | ample ree 0.71 mg/l | Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | | |
| 3. Ground Water Rule Source | e Sample | Unsatisfactory routine lab number: | | | | | | |
| _S_ | I | Unactiofa | oton | routing collect data | | | | |
| ☐ Triggered (A/P) | | Unsatisfactory routine collect date: | | | | | | |
| ☐ Assessment (A/P) | | Chlorinated: YesNo Chlorine Resid: Total Free | | | | | | |
| 4. Surface or GWI Raw Water | r Sample (Enur | neration) | | | | | | |
| □ E. coli □ Fecal | Filtered Yes | No | | S | | | | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | | | | |
| LAB USE ONLY DRIN | NKING WA | TER RES | SUL | TS LAB USE ONLY | | | | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | 6 | ☑ Satisfactory | | | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | EIIL | | | | | | |
| Sample not tested because Sample too old (>30 hor Improper Container | Test unsuitable because: ☐ TNTC ☐ Turbid Culture ☐ | | | | | | | |
| Bacterial Density Results | s: | | | | | | | |
| Plate Count / ml. Total Coliform < 1 /10 | 0 ml | E.coli Fecal C | | / 100 ml. orm / 100 ml. | | | | |
| Method Code:SM 9222B | v 1111. | i ecal C | r | e Received: 10/ 4/2019 | | | | |
| Date Analyzed: 10/ 4/2019 | 9.15:15 | | | e Reported: 10/ 5/19 | | | | |
| | , 10.10 | | _ | Use Only: | | | | |
| 066-05691 Sample Number (DOH number p | lus five digits) | | Lab | Osc Offiy. | | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | |
|--|------------------------|---|--------|----------------------------|--|--|
| 10/04/2019 Month Day Year | Collected 7:15 | I ⊠A □P | 100000 | SNOHOMISH | | |
| Type of Water System (ch | eck only one h |) (NOV) | | 0140110111101 | | |
| ☐ Group B Pub | lic | □ Private □ Other: | Hou | sehold | | |
| Group A and Group B Sys | tems Provide | from Wat | er Fa | acilities Inventory (WFI): | | |
| | ID# 283 | 300Y | | | | |
| System Name: CITY | OF GOL |) BAR | L, | | | |
| Contact Person: RIC | HARD BA | KER | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | non | e: 425 238 1935 | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip (| code | e) | | |
| | SAMPLE | INFO | RM/ | ATION | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | |
| Specific location where sar | | | | | | |
| 15012 MOONLIC | | | | | | |
| Project Name or Comments | | | £ | - t 4 th | | |
| Type of Sample (select of | 7.0 | | | | | |
| 1. ☑ Routine Distribution S Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.79 mg/l F | ample ree 0.76 mg/l | 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | |
| 3. Ground Water Rule Source | | Unsatisfactory routine lab number: | | | | |
| S_ | | | | · | | |
| ☐ Triggered (A/P) | | Unsatisfactory routine collect date: | | | | |
| ☐ Assessment (A/P) | | Chlorinated: Yes No | | | | |
| 4. Conference CVVII Providence | - CI- /F | Chlorine I | Resid | d: Total Free | | |
| 4. Surface or GWI Raw Wate □ E. coli □ Fecal | Filtered Yes | • | | S | | |
| 5. □ Sample Collected for Inf | | 110 | | | | |
| ☐ Construction ☐ Repairs | ☐ Private Ře | NA 100 10 10 10 10 10 10 10 10 10 10 10 10 | | Other | | |
| | NKING WAT | TER RE | | - 1 STORY BY 1 | | |
| ☐ Unsatisfactory Total Coliform Present and | | ant. | | ☑ Satisfactory | | |
| ☐ E. coli present ☐ Replacement Sample | □ E. coli abs | ent | | | | |
| Sample not tested because | · | | | ole because: | | |
| ☐ Sample too old (>30 ho ☐ Improper Container | urs) | ☐ TNT(| | ılture | | |
| | | | | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colife | orm / 100 ml. | | |
| Method Code:SM 9222B | | | Dat | e Received: 10/ 4/2019 | | |
| Date Analyzed: 10/ 4/2019 | 9, 15:15 | | Dat | e Reported: 10/ 5/19 | | |
| 066-05690 Sample Number (DOH number p | | | Lab | Use Only: | | |
| | | | | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | | | |
|--|--|---|----------|------------------------------|--|--|--|--|
| 11/05/2019 Month Day Year | Collected 8:50 | I ⊠ A □ P | 33000000 | SNOHOMISH | | | | |
| ☑ Group A Pub | Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | | | |
| Group A and Group B Syst | tems Provide | from Wat | er Fa | cilities Inventory (WFI): | | | | |
| ID# 28300Y | | | | | | | | |
