

# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:		
01/08/2021 Month Day Year	Collected 6:15	I Ø AI □ PI	190053	SNOHOMIS		
Type of Water System (ch	eck only one h	) ()				
☐ Group A Pub Group B Pub	lic	□ Private □ Other: _	Hou	sehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR				
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sample collected:						
715 CROFT AVE						
Project Name or Comments:						
Type of Sample (select o						
Chlorinated: ☑ Yes □ No □			2. □ 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	ctory	routine lab number:		
S		Unsatisfac	ctory routine collect date:			
□ Triggered (A/P)			/			
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 Inf	ormation Only □ Private Re	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
□ Unsatisfactory Total Coliform Present <b>and</b>	1		6	☑ Satisfactory		
E. coli present	E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container	Э	Test uns TNTC Turbic Turbic	;	ole because: Ilture		
Bacterial Density Results	s:					
Plate Count / ml.	-	E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B			-	e Received: 1/ 8/2021		
Date Analyzed: 1/ 8/2021	, 14:10			e Reported: 1/9/21		
066-00172 Sample Number (DOH number p	olus five digits)		Lab	Use Only:		



Date Sample Collected	Time Samp			County:	
01/08/2021 Month Day Year	Collected 7:00	I ⊠AI □Pi		SNOHOMIS	
Type of Water System (ch	eck only one h				
☐ Group B Pub	lic	□ Private □ Other: _	Hou	isehold	
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	e e e e e e e e e e e e e e e e e e e		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name): RICHARD BAKER					
Specific location where sample collected:					
102 5TH ST					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total 0.49 mg/l F	ample ree 0.38 mg/l	<ul> <li>2. □ Repeat Sample (after unsat. routine)</li> <li>□ Distribution System</li> <li>□ Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source		Unsatisfactory routine lab number:			
S					
□ Triggered (A/P)	.1	Unsatisfactory 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	5 No		S	
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Dther	
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY	
			I	☑ Satisfactory	
Total Coliform Present and E. coli present	1 □ E. coli abs	ont			
	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	ent	_		
Sample not tested because				ole because:	
□ Sample too old (>30 ho □ Improper Container	urs)			llture	
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C			
Method Code:SM 9222B	9075 90 - 40 - 1034		Dat	e Received: 1/ 8/2021	
Date Analyzed: 1/ 8/2021	, 14:10		_	e Reported: 1/9/21	
066-00170 Sample Number (DOH number p			Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	(e. )				



# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:		
01/08/2021 Month Day Year	Collected 6:15	I Ø AI □ PI	190053	SNOHOMIS		
Type of Water System (ch	eck only one h	) ()				
☐ Group A Pub Group B Pub	lic	□ Private □ Other: _	Hou	sehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR				
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sample collected:						
715 CROFT AVE						
Project Name or Comments:						
Type of Sample (select o						
Chlorinated: ☑ Yes □ No □			2. □ 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	ctory	routine lab number:		
S		Unsatisfac	ctory routine collect date:			
□ Triggered (A/P)			/			
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 Inf	ormation Only □ Private Re	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
□ Unsatisfactory Total Coliform Present <b>and</b>	1		6	☑ Satisfactory		
E. coli present	E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container	Э	Test uns TNTC Turbic Turbic	;	ole because: Ilture		
Bacterial Density Results	s:					
Plate Count / ml.	-	E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B			-	e Received: 1/ 8/2021		
Date Analyzed: 1/ 8/2021	, 14:10			e Reported: 1/9/21		
066-00172 Sample Number (DOH number p	olus five digits)		Lab	Use Only:		



Date Sample Collected	Time Samp			County:	
01/08/2021 Month Day Year	Collected 7:00	I ⊠AI □Pi		SNOHOMIS	
Type of Water System (ch	eck only one h				
☐ Group B Pub	lic	□ Private □ Other: _	Hou	isehold	
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	e e e		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name): RICHARD BAKER					
Specific location where sample collected:					
102 5TH ST					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total 0.49 mg/l F	ample ree 0.38 mg/l	<ul> <li>2. □ Repeat Sample (after unsat. routine)</li> <li>□ Distribution System</li> <li>□ Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source		Unsatisfactory routine lab number:			
S					
□ Triggered (A/P)	.1	Unsatisfactory 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	5 No		S	
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Dther	
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY	
			I	☑ Satisfactory	
Total Coliform Present and E. coli present	1 □ E. coli abs	ont			
	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	ent	_		
Sample not tested because				ole because:	
□ Sample too old (>30 ho □ Improper Container	urs)			llture	
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C			
Method Code:SM 9222B	9075 90 - 40 - 1034		Dat	e Received: 1/ 8/2021	
Date Analyzed: 1/ 8/2021	, 14:10		_	e Reported: 1/9/21	
066-00170 Sample Number (DOH number p			Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	(e. )				



Date Sample Collected	Time Samp			County:	
01/08/2021 Month Day Year	Collected 6:35	I ØA □ PI		SNOHOMISI	
Type of Water System (ch	eck only one h				
I Group A Pub □ Group B Pub	lic	□ Private □ Other: _	Ηοι	isehold	
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	k		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name): RICHARD BAKER					
Specific location where sample collected:					
H0507 SR 2					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S Chlorinated: I Yes I No		Distribution System     Source Groundwater Rule (GWR)     Communication			
	ree 0.39 mg/l	(Population of 1,000 or less)			
3. Ground Water Rule Source		Unsatisfactory routine lab number:			
	.]	Unsatisfactory routine collect date:			
<ul> <li>Triggered (A/P)</li> <li>Assessment (A/P)</li> </ul>		Chlorinate	// ted: YesNo Resid: Total Free		
4. Surface or GWI Raw Wate	r Sample (Enur	annanna i	1691		
E. coli Erecal	Filtered Yes	-		S	
5.  Sample Collected for Inf	ormation Only				
	Private Re			Other	
	NKING WA		Т.		
Unsatisfactory     Total Coliform Present and	ł		1	☑ Satisfactory	
E. coli present	E. coli abs	ent			
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container	э.	Test uns	;	ble because: Ilture	
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C			
Method Code:SM 9222B				e Received: 1/8/2021	
Date Analyzed: 1/8/2021	, 14:10			e Reported: 1/9/21	
066-00171 Sample Number (DOH number p			Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	(e. )				



Date Sample Collected	Time Samp			County:	
01/08/2021 Month Day Year	Collected 6:35	I Ø A □ P		SNOHOMISI	
Type of Water System (ch	eck only one h				
I Group A Pub □ Group B Pub	lic	□ Private □ Other: _	Ηοι	isehold	
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	k		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name): RICHARD BAKER					
Specific location where sample collected:					
H0507 SR 2					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S Chlorinated: I Yes I No		Distribution System     Source Groundwater Rule (GWR)     Communication			
	ree 0.39 mg/l	(Population of 1,000 or less)			
3. Ground Water Rule Source		Unsatisfactory routine lab number:			
	.]	Unsatisfactory routine collect date:			
<ul> <li>Triggered (A/P)</li> <li>Assessment (A/P)</li> </ul>		Chlorinate	// ted: YesNo Resid: Total Free		
4. Surface or GWI Raw Wate	r Sample (Enur	annanna i	1691		
E. coli Erecal	Filtered Yes	-		S	
5.  Sample Collected for Inf	ormation Only				
	Private Re			Other	
	NKING WA		Т.		
Unsatisfactory     Total Coliform Present and	ł		1	☑ Satisfactory	
E. coli present	E. coli abs	ent			
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container	э.	Test uns	;	ble because: Ilture	
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C			
Method Code:SM 9222B				e Received: 1/8/2021	
Date Analyzed: 1/8/2021	, 14:10			e Reported: 1/9/21	
066-00171 Sample Number (DOH number p			Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	(e. )				



# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:		
02/04/2021 Month Day Year	Collected 8:50	⊠ A □ P		SNOHOMIS		
Type of Water System (ch	eck only one h	NOV)				
☑ Group A Pub □ Group B Pub	lic	□ Private □ Other: _				
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
	OF GOLI		×			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE INFORMATION					
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sample collected:						
803 ORCHARD						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
Chlorinated: ☑ Yes □ No □			<ul> <li>2. □ Repeat Sample (after unsat. routine)</li> <li>□ Distribution System</li> <li>□ Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfa	ctory	routine lab number:		
S		Unsatisfac	ctory routine collect date:			
□ Triggered (A/P)			1 1			
Assessment (A/P)		Chlorinate Chlorine F	ed: YesNo Resid: TotalFree			
4. Surface or GWI Raw Wate		-				
E. coli E Fecal	Filtered Yes	No	-	S		
5.  Sample Collected for Inf	ormation Only	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
□ Unsatisfactory Total Coliform Present and			E	☑ Satisfactory		
E. coli present	E. coli abs	ent				
Sample not tested because		Test uns	uitat	ole because:		
□ Sample too old (>30 ho	urs)					
□ Improper Container □			u Ul	liture		
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	0 ml.	Fecal C	colif	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 2/ 4/2021		
Date Analyzed: 2/ 4/2021	, 14:20		Dat	e Reported: 2/ 5/21		
066-00781 Sample Number (DOH number p	(e) 5		Lab	Use Only:		
DOH Form #221-210 (rovisod 02/1	(6)					



Date Sample Collected	Time Samp			County:	
02/04/2021 Month Day Year	Collected 7:25	I ⊠A □ P		SNOHOMISI	
Type of Water System (ch ☑ Group A Pub		Dox)	Ηοι	isehold	
Group B Pub	lic	Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR			
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code)					
City of Gold Bar	-				
RICHARD BAKE 107 5th St	R				
Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name	1002000 X88822007201 422	ar analisin analisin			
Sample collected by (name): RICHARD BAKER Specific location where sample collected:					
	107 5TH ST				
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S	ample			Sample (after unsat. routine)	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.66</b> mg/l F	ree <b>0.64</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:			
S	.[				
□ Triggered (A/P)		Unsatisfactory routine collect date:			
□ Assessment (A/P)		Chlorinate			
		Chlorine F	Resid	d: Total Free	
4. Surface or GWI Raw Wate		,			
E. coli Fecal	Filtered Yes	sNo	-	S	
5. □ Sample Collected for Inf □ Construction □ Repairs	Private Re	esidence		Other	
LAB USE ONLY DRI	NKING WA	TER RES	SUL	LAB USE ONLY	
Unsatisfactory     Total Coliform Present and	4			☑ Satisfactory	
E. coli present	▲ □ E. coli abs	ent			
Replacement Sample	14 - 14 - 14				
Sample not tested because Sample too old (>30 ho		Test uns		ble because:	
Improper Container	urs)			ulture	
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>	
Method Code:SM 9222B				e Received: 2/ 4/2021	
Date Analyzed: 2/ 4/2021	, 14:20		Dat	e Reported: 2/ 5/21	
066-00782			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e. )				



Date Sample Collected	Time Samp			County:		
02/04/2021 Month Day Year	Collected 8:15	I ⊠A □ P		SNOHOMISI		
				31010101010		
Type of Water System (ch ☑ Group A Pub		oox) □ Private	Ηοι	isehold		
Group B Pub		Other:				
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR	ĸ			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code)						
City of Gold Bar	<b>D</b>					
RICHARD BAKE 107 5th St	ĸ					
Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected:						
508 1ST AVE W	1					
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.65</b> mg/l F	ree <b>0.54</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Sour	ce Sample	Unsatisfa	Jnsatisfactory routine lab number:			
S	.[	Unsatisfactory routine collect date:				
□ Triggered (A/P)						
□ 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	5 No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Other		
	NKING WA		SUL	TS LAB USE ONLY		
Unsatisfactory			T	☑ Satisfactory		
Total Coliform Present and		ont				
E. coli present     Replacement Sample	E. coli abs	ent				
Sample not tested because		Test uns	uital	ble because:		
□ Sample too old (>30 ho □ Improper Container	urs)			lturo		
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	0 ml.	Fecal C	olif	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 2/ 4/2021		
Date Analyzed: 2/ 4/2021	, 14:20		Dat	e Reported: 2/ 5/21		
066-00783			Lab	) Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)					
,	the second s					



# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:		
02/04/2021 Month Day Year	Collected 8:50	⊠ A □ P		SNOHOMIS		
Type of Water System (ch	eck only one h	NOV)				
☑ Group A Pub □ Group B Pub	lic	□ Private □ Other: _				
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
	OF GOLI		×			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE INFORMATION					
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sample collected:						
803 ORCHARD						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
Chlorinated: ☑ Yes □ No □			<ul> <li>2. □ Repeat Sample (after unsat. routine)</li> <li>□ Distribution System</li> <li>□ Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfa	ctory	routine lab number:		
S		Unsatisfac	ctory routine collect date:			
□ Triggered (A/P)			1 1			
Assessment (A/P)		Chlorinate Chlorine F	ed: YesNo Resid: TotalFree			
4. Surface or GWI Raw Wate		-				
E. coli E Fecal	Filtered Yes	No	-	S		
5.  Sample Collected for Inf	ormation Only	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
□ Unsatisfactory Total Coliform Present and			E	☑ Satisfactory		
E. coli present	E. coli abs	ent				
Sample not tested because		Test uns	uitat	ole because:		
□ Sample too old (>30 ho	urs)					
□ Improper Container □			u Ul	liture		
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	0 ml.	Fecal C	colif	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 2/ 4/2021		
Date Analyzed: 2/ 4/2021	, 14:20		Dat	e Reported: 2/ 5/21		
066-00781 Sample Number (DOH number p	(e) ()		Lab	Use Only:		
DOH Form #221-210 (rovisod 02/1	(6)					



Date Sample Collected	Time Samp			County:	
02/04/2021 Month Day Year	Collected 7:25	I ⊠A □ P		SNOHOMISI	
Type of Water System (ch ☑ Group A Pub		Dox)	Ηοι	isehold	
Group B Pub	lic	Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR			
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code)					
City of Gold Bar	-				
RICHARD BAKE 107 5th St	R				
Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name	1002000 X88822007201 422	ar analisin analisin			
Sample collected by (name): RICHARD BAKER Specific location where sample collected:					
	107 5TH ST				
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S	ample			Sample (after unsat. routine)	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.66</b> mg/l F	ree <b>0.64</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:			
S	.[				
□ Triggered (A/P)		Unsatisfactory routine collect date:			
□ Assessment (A/P)		Chlorinate			
		Chlorine F	Resid	d: Total Free	
4. Surface or GWI Raw Wate		,			
E. coli Fecal	Filtered Yes	sNo	-	S	
5. □ Sample Collected for Inf □ Construction □ Repairs	Private Re	esidence		Other	
LAB USE ONLY DRI	NKING WA	TER RES	SUL	LAB USE ONLY	
Unsatisfactory     Total Coliform Present and	4			☑ Satisfactory	
E. coli present	▲ □ E. coli abs	ent			
Replacement Sample	14 - 14 - 14				
Sample not tested because Sample too old (>30 ho		Test uns		ble because:	
Improper Container	urs)			ulture	
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>	
Method Code:SM 9222B				e Received: 2/ 4/2021	
Date Analyzed: 2/ 4/2021	, 14:20		Dat	e Reported: 2/ 5/21	
066-00782			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e. )				



Date Sample Collected	Time Samp			County:		
02/04/2021 Month Day Year	Collected 8:15	I ⊠A □ P		SNOHOMISI		
				31010101010		
Type of Water System (ch ☑ Group A Pub		oox) □ Private	Ηοι	isehold		
Group B Pub		Other:				
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR	ĸ			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code)						
City of Gold Bar	<b>D</b>					
RICHARD BAKE 107 5th St	ĸ					
Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected:						
508 1ST AVE W	1					
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.65</b> mg/l F	ree <b>0.54</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Sour	ce Sample	Unsatisfa	Jnsatisfactory routine lab number:			
S	.[	Unsatisfactory routine collect date:				
□ Triggered (A/P)						
□ 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	5 No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Other		
	NKING WA		SUL	TS LAB USE ONLY		
Unsatisfactory			T	☑ Satisfactory		
Total Coliform Present and		ont				
E. coli present     Replacement Sample	E. coli abs	ent				
Sample not tested because		Test uns	uital	ble because:		
□ Sample too old (>30 ho □ Improper Container	urs)			lturo		
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	0 ml.	Fecal C	olif	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 2/ 4/2021		
Date Analyzed: 2/ 4/2021	, 14:20		Dat	e Reported: 2/ 5/21		
066-00783			Lab	) Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)					
,	the second s					



Arsenic Report of Analysis

Date Collected: 03/05/21	System Group Type: 🗹 A 🗆 B 🗇 Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
LabSample No: 06602733	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) Provine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received: 3/ 5/21 Date Analyzed: 3/ 9/21 Date Reported: 3/11/21 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		0.0062	0.0001	0.01	0.01	mg/l		EPA 200.8 /JDR

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:** 

MAR 1 7 2021





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

CC	OLIFORM	BACTE	RIA ANALYSIS		
Date Sample Collected 03/05/2021	Time Sample Collected		County:		
Month Day Year	6:25		M SNOHOMI	SH	
Type of Water System (check o Group A Public Group B Public		Private H Other:			
Group A and Group B Systems					
	# 28300Y				
22					
	F GOLD B	AK			
Contact Person: RICHAR			, <u></u>		
Day Phone: 360-793-11	01	Cell Pho	ne: 425 238 1935		
Eve. Phone: 425 238 19	35	FAX:			
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	e, address and 2	ip code)	5		
Data Delivery: 🗆 MAIL. 🗖 E	:MAIL:				
SA	MPLE INFOR				
Sample collected by (name):	RICHARD E	BAKER			
Specific location where sample	collected:				
40507 SR 2					
Special Instructions or Comments: Type of Sample (select only or	ne lyce of sample :	from types 1.1	hrough 5 below)	1111	
1. I Routine Distribution Sample		2. 🗖 Repea	t Sample (after unsat. routine)		
Chlorinated: ፼ Yes  ☐ No Chlorine: Total 0.83 mg/l Free 0.5	3 mg/l	Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)			
3. Ground Water Rule Source San	nple	Unsatisfacto	ory routine lab number;		
Triggered (A/P)		Unsatisfacto	ry routine collect date:		
C Assessment (A/P)		Chlorinated: Chlorine Res			
4. Surface or GWI Raw Water Samp	le (Enumeration)	1			
E, coli Efecal	Filtered Yes_	_ No	<u></u>		
5. Sample Collected for Informati	on Only Rejusta Residence	D Other			
	KING WATER		LAB USE ONLY		
	MIG HASEN	RESULIS	☑ Satisfactory		
Total Coliform Present and	E. coli abser	nt	El Sausiaciony		
C Replacement Sample Rec	luired	T			
Sample not tested because Sample too old (>30 hours)	)	Test unsur	table because:		
Improper Container		C Turbid			
D	Court 1			_	
Bacterial Density Results: Plate Total Coliform <1 /100 ml.			/100 ml. 00 ml.		
Method Code: SM 9222B			Date Received: 3/ 5/2021		
Date Analyzed: 3/ 5/2021, 15:	:15		Date Reported: 3/ 6/21		
066-01348 Sample Number (DOH number plus five	digits)		Lab Use Only:		
DOH Form #331-319 (revised 02/16)					

***		www.an			
C	OLIFORM	BACTE	RIA	ANALYSIS	
Date Sample Collected 03/05/2021 Month Day Year	Time Sampl Collected 6:10	e ØA □P	····	County: SNOHOMISH	
Type of Water System (check	onky one here)			310110101311	
☐ Group B Public		Private Other: _	I Private Household		
Group A and Group B System:	s Provide from V	Vater Facilit	ies Im	ventory (WFI):	
ID	# 2830 <b>0</b> \	(			
	F GOLD B		_		
Contact Person: RICHAF	RD BAKER				
Day Phone: 360-793-11	101	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	e, address and a	zip code)			
Data Delivery: 🗆 MAIL 🗔 B	EMAIL:				
SA	MPLE INFOR	RMATION	1		
Sample collected by (name):	RICHARD 8	BAKER	_		
Specific location where sample	collected:				
505 CROFT AVE					
Special Instructions or Comments:			Cashier and		
Type of Sample (select only or	And and a second se				
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.78 mg/l Free 0.64		C Repeat Sample (after unsat. routine)     Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)			
3. Ground Water Rule Source Sam	iple	Unsatisfact	ory rout	tine lab number:	
Triggered (A/P)		Unsatisfacto	ry routi	ine collect date:	
Assessment (A/P)		Chlorinated: Chlorine Res			
4. Surface or GWI Raw Water Samp	le (Enumeration)				
E coli E Fecal	Filtered Yes	_No		S	
5. Sample Collected for Informatic Construction CRepairs P	on Only Private Residence	C Other			
LAB USE ONLY DRINK	ING WATER	RESULTS		LAB USE ONLY	
Unsatisfactory     Total Coliform Present and			Ø	Satisfactory	
and the second data and the se	E. coli absen	t	1		
Replacement Sample Req Sample not tested because     Sample too old (>30 hours)     Improper Container	uired	Test unsuit			
Bacterial Density Results: Plate Total Coliform <1 /100 ml.	Count / ml Fecal Colifor	. E.coli	/100 0 ml.	ml.	
Method Code: SM 9222B			-	Received: 3/ 5/2021	
Date Analyzed: 3/ 5/2021, 15:1	5		-	Reported: 3/ 6/21	
066-01347				se Only:	
Sample Number (DOH number plus five d	igits)				
ALL					

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



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

CC	DLIFORM	BACTE	ERIA	ANALYSIS	
Date Sample Collected 03/05/2021 Month Day Year	Time Sample Collected 6:50	e ☑ / □ f		County: SNOHOMISH	
Type of Water System (check o ☑ Group A Public □ Group 9 Public		Private		ehold	
Group A and Group B Systems	Provide from V	later Facili	ties In	ventory (WFI):	
ID#	<b># 28300</b> Y	7			
System Name: CITY OF	GOLD B	AR		C	
Contact Person: RICHARD BAKER					
Day Phone: 360-793-1101 Cell Phone: 425 238 1935				425 238 1935	
Eve. Phone: 425 238 19	35	FAX:			
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
Data Delivery: D MAIL D El					
	IPLE INFOR		N		
Sample collected by (name): Specific location where sample a		BAKER			
715 CROFT AVE W					
Special Instructions or Comments:			-		
Type of Sample (select only on 1. I Routine Distribution Sample	e type of sample i		_		
Chlorinated: ☑ Yes □ No Chlorine: Total 0.56 mg/l Free 0.51	mg/l	C      C     C      C			
3. Ground Water Rule Source Sam				utine lab number:	
		Lineatiefant		tine collect date:	
Triggered (A/P)					
Assessment (A/P)		Chlorinated Chlorine Re	: Yes_	No DialFree	
4. Surface or GWI Raw Water Sample					
5. Sample Collected for Information	Filtered Yes_	_No		<u></u>	
	rivate Residence	Other			
LAB USE ONLY DRINK	ING WATER	RESULTS	5	LAB USE ONLY	
Unsatisfactory Total Coliform Present and     E. coli present	□ E. coli absen	t	Æ	2 Satisfactory	
Replacement Sample Required Sample not tested because     Sample too old (>30 hours)     Inproper Container     Turbid Culture					
Bacterial Density Results: Plate ( Total Coliform <1 /100 ml.	Count / mi Fecal Colifor	. E.coli m /1	/100 00 ml		
Method Code: SM 9222B			Date	Received: 3/ 5/2021	
Date Analyzed: 3/ 5/2021, 15:1	5		Date	Reported: 3/6/21	
066-01349 Sample Number (DOH number plus five di DOH Form #331-319 (revised 02/16)	gits)		Lab I	Use Only:	

### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/07/2021	Time Samp Collected		м	County:	
Month Day Year	7:00		м	SNOHOMISH	
Type of Water System (ch ☑ Group A Pub □ Group B Pub	lic lic	Private   Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	cilities Inventory (WFI):	
System Name: C.O.G	ID# 283	800Y			
Contact Person: RIC					
Day Phone: 360-79			0.00	e: 425 238 1935	
			IUIN	6. 423 230 1933	
Eve. Phone: 425 2		FAX:		<u>,</u>	
Send results to: (Print full City of Gold Bar RICHARD BAKE 107 5th St Gold Bar, Wa, 98	R	s and zip c	oae	}	
	SAMPLE		RM/	ATION	
Sample collected by (name					
Specific location where sa	mple collected				
107 51H ST. Project Name or Comments	107 5TH ST.				
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S		and the second second		iample (after unsat. routine)	
Chlorinated: 2 Yes 2 No Chlorine: Total 0.94 mg/l P	free 0.87 mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:			
	1	Unsatisfactory routine collect date:			
Triggered (A/P)					
Assessment (A/P)		Chlorinate Chlorine R	ed: YesNo Resid: Total Free		
4. Surface or GWI Raw Wate		•			
D E coli D Fecal	Filtered Yes	No		[S	
5. Sample Collected for Int Construction Repairs		esidence		Other	
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY	
Unsatisfactory Total Coliform Present and			6	2 Satisfactory	
E. coli present	E. coli abs	ent	_		
Sample not tested becaus Sample too old (>30 ho Improper Container	e	Test unsi TNTC Turbic	;	ole because: Ilture	
Bacterial Density Result Plate Count / ml.	s:	E coli		/100 ml.	
Total Coliform < 1 /10	00 ml.	Fecal C	olifo	orm /100 ml.	
Method CodeSM 9222B			Dat	e Received: 4/ 8/2021	
Date Analyzed: 4/ 8/2021	, 14:30		Dat	e Reported: 4/ 9/21	
066-02047 Sample Number (DOH number			Lab	Use Only:	

### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/07/2021	Time Samp Collected		м	County:		
Month Day Year	8:15	ΠP	М	SNOHOMISH		
Type of Water System (che 应 Group A Pub □ Group B Pub	lic	xx) □ Private □ Other:	Hou	sehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI)		
Svetem Name: 0 0 0	ID# 283	800Y				
System Name: C.O.G.B.						
Contact Person: RICHARD BAKER						
Day Phone: 360-79			non	e: 425 238 1935		
Eve. Phone: 425 23		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	<b>)</b>		
	SAMPLE		RM/	ATION		
Sample collected by (name						
Specific location where sar	nple collected					
803 ORCHARD Project Name or Comments:						
Type of Sample (select o		of sample	from	types 1 through 5 below)		
1. I Routine Distribution S		2. 🗆 Rep	eat S	ample (after unsat, routine)		
Chlorinated: 27 Yes D No Chlorine: Total 0.61 mg/l F	ree 0.56 mg/l	Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)				
3. Ground Water Rule Source	e Sample	Unsatisfactory routine lab number:				
	I	Unsatisfactory routine collect date:				
Triggered (A/P)						
Assessment (A/P)		Chlorinate Chlorine I				
4. Surface or GWI Raw Wate						
E. coli E Fecal	Filtered Yes	No	-	<u></u>		
5.  Sample Collected for Infe Construction Repairs	Private Re	esidence		Nher		
LAB USE ONLY DRI	NKING WAT	TER RES	SUL	TS LAB USE ONLY		
Unsatisfactory Total Coliform Present and			6	2 Satisfactory		
E. coli present	E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container	2	Test uns	2	ole because:		
Bacterial Density Results Plate Count / ml.		E.coll		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code SM 9222B				e Received: 4/ 8/2021		
Date Analyzed: 4/ 8/2021	, 			e Reported: 4/ 9/21		
066-02048 Sample Number (DOH number p	lus five digits)		Lab	Use Only:		

### **COLIFORM BACTERIA ANALYSIS**

	-					
Date Sample Collected 04/07/2021	Time Sam Collected			County:		
Month Day Year	8:45			SNOHOMISI		
Type of Water System (cho 团 Group A Pub		iox) □ Private	Hou	sehold		
Group B Pub		Other:				
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
Sustem Name: 0.0.0	ID# 283	800Y				
System Name: C.O.G						
Contact Person: RICHARD BAKER						
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 name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE		RM/	ATION		
Sample collected by (name	): RICHARD	BAKER		••		
Specific location where sample collected:						
508 1ST AVE W						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)           1. If Routine Distribution Sample         2. If Repeat Sample (after unsat. routine)						
Chlorinaled: 🗹 Yes 🗗 No	ree 0.91 mg/l	2. D 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:				
	1					
Triggered (A/P)		Unsatisfactory routine collect date:				
Assessment (A/P)		Chlorinated: Yes No				
		Chlorine F	Resid	I: Total Free		
4. Surface or GWI Raw Water						
	Filtered Yes	No		S		
Construction Repairs	5.  Sample Collected for Information Only Construction  Repairs  Private Residence  Other					
LAB USE ONLY DRIN	KING WAT	TER RES	SUL.	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and			6	2 Satisfactory		
	E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 hot     Improper Container	•	Test uns	2	ble because:		
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code SM 9222B				e Received: 4/ 8/2021		
Date Analyzed: 4/ 8/2021,	, 14:30		Date	e Reported: 4/ 9/21		
066-02046 Sample Number (DOH number p			Lab	Use Only:		
DOLLE- HORA DAD ()						



# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:	
05/07/2021 Month Day Year	Collected 10:00	⊠ A □ P		SNOHOMISI	
Type of Water System (ch	eck only one b	ox)			
☑ Group A Publ □ Group B Publ	lic	□ Private □ Other:	Hou	sehold	
Group A and Group B Syst		NA BARANKINA	er Fa	acilities Inventory (WFI):	
	ID# 283				
	OF GOL				
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	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 c	code	)	
SAMPLE INFORMATION					
	Sample collected by (name): RICHARD BAKER				
Specific location where sample collected:					
715 CROFT AVE W.					
Project Name or Comments:					
	Type of Sample (select only one type of sample from types 1 through 5 below)1. Image: Repeat Sample (after unsat. routine)2. Image: Repeat Sample (after unsat. routine)				
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine Residual: Total Free		<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	e Sample	Unsatisfa	ctory	routine lab number:	
<u>    s_                                </u>	I	Unsatisfad	ctory	routine collect date:	
□ Triggered (A/P)			1 1		
□ Assessment (A/P)		Chlorinate Chlorine F		esNo	
4. Surface or GWI Raw Wate	r Sample (Enur	neration)			
E. coli Fecal	Filtered Yes	No	-	S	
5. □ Sample Collected for Info □ Construction □ Repairs	ormation Only Private Re	esidence		Other	
LAB USE ONLY DRI		FER RES	SUL	.TS LAB USE ONLY	
Unsatisfactory     Total Coliform Present and	1		6	☑ Satisfactory	
E. coli present	E. coli abs	ent			
Replacement Sample     Sample not tested because     Sample too old (>30 hor     Improper Container		Test uns	;	ble because: Ilture	
Bacterial Density Results	5:				
Plate Count / ml.		E.coli		/100 ml.	
Total Coliform < 1 /10	v mi.	Fecal C			
Method Code:SM 9222B	14:20			e Received: 5/7/2021	
Date Analyzed: 5/ 7/2021				e Reported: 5/ 8/21	
066-02664 Sample Number (DOH number p	lus five digits)		сар	Use Only:	



Date Sample Collected	Time Samp			County:	
05/07/2021 Month Day Year	Collected 6:10	I ⊠AI □Pi		SNOHOMISI	
				310000101010	
Type of Water System (cho ☑ Group A Pub	eck only one b lic	oox) □ Private	Ηοι	ısehold	
Group B Pub		Other:	38. 2020/04/2	19.00040.00 (20.000)	
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	8		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full r	name, address	s and zip o	code	e)	
City of Gold Bar					
RICHARD BAKE	ĸ				
Gold Bar, Wa, 98251					
SAMPLE INFORMATION					
Sample collected by (name): RICHARD BAKER					
Specific location where sample collected:					
505 CROFT AVE					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S	ample	2. C Rep	eat S	Sample (after unsat. routine)	
Chlorinated: ☑ Yes  □ No Chlorine Residual: Total	Free	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:			
_S_	.[	Unsatisfactory routine collect date:			
□ Triggered (A/P)		Unsatisfac	ctory		
□ Assessment (A/P)			//No hlorinated: YesNo hlorine Resid: Total Free		
4. Surface or GWI Raw Wate	r Sample (Enur	neration)			
🗆 E. coli 🛛 Fecal	Filtered Yes	No	_	S	
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only			Other	
	VKING WA				
Unsatisfactory			Τ.	☑ Satisfactory	
Total Coliform Present and	ł		Ľ		
E. coli present	E. coli abs	ent			
Replacement Sample     Sample not tested because		Testune	uital	ble because:	
□ Sample too old (>30 ho		□ TNTC	;		
□ Improper Container □		□ Turbio	d Cu	ulture	
Bacterial Density Results	s:				
Plate Count / ml.		E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C			
Method Code:SM 9222B				e Received: 5/ 7/2021	
Date Analyzed: 5/ 7/2021	, 14:30		-	e Reported: 5/ 8/21	
066-02665 Sample Number (DOH number p			Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	(e. )				



Date Sample Collected	Time Samp			County:	
05/07/2021 Month Day Year	Collected 9:10	⊠ AI □ Pi		SNOHOMISI	
				310000101010	
Type of Water System (ch ☑ Group A Pub	eck only one b lic	ox) □ Private	Ηοι	ısehold	
Group B Pub	lic	Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	800Y			
System Name: CITY	OF GOLI	) BAR			
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full name, address and zip code)					
City of Gold Bar	<b>D</b>				
RICHARD BAKE 107 5th St	ĸ				
Gold Bar, Wa, 98251					
	SAMPLE		RM	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sample collected:					
40507 SR2					
Project Name or Comments	s:				
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S	ample	2. D Repo	eat S	Sample (after unsat. routine)	
Chlorinated: ☑ Yes  □ No Chlorine Residual: Total	Free	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:			
S	.[	11			
□ Triggered (A/P)		Unsansia	,	routine collect date:	
□ Assessment (A/P)			/No 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 Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Other	
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY	
Unsatisfactory				☑ Satisfactory	
Total Coliform Present and E. coli present	d □ E. coli abs	opt			
Replacement Sample		ent			
Sample not tested because	e .			ble because:	
□ Sample too old (>30 ho □ Improper Container	urs)			ulturo	
			100		
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>	
Method Code:SM 9222B			Dat	e Received: 5/ 7/2021	
Date Analyzed: 5/ 7/2021	, 14:30		Dat	e Reported: 5/ 8/21	
066-02666			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)				
( · · · · · · · · · · · · · · · · · · ·					



Arsenic Report of Analysis

Date Collected: 06/04/21	System Group Type: I A I B I Other:				
Water System ID Number: 28300Y	System Name: City of Gold Bar				
Lab-Sample No: 06607608	County: Snohomish				
Sample Location: TANK ROAD	Source Number(s): S03/S04				
Sample Purpose: (Check Appropriate Box) Provine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received: 6/ 4/21 Date Analyzed: 6/ 7/21 Date Reported: 6/11/21 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 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				
	I.				

### ANALYTICAL RESULTS

D	IOH#	ANALYTE	data Qualifier	RESULTS	SDRL.	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
00	)04	Arsenic		0.0061	0.0001	0.01	0.01	mg/l		EPA 200.8 /JDR

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:** 



Date Sample Collected	Time Samp			County:		
06/04/2021 Month Day Year	Collected 8:00	⊠ A □ P	000000	SNOHOMIS		
Type of Water System (ch	eck only one b					
☐ Group A Public ☐ Private Household □ Group B Public ☐ Other:						
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
System Name: C.O.G						
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 name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE		RM	ATION		
Sample collected by (name	): RICHARD	BAKER				
	Specific location where sample collected:					
107 5TH ST						
Project Name or Comments		of camplo	fron	a types 1 through 5 below)		
Type of Sample (select only one type of sample from types 1 through 5 below)           1. If Routine Distribution Sample         2. If Repeat Sample (after unsat. routine)						
Chlorinated:  Yes ロ No	ree <b>0.86</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:				
_S_	I					
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)		Chlorinate Chlorine F	_// ated: YesNo e Resid: TotalFree			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	No	-	S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RE	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	1		E	☑ Satisfactory		
E. coli present	∎ E. coli abs	ent				
Replacement Sample	Required					
Sample not tested because Sample too old (>30 ho		Test uns		ole because:		
□ Improper Container		□ Turbio		ılture		
Bacterial Density Results	<u></u>	<u> </u>				
Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B	4.4.00			e Received: 6/ 4/2021		
Date Analyzed: 6/ 4/2021	, 14:00			e Reported: 6/ 5/21		
066-03243 Sample Number (DOH number p	lus five digits)		Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	(e) N					



Date Sample Collected	Time Samp			County:		
06/04/2021 Month Day Year	Collected 8:00	I ∅ AI □ PI		SNOHOMIS		
Type of Water System (check only one box)         ☑ Group A Public       □ Private Household         □ Group B Public       □ Other:						
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: C.O.G	1000 - 1000 - 100					
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE		RM/	ATION		
Sample collected by (name	e): RICHARD	BAKER		e e long i long i long le lon		
Specific location where sample collected:						
805 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 S Chlorinated: ☑ Yes □ No Chlorine: Total 0.56 mg/l F	ample ree 0.48 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	ce Sample	Unsatisfactory routine lab number:				
S	.l	Unsatisfactory routine collect date:				
□ Triggered (A/P)		/ /				
□ Assessment (A/P)		Chlorinated: Yes No Chlorine Resid: Total Free				
4. Surface or GWI Raw Wate	r Sample (Enur	meration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	5No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Dther		
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	ł		E	☑ Satisfactory		
E. coli present	E. coli abs	ent				
□ Replacement Sample Required         Sample not tested because       Test unsuitable because:         □ Sample too old (>30 hours)       □ TNTC         □ Improper Container       □ Turbid Culture         □       □						
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal Coliform /100 ml.				
Method Code:SM 9222B	4.4.00			e Received: 6/ 4/2021		
Date Analyzed: 6/ 4/2021				e Reported: 6/ 5/21		
066-03244 Sample Number (DOH number p	olus five digits)		Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	16)					



Date Sample Collected	Time Samp			County:			
06/04/2021 Month Day Year	Collected 8:00	⊠ A □ P		SNOHOMIS			
Type of Water System (check only one box) Ø Group A Public □ Private Household □ Group B Public □ Other:							
Group A and Group B Syst		an telepheno-	ər Ea	acilities Inventory (WEI):			
	ID# 28300Y System Name: C.O.G.B.						
Contact Person: RIC	Contact Person: RICHARD BAKER						
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 name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
	SAMPLE		RM	ATION			
Sample collected by (name	): RICHARD	BAKER		<ul> <li>In Desired Real Particle</li> </ul>			
Specific location where sample collected:							
803 ORCHARD							
Project Name or Comments			-				
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No	ample	2. □ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR)					
	ree 0.47 mg/l	(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: Total Free					
4. Surface or GWI Raw Wate	r Sample (Enur	neration)					
🗆 E. coli 🛛 Fecal	Filtered Yes	No	-	S			
5. □ Sample Collected for Infe □ Construction □ Repairs	ormation Only	esidence		Other			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	LAB USE ONLY			
Unsatisfactory     Total Coliform Present and			E	☑ Satisfactory			
2000 VII NO	∎ E. coli abs	ent					
Replacement Sample     Sample not tested because	Required		uital	ole because:			
□ Sample too old (>30 ho □ Improper Container □	urs)	□ TNTC □ Turbio □		llture			
Bacterial Density Results Plate Count / ml.	5:	E.coli		/100 ml.			
Total Coliform < 1 /10	0 ml.	Fecal C					
Method Code:SM 9222B				e Received: 6/ 4/2021			
Date Analyzed: 6/ 4/2021				e Reported: 6/ 5/21			
066-03245 Sample Number (DOH number p			Lab	Use Only:			
DOH Form #331-319 (revised 02/1	(e) N						



Date Sample Collected	Time Samp			County:			
06/24/2021 Month Day Year	Collected 12:00	□ AI ☑ PI		SNOHOMISI			
Type of Water System (ch	eck only one h						
Image: Stress of the second secon							
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 283	800Y					
System Name: CITY	OF GOLI	) BAR					
Contact Person: RICHARD BAKER							
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
	SAMPLE		RM/	ATION			
Sample collected by (name	e): RICHARD	BAKER					
Specific location where sar	mple collected	:					
MAYCREEK RD							
	Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)           1. □ Routine Distribution Sample         2. □ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.41</b> mg/l F	•	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:					
S	_						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		// Chlorinated: Yes No Chlorine Resid: Total Free					
4. Surface or GWI Raw Wate	er Sample (Enur	neration)					
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S			
5. ☑ Sample Collected for Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence	₫ (	Dther			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY			
Unsatisfactory     Total Coliform Present and			E	☑ Satisfactory			
E. coli present	E. coli abs	ent					
Sample not tested because Sample too old (>30 ho Improper Container	e	Test uns TNTC Turbic Turbic	;	ble because: Ilture			
Bacterial Density Results Plate Count / ml.	s:	E.coli / <b>100 ml.</b>					
Total Coliform <1 /10	0 ml.	Fecal C	olifo	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Date Received: 6/25/2021				
Date Analyzed: 6/25/2021	1, 15:30		Dat	e Reported: 6/26/21			
066-03695 Sample Number (DOH number p			Lab	) Use Only:			
DOH Form #331-319 (revised 02/1	16)						



# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:		
09/16/2021 Month Day Year	Collected 8:15	I ⊠A □ P	8080033	SNOHOMIS		
Type of Water System (ch	eck only one h	nox)				
Ø Group A Public     □ Private Household       □ Group B Public     □ Other:						
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR				
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Pr	non	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE		RM/	ATION		
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sar	nple collected	:				
102ND 5TH ST	102ND 5TH ST					
Project Name or Comments						
	Type of Sample (select only one type of sample from types 1 through 5 below)					
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total 0.26 mg/l F	ample ree 0.23 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		Unsatisfactory routine collect date:				
□ Triggered (A/P)						
□ Assessment (A/P)		Chlorinated: YesNo 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 Inf	ormation Only Private Re	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
□ Unsatisfactory Total Coliform Present and			6	☑ Satisfactory		
E. coli present	E. coli abs	ent				
Sample not tested because	Э			ble because:		
□ Sample too old (>30 ho □ Improper Container	urs)			llture		
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C	Colifo	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 9/16/2021		
Date Analyzed: 9/16/2021	, 14:45		Dat	e Reported: 9/17/21		
066-05363 Sample Number (DOH number p	olus five digits)		Lab	Use Only:		
DOH Form #331-319 (revised 02/1	6)					



Date Sample Collected	Time Samp			County:			
09/16/2021 Month Day Year	Collected 8:30	⊠ A □ P		SNOHOMISI			
Type of Water System (check only one box) ☑ Group A Public □ Private Household							
Group B Pub		Other:					
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 28300Y						
System Name: CITY	OF GOLI	) BAR	e e e e e e e e e e e e e e e e e e e				
Contact Person: RIC	HARD BA	KER					
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full i	name, address	s and zip o	ode	e)			
City of Gold Bar	-						
RICHARD BAKE 107 5th St	ĸ						
Gold Bar, Wa, 98	3251						
	SAMPLE		RM/	ATION			
Sample collected by (name	e): RICHARD	BAKER		9 N 28663 808 N 287			
Specific location where sa							
715 CRAFT AVE W							
	Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. I Routine Distribution S	ample			Sample (after unsat. routine)			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.55</b> mg/l F	ree <b>0.50</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:					
S	.[						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		// Chlorinated: Yes No					
		Chlorine Resid: Total Free					
4. Surface or GWI Raw Wate		,					
E. coli E Fecal	Filtered Yes	No		S			
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Dther			
LAB USE ONLY DRI	NKING WA	TER RES	SUL	LAB USE ONLY			
Unsatisfactory     Total Coliform Present and	4			☑ Satisfactory			
E. coli present	□ E. coli abs	ent					
Replacement Sample	Market at the						
Sample not tested because	e			ble because:			
□ Sample too old (>30 ho □ Improper Container	urs)			ulture			
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform <1 /10	0 ml.	Fecal C	olif	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Dat	e Received: 9/16/2021			
Date Analyzed: 9/16/2021	1, 14:45		Dat	e Reported: 9/17/21			
066-05364			Lab	) Use Only:			
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)						
,	the second s						



Date Sample Collected	Time Samp			County:			
09/16/2021 Month Day Year	Collected 8:00	⊠ A □ P		SNOHOMISI			
				3101101010			
Type of Water System (check only one box) ☑ Group A Public □ Private Household							
Group B Pub		Other:					
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 28300Y						
System Name: CITY	OF GOLI	) BAR	e e				
Contact Person: RIC	HARD BA	KER					
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full I	name, address	s and zip o	code	2)			
City of Gold Bar	_						
RICHARD BAKE 107 5th St	R						
Gold Bar, Wa, 98	3251						
	SAMPLE		2M	ΔΤΙΟΝ			
Sample collected by (name	4002000 NBB 22207 224 - 422	a anarraa aasarra					
Specific location where sa							
40507 SR2							
Project Name or Comments:							
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. I Routine Distribution S	ample			Sample (after unsat. routine)			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.43</b> mg/l F	ree <b>0.41</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:					
S	_[						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		// Chlorinated: Yes No					
		Chlorine Resid: Total Free					
4. Surface or GWI Raw Wate		,					
E. coli E Fecal	Filtered Yes	No		S			
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Dther			
LAB USE ONLY DRI	NKING WA	TER RES	SUL	LAB USE ONLY			
Unsatisfactory     Total Coliform Present and	4			☑ Satisfactory			
E. coli present	■ □ E. coli abs	ent					
Replacement Sample	Market at the		_				
Sample not tested because	e			ble because:			
□ Sample too old (>30 ho □ Improper Container	urs)			ulture			
<u> </u>							
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform <1 /10	0 ml.	Fecal C	olif	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Dat	e Received: 9/16/2021			
Date Analyzed: 9/16/2021	1, 14:45		Dat	e Reported: 9/17/21			
066-05365			Lab	) Use Only:			
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)						
	,						



Date Sample Collected	Time Samp			County:			
07/09/2021 Month Day Year	Collected 8:30	⊠ AI □ Pi		SNOHOMISI			
				3101101010			
	Type of Water System (check only one box) ☑ Group A Public □ Private Household						
Group B Pub		Other:					
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 28300Y						
System Name: CITY	OF GOLI	) BAR	8				
Contact Person: RIC	HARD BA	KER					
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full r	name, address	s and zip o	code	2)			
City of Gold Bar	<b>D</b>						
RICHARD BAKE 107 5th St	R						
Gold Bar, Wa, 98	3251						
	SAMPLE		RM	ATION			
Sample collected by (name	e): RICHARD	BAKER					
Specific location where sample collected:							
40507 SR2							
	Project Name or Comments:						
Type of Sample (select of	only <b>one</b> type o			n types 1 through 5 below)			
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.36</b> mg/l F	ree <b>0.33</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:					
S	.[						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		// Chlorinated: YesNo 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 Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Other			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY			
Unsatisfactory				☑ Satisfactory			
Total Coliform Present and E. coli present	d □ E. coli abs	ont					
Replacement Sample	official and the	ent	_				
Sample not tested because	e			ble because:			
□ Sample too old (>30 ho □ Improper Container			llture				
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform <1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Dat	e Received: 7/ 9/2021			
Date Analyzed: 7/ 9/2021	, 15:00		Dat	e Reported: 7/10/21			
066-03907			Lab	) Use Only:			
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)						



Date Sample Collected	Time Samp			County:			
07/09/2021 Month Day Year	Collected 9.00	I ⊠A □P		SNOHOMIS			
	0.00						
Type of Water System (check only one box) ☑ Group A Public □ Private Household							
Group B Pub		Other:					
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 28300Y						
System Name: CITY	OF GOLI	) BAR	e e e e e e e e e e e e e e e e e e e				
Contact Person: RIC	HARD BA	KER					
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full I	name, address	s and zip o	code	2)			
City of Gold Bar	_						
RICHARD BAKE 107 5th St	R						
Gold Bar, Wa, 98	3251						
	SAMPLE		2M	ATION			
Sample collected by (name							
Specific location where sa							
715 CRAFT AVE	-						
Project Name or Comments:							
Type of Sample (select of	Type of Sample (select only one type of sample from types 1 through 5 below)						
1. I Routine Distribution S	ample			Sample (after unsat. routine)			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.34</b> mg/l F	ree <b>0.31</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:					
S	_						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		Chlorinated: YesNo					
	- Complet /Farm	Chlorine F	Resid	d: Total Free			
4. Surface or GWI Raw Wate	Filtered Yes	,					
5. Sample Collected for Inf	at mat but the	s No		S			
□ Construction □ Repairs		esidence		Other			
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY			
Unsatisfactory     Total Coliform Present and	4		$\mathbb{P}$	☑ Satisfactory			
E. coli present	E. coli abs	ent					
Replacement Sample	Required		_				
Sample not tested because Sample too old (>30 ho		Test uns		ole because:			
Improper Container	urs)			Ilture			
<u> </u>							
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform < 1 /10	)0 ml.	Fecal C	olif	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Dat	e Received: 7/ 9/2021			
Date Analyzed: 7/ 9/2021	, 15:00		Dat	e Reported: 7/10/21			
066-03908			Lab	Use Only:			
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(H) (H)						
,							



Date Sample Collected	Time Samp			County:			
07/09/2021 Month Day Year	Collected 9.00	I ⊠A □ P		SNOHOMIS			
	0.00						
Type of Water System (check only one box) ☑ Group A Public □ Private Household							
Group B Pub		Other:					
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 28300Y						
System Name: CITY	OF GOLI	) BAR	e e				
Contact Person: RIC	HARD BA	KER					
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full I	name, address	s and zip o	code	2)			
City of Gold Bar	_						
RICHARD BAKE 107 5th St	R						
Gold Bar, Wa, 98	3251						
	SAMPLE		2M	ATION			
Sample collected by (name		- 19/14 10/00					
Specific location where sa							
715 CRAFT AVE	-						
Project Name or Comments:							
Type of Sample (select of	Type of Sample (select only one type of sample from types 1 through 5 below)						
1. I Routine Distribution S	ample			Sample (after unsat. routine)			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.34</b> mg/l F	ree <b>0.31</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:					
S	_						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		Chlorinated: YesNo					
	- Complet /Farm	Chlorine F	Resid	d: Total Free			
4. Surface or GWI Raw Wate	Filtered Yes	,					
5. Sample Collected for Inf	at mat and add	s No		S			
□ Construction □ Repairs		esidence		Other			
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY			
Unsatisfactory     Total Coliform Present and	4		$\square$	☑ Satisfactory			
E. coli present	E. coli abs	ent					
Replacement Sample	Required		_				
Sample not tested because Sample too old (>30 ho		Test uns		ole because:			
Improper Container	urs)			Ilture			
<u> </u>							
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform < 1 /10	)0 ml.	Fecal C	olif	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Dat	e Received: 7/ 9/2021			
Date Analyzed: 7/ 9/2021	, 15:00		Dat	e Reported: 7/10/21			
066-03908			Lab	Use Only:			
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(H) (H)						
,							



Date Sample Collected	Time Samp			County:			
07/09/2021 Month Day Year	Collected 8:30	⊠ AI □ Pi		SNOHOMISI			
				3101101010			
	Type of Water System (check only one box) ☑ Group A Public □ Private Household						
Group B Pub		Other:					
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 28300Y						
System Name: CITY	OF GOLI	) BAR	8				
Contact Person: RIC	HARD BA	KER					
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935			
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full r	name, address	s and zip o	code	2)			
City of Gold Bar	<b>D</b>						
RICHARD BAKE 107 5th St	R						
Gold Bar, Wa, 98	3251						
	SAMPLE		RM	ATION			
Sample collected by (name	e): RICHARD	BAKER					
Specific location where sample collected:							
40507 SR2							
	Project Name or Comments:						
Type of Sample (select of	only <b>one</b> type o			n types 1 through 5 below)			
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.36</b> mg/l F	ree <b>0.33</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>					
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:					
S	.[						
□ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/P)		// Chlorinated: YesNo 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 Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Other			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY			
Unsatisfactory				☑ Satisfactory			
Total Coliform Present and E. coli present	d □ E. coli abs	ont					
Replacement Sample	at a	ent	_				
Sample not tested because	e			ble because:			
□ Sample too old (>30 ho □ Improper Container			llture				
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform <1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>			
Method Code:SM 9222B			Dat	e Received: 7/ 9/2021			
Date Analyzed: 7/ 9/2021	, 15:00		Dat	e Reported: 7/10/21			
066-03907			Lab	) Use Only:			
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)						



Date Sample Collected	Time Samp			County:	
07/09/2021 Month Day Year	Collected 9.00	⊠ AI □ PI		SNOHOMISI	
	0.00				
Type of Water System (ch ☑ Group A Pub		Dox)	Ηοι	isehold	
Group B Pub		Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	ç		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	Day Phone: 360-793-1101 Cell Phone: 425 238 1935			e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full i	name, address	s and zip o	ode	e)	
City of Gold Bar	<b>D</b>				
RICHARD BAKE 107 5th St	ĸ				
Gold Bar, Wa, 98	3251				
	SAMPLE		RM/	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sal					
715 CRAFT AVE	ΞW				
Project Name or Comments	S:				
Type of Sample (select of	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)	
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.34</b> mg/l Free <b>0.31</b> mg/l		<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source Sample Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:			
□ Triggered (A/P)					
			/No Chlorinated: Yes No Chlorine Resid: Total Free		
4. Surface or GWI Raw Water Sample (Enumeration)					
□ E. coli □ Fecal Filtered Yes No  S_					
5. □ Sample Collected for Inf □ Construction □ Repairs					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
Unsatisfactory				☑ Satisfactory	
Total Coliform Present and		ont			
E. coli present     E. coli absent     Replacement Sample Required					
Sample not tested because Test unsuitable because:					
	Sample too old (>30 hours)				
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C	olif	orm / <b>100 ml.</b>	
Method Code:SM 9222B			Dat	e Received: 7/ 9/2021	
Date Analyzed: 7/ 9/2021	, 15:00		Dat	e Reported: 7/10/21	
066-03908			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)				
,					



Date Sample Collected	Time Samp			County:	
07/09/2021 Month Day Year	Collected 9.00	⊠ AI □ PI		SNOHOMISI	
	0.00				
Type of Water System (ch ☑ Group A Pub		Dox)	Ηοι	isehold	
Group B Pub		Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	ç		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	Day Phone: 360-793-1101 Cell Phone: 425 238 1935			e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full i	name, address	s and zip o	ode	e)	
City of Gold Bar	<b>D</b>				
RICHARD BAKE 107 5th St	ĸ				
Gold Bar, Wa, 98	3251				
	SAMPLE		RM/	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sal					
715 CRAFT AVE	ΞW				
Project Name or Comments	S:				
Type of Sample (select of	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)	
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.34</b> mg/l Free <b>0.31</b> mg/l		<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source Sample Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:			
□ Triggered (A/P)					
			/No Chlorinated: Yes No Chlorine Resid: Total Free		
4. Surface or GWI Raw Water Sample (Enumeration)					
□ E. coli □ Fecal Filtered Yes No  S_					
5. □ Sample Collected for Inf □ Construction □ Repairs					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
Unsatisfactory				☑ Satisfactory	
Total Coliform Present and		ont			
E. coli present     E. coli absent     Replacement Sample Required					
Sample not tested because Test unsuitable because:					
	Sample too old (>30 hours)				
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C	olif	orm / <b>100 ml.</b>	
Method Code:SM 9222B			Dat	e Received: 7/ 9/2021	
Date Analyzed: 7/ 9/2021	, 15:00		Dat	e Reported: 7/10/21	
066-03908			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)				
,					



Date Sample Collected	Time Samp			County:	
08/06/2021 Month Day Year	Collected 9.00	I ⊠A □ P		SNOHOMISI	
	0.00				
Type of Water System (ch 团 Group A Pub		oox) □ Private	Ηοι	isehold	
Group B Pub		Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	8		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	Day Phone: 360-793-1101 Cell Phone: 425 238 1935			e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full r	name, address	s and zip o	code	e)	
City of Gold Bar	<b>D</b>				
RICHARD BAKE 107 5th St	ĸ				
Gold Bar, Wa, 98	3251				
	SAMPLE		RM	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sar	mple collected	:			
508 1ST AVE W					
Project Name or Comments					
Type of Sample (select of	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)	
1. I Routine Distribution S	1. ☑ Routine Distribution Sample       2. □ Repeat Sample (after unsat. routine)         □ Distribution System				
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.27</b> mg/l Free <b>0.25</b> mg/l		<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source Sample Unsatisfactory routine lab number:			y routine lab number:		
□ Triggered (A/P)		Unsatisfactory routine collect date:			
		Chlorinated: Yes No			
Chlorine Resid: Total Free 4. Surface or GWI Raw Water Sample (Enumeration)					
E. coli Fecal	Filtered Yes	,		S	
5.  Sample Collected for Inf	a not man and		-		
Construction Repairs		esidence		Dther	
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
Unsatisfactory     Total Coliform Present and	ł			☑ Satisfactory	
□ E. coli present	E. coli abs	ent			
Replacement Sample Required					
Sample not tested because Test unsuitable because:					
Improper Container		☐ Turbid Culture			
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>	
Method Code:SM 9222B			Dat	e Received: 8/ 6/2021	
Date Analyzed: 8/ 6/2021	, 15:00		Dat	e Reported: 8/ 7/21	
066-04549			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)				



Date Sample Collected	Time Samp			County:	
08/06/2021 Month Day Year	Collected 9:50	I Ø AI □ PI		SNOHOMISI	
Type of Water System (ch 团 Group A Pub		ox) □ Private	Ηοι	isehold	
Group B Pub		Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	ç		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-793-1101 Cell Phone: 425 238 1935			e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full r	name, address	s and zip c	ode	e)	
City of Gold Bar					
RICHARD BAKE 107 5th St	ĸ				
Gold Bar, Wa, 98	3251				
	SAMPLE		RM/	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sar	mple collected	:			
803 ORCHARD					
Project Name or Comments					
Type of Sample (select of	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)	
1. I Routine Distribution S	1. I Routine Distribution Sample 2. I Repeat Sample (after unsat. routine) Distribution System				
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.27</b> mg/l Free <b>0.25</b> mg/l		<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source Sample Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:			
□ Triggered (A/P)					
		Chlorinate Chlorine F	// ated: Yes No e Resid: Total Free		
4. Surface or GWI Raw Water Sample (Enumeration)					
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S	
5.  Sample Collected for Inf		osidonoo	П	Other	
□ Construction □ Repairs □ Private Residence □ Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
□ Unsatisfactory				☑ Satisfactory	
Total Coliform Present and	k				
E. coli present	E. coli abs	ent			
Carteria Sample Required     Sample not tested because     Test unsuitable because:					
□ Sample too old (>30 hours) □ TNTC					
□ Improper Container □	mproper Container				
Bacterial Density Results	s:	F coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C	olifo		
Method Code:SM 9222B				e Received: 8/ 6/2021	
Date Analyzed: 8/ 6/2021	, 15:00		Dat	e Reported: 8/ 7/21	
066-04550			Lab	Use Only:	
Sample Number (DOH number p	(e. )				
DOH Form #331-319 (revised 02/1	16)				



Date Sample Collected	Time Samp			County:		
08/06/2021 Month Day Year	Collected 8:00	⊠ AI □ PI		SNOHOMISI		
Type of Water System (che 团 Group A Publ		ox) □ Private	Ηοι	isehold		
Group B Publ		□ Other: _				
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
System Name: CITY (	OF GOLI	) BAR				
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full r	name, address	s and zip c	ode	e)		
City of Gold Bar RICHARD BAKE	<b>D</b>					
107 5th St	R					
Gold Bar, Wa, 98	251					
	SAMPLE		RM/	ATION		
Sample collected by (name	): RICHARD	BAKER				
Specific location where sar	mple collected	:				
107 5TH ST						
Project Name or Comments			-			
Type of Sample (select o						
1. I Routine Distribution Sa	ample			Sample (after unsat. routine) ion System		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.44</b> mg/l Fi	ree <b>0.35</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Source	ce Sample	Unsatisfa	ctor	y routine lab number:		
S	I					
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: Total Free				
4. Surface or GWI Raw Wate	r Sample (Enur	neration)		no a mano <u></u> a mano <u></u> -		
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5.  Sample Collected for Infe			_			
Construction Cepairs	D Private Re			Other		
	NKING WA					
□ Unsatisfactory Total Coliform Present and	I		1	☑ Satisfactory		
E. coli present	🗆 E. coli abs	ent				
Replacement Sample     Sample not tested because		Test ups	uital	ble because:		
□ Sample too old (>30 ho				ble because.		
□ Improper Container □		□ Turbio	d Cu	ulture		
Bacterial Density Results	5:					
Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B	15.00			e Received: 8/ 6/2021		
Date Analyzed: 8/ 6/2021	, 15:00			e Reported: 8/7/21		
066-04551 Sample Number (DOH number p	lus five digits)		Lab	o Use Only:		
DOH Form #331-319 (revised 02/1	(e) N	I				



Date Sample Collected	Time Samp			County:		
08/06/2021 Month Day Year	Collected 9.00	I ⊠A □ P		SNOHOMISI		
	0.00					
Type of Water System (ch ☑ Group A Pub		oox) □ Private	Ηοι	isehold		
Group B Pub		Other:				
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR	e e e e e e e e e e e e e e e e e e e			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full i	name, address	s and zip o	ode	e)		
City of Gold Bar	<b>D</b>					
RICHARD BAKE 107 5th St	ĸ					
Gold Bar, Wa, 98	3251					
	SAMPLE		RM	ATION		
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sal	mple collected	:				
508 1ST AVE W						
Project Name or Comments						
Type of Sample (select of	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)		
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.27</b> mg/l F	ree <b>0.25</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:				
	_					
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)		// Chlorinated: Yes No				
		Chlorine Resid: Total Free				
4. Surface or GWI Raw Wate		,				
E. coli Fecal	Filtered Yes	s No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Other		
LAB USE ONLY DRI	NKING WA	TER RES	SUL	LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	4			☑ Satisfactory		
E. coli present	E. coli abs	ent				
Replacement Sample	Required		_			
Sample not tested because Sample too old (>30 ho		Test uns		ble because:		
Improper Container	urs)			ulture		
<u> </u>						
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	)0 ml.	Fecal C	olif	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 8/ 6/2021		
Date Analyzed: 8/ 6/2021	, 15:00		Dat	e Reported: 8/ 7/21		
066-04549			Lab	) Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(H) (H)					
,						



Date Sample Collected	Time Samp			County:	
08/06/2021 Month Day Year	Collected 9:50	⊠ AI □ PI		SNOHOMISI	
Type of Water System (ch 团 Group A Pub		ox) □ Private	Ηοι	isehold	
Group B Pub		Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR	(		
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 23	38 1935	FAX:			
Send results to: (Print full r	name, address	s and zip c	ode	9)	
City of Gold Bar					
RICHARD BAKE 107 5th St	ĸ				
Gold Bar, Wa, 98	3251				
	SAMPLE		RM/	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sar	mple collected	:			
803 ORCHARD					
Project Name or Comments					
Type of Sample (select of	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)	
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.27</b> mg/l F	ree <b>0.25</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfa	ctor	y routine lab number:	
_S_	.[				
□ 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 Inf □ Construction □ Repairs	ormation Only	esidence		Other	
	NKING WA				
Unsatisfactory			E	☑ Satisfactory	
Total Coliform Present and					
E. coli present	E. coli abs	ent			
Replacement Sample Sample not tested because		Test uns	uital	ble because:	
□ Sample too old (>30 ho	urs)				
□ Improper Container □		□ Turbio			
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform <1 /10	0 ml.	Fecal C	olifo	orm / <b>100 ml.</b>	
Method Code:SM 9222B			Dat	e Received: 8/ 6/2021	
Date Analyzed: 8/ 6/2021	, 15:00		Dat	e Reported: 8/ 7/21	
066-04550			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e. )				
	,				



Date Sample Collected	Time Samp			County:		
08/06/2021 Month Day Year	Collected 8:00	⊠ AI □ PI		SNOHOMISI		
Type of Water System (che 团 Group A Publ		ox) □ Private	Ηοι	isehold		
Group B Publ		□ Other: _				
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
System Name: CITY (	OF GOLI	) BAR				
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full r	name, address	s and zip c	ode	e)		
City of Gold Bar RICHARD BAKE	<b>D</b>					
107 5th St	R					
Gold Bar, Wa, 98	251					
	SAMPLE		RM/	ATION		
Sample collected by (name	): RICHARD	BAKER				
Specific location where sar	mple collected	:				
107 5TH ST						
Project Name or Comments			-			
Type of Sample (select o						
1. I Routine Distribution Sa	ample			Sample (after unsat. routine) ion System		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.44</b> mg/l Fi	ree <b>0.35</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Source	ce Sample	Unsatisfa	ctor	y routine lab number:		
S	I					
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: Total Free				
4. Surface or GWI Raw Wate	r Sample (Enur	neration)		no a mano <u></u> a mano <u></u> -		
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5.  Sample Collected for Infe			_			
Construction Cepairs	D Private Re			Other		
	NKING WA					
□ Unsatisfactory Total Coliform Present and	I		1	☑ Satisfactory		
E. coli present	🗆 E. coli abs	ent				
Replacement Sample     Sample not tested because		Test ups	uital	ble because:		
□ Sample too old (>30 ho				ble because.		
□ Improper Container □