| System Name: CITY OF GOLD BAR | | | | | | | | |
| Contact Person: RIC | | | | | | | | |
| Day Phone: 360-79 | 3-1101 | Cell Ph | none | e: 425 238 1935 | | | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip | code) | | | | | |
| | SAMPLE | INFO | RMA | TION | | | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | | | |
| Specific location where sar | nple collected | : | | | | | | |
| 40507 SR2 Project Name or Comments | <u>,</u> | | | | | | | |
| Type of Sample (select of | | of sample | from | types 1 through 5 below) | | | | |
| 1. ☑ Routine Distribution S | | | | ample (after unsat. routine) | | | | |
| Chlorinated: ☑ Yes □ No Chlorine: Total 0.29 mg/l F | ree 0.23 mg/l | ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfactory routine lab number: | | | | | | |
| S | I | Unsatisfactory routine collect date: | | | | | | |
| ☐ Triggered (A/P) | | / / | | | | | | |
| ☐ Assessment (A/P) | | Chlorinated: YesNo Chlorine Resid: TotalFree | | | | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | | | |
| □ E. coli □ Fecal | Filtered Yes | No | | _S_ | | | | |
| | ormation Only □ Private Re | esidence | 0 | | | | | |
| | NKING WA | TER RE | | | | | | |
| ☐ Unsatisfactory Total Coliform Present and | | | | l Satisfactory | | | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | ent | | | | | | |
| Sample not tested because | | | | | | | | |
| Bacterial Density Results | s: | | | | | | | |
| Plate Count / ml. | 01 | E.coli | | /100 ml. | | | | |
| Total Coliform < 1 /10 | v mi. | Fecal C | | | | | | |
| Method Code:SM 9222B | 14:30 | | | Received: 11/5/2019 | | | | |
| Date Analyzed: 11/5/2019 | | | | Reported: 11/6/19 | | | | |
| 066-06320 Sample Number (DOH number p | | | Lab | Use Only: | | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | | | |
|--|---|--|------------|---|--|--|--|--|
| 11/05/2019 Month Day Year | Collected 9:25 | ☑ A □ P | (80)(0)(4) | SNOHOMISH | | | | |
| ☑ Group A Pub | Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | | | |
| Group A and Group B Syst | tems Provide | from Wat | er Fa | acilities Inventory (WFI): | | | | |
| | ID# 283 | 300Y | | | | | | |
| System Name: CITY (| OF GOLI |) BAR | | | | | | |
| Contact Person: RIC | | | <u> </u> | | | | | |
| Day Phone: 360-79 | | | none | e: 425 238 1935 | | | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip (| code |) | | | | |
| 37 | SAMPLE | INFO | RM/ | ATION | | | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | | | |
| Specific location where sar 505 CROFT AVE | mple collected | | | | | | | |
| Project Name or Comments | S: | | | | | | | |
| Type of Sample (select of | only one type o | of sample | from | types 1 through 5 below) | | | | |
| 1. ☑ Routine Distribution Sa | ample | | | ample (after unsat. routine) on System | | | | |
| Chlorinated: ☑ Yes □ No Chlorine: Total 0.24 mg/l F | ree 0.21 mg/l | ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | | |
| 3. Ground Water Rule Source | ce Sample | Unsatisfactory routine lab number: | | | | | | |
| _S_ | I | Unsatisfactory routine collect date: | | | | | | |
| ☐ Triggered (A/P) | | t t | | | | | | |
| ☐ Assessment (A/P) | | Chlorinated: Yes No Chlorine Resid: Total Free | | | | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | | | |
| ☐ E. coli ☐ Fecal | Filtered Yes | No | _ | S | | | | |
| 5. □ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | | | | |
| LAB USE ONLY DRI | NKING WA | TER RE | SUL | .TS LAB USE ONLY | | | | |
| ☐ Unsatisfactory Total Coliform Present and | | ant. | <u> </u> | ☑ Satisfactory | | | | |
| ☐ E. coli present ☐ Replacement Sample | ☐ E. coli abs | ent | | | | | | |
| Sample not tested because | · | | | ole because: | | | | |
| ☐ Sample too old (>30 ho ☐ Improper Container | ☐ TNT(| | lture | | | | | |
| | | | u o u | | | | | |
| Bacterial Density Results Plate Count / ml. | s: | E.coli | | /100 ml. | | | | |
| Total Coliform < 1 /10 | 0 ml. | Fecal C | Colifo | orm /100 ml. | | | | |
| Method Code:SM 9222B | | | Date | e Received: 11/ 5/2019 | | | | |
| Date Analyzed: 11/5/2019 | 9, 14:30 | | Date | e Reported: 11/6/19 | | | | |
| 066-06322 Sample Number (DOH number p | | | Lab | Use Only: | | | | |



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COLIFORM BACTERIA ANALYSIS

| Date Sample Collected | Time Samp | | | County: | | | | |
|--|---|---|------------|---------------------------|--|--|--|--|
| 11/05/2019 Month Day Year | Collected 9:05 | I ⊠ A □ P | (80)(0)(4) | SNOHOMISH | | | | |
| ☑ Group A Pub | Type of Water System (check only one box) ☐ Group A Public ☐ Private Household ☐ Group B Public ☐ Other: | | | | | | | |
| Group A and Group B Syst | tems Provide | from Wate | er Fa | cilities Inventory (WFI): | | | | |
| | ID# 283 | 300Y | | | | | | |
| System Name: CITY (| | | | | | | | |
| Contact Person: RIC | | | <u> </u> | | | | | |
| Day Phone: 360-79 | | | none | e: 425 238 1935 | | | | |
| Eve. Phone: 425 23 | 38 1935 | FAX: | | | | | | |
| Send results to: (Print full r City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98 | R | s and zip o | code |) | | | | |
| 37 | SAMPLE | INFOF | RM/ | ATION | | | | |
| Sample collected by (name | e): RICHARD | BAKER | | | | | | |
| Specific location where sar 715 CROFT AVE | mple collected | | | | | | | |
| Project Name or Comments | S: | | | | | | | |
| Type of Sample (select of | nly one type o | of sample | from | types 1 through 5 below) | | | | |
| 1. ☑ Routine Distribution Solution Sol | ample ree 0.25 mg/l | 2. ☐ Repeat Sample (after unsat. routine) ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) | | | | | | |
| 3. Ground Water Rule Source | | Unsatisfactory routine lab number: | | | | | | |
| _S_ | I | | | | | | | |
| ☐ Triggered (A/P) | | Unsatisfactory routine collect date: | | | | | | |
| ☐ Assessment (A/P) | | Chlorinated: Yes No Chlorine Resid: Total Free | | | | | | |
| 4. Surface or GWI Raw Wate | r Sample (Enur | neration) | | | | | | |
| □ E. coli □ Fecal | Filtered Yes | No | | S | | | | |
| 5. ☐ Sample Collected for Info | ormation Only □ Private Re | esidence | | Other | | | | |
| LAB USE ONLY DRIN | NKING WA | TER RES | SUL | TS LAB USE ONLY | | | | |
| ☐ Unsatisfactory Total Coliform Present and | | ont | <u> </u> | ☑ Satisfactory | | | | |
| ☐ E. coli present ☐ Replacement Sample | E. coli abs | ent | | | | | | |
| Sample not tested because Sample too old (>30 ho | • | | 2 | ole because: | | | | |
| □ Improper Container □ Turbid Culture □ | | | | | | | | |
| Bacterial Density Results | s: | | | /400 ·····I | | | | |
| Plate Count / ml. Total Coliform < 1 /10 | 0 ml. | E.coli Fecal C | | /100 ml. orm /100 ml. | | | | |
| Method Code:SM 9222B | | | r | e Received: 11/ 5/2019 | | | | |
| Date Analyzed: 11/5/2019 | 9, 14:30 | | | e Reported: 11/6/19 | | | | |
| 066-06321 | <u>.</u> | | _ | Use Only: | | | | |
| Sample Number (DOH number p | lus five digits) | | | | | | | |



Professional Analytical Services

Arsenic Report of Analysis

| Date Collected: 12/07/18 | System Group Type: ☑ A ☐ B ☐ Other: | | | | | |
|--|---|--|--|--|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar | | | | | |
| LabSample No: 066 21718 | County: Snohomish | | | | | |
| Sample Location: TANK ROAD | Source Number(s): S04,S03 | | | | | |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 12/ 7/18 Date Analyzed: 12/20/18 Date Reported: 12/21/18 Comments: | | | | | |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample | Sample Type: (Check One) | | | | | |
| 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:

Reveiwed By:



Professional Analytical Services

Arsenic Report of Analysis

| Date Collected: 12/13/19 | System Group Type: ☑ A ☐ B ☐ Other: | | | | | |
|---|--|--|--|--|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar | | | | | |
| LabSample No: 066 20395 | County: Snohomish | | | | | |
| Sample Location: TANK ROAD | Source Number(s): S04/S03 | | | | | |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 12/13/19 Date Analyzed: 12/16/19 Date Reported: 12/18/19 Comments: | | | | | |
| Sample Composition: (Check Appropriate Box) ☑ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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.

SDRI. (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:

Reveiwed By:



Professional Analytical Services

Nitrate/Nitrite Report of Analysis

| Date Collected: 12/07/18 | System Group Type: ☑ A ☐ B ☐ Other: | | | | |
|--|--|--|--|--|--|
| Water System ID Number: 28300Y | System Name: City of Gold Bar | | | | |
| LabSample No: 066 21718 | County: Snohomish | | | | |
| Sample Location: TANK ROAD | Source Number(s): S04,S03 | | | | |
| Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify) | Date Received: 12/07/18 Date Analyzed: 12/ 7/18 Date Reported: 12/21/18 Comments: | | | | |
| Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample | Sample Type: (Check One) ☐ Pre-Treatment/Raw ☐ Post-Treatment/Finished ☐ 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

| | 711111111111111111111111111111111111111 | | | | | | | | | |
|------|---|-------------------|---------|------|---------|-----|-------|---------------------------|---------------------|--|
| 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.

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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:

Reveiwed By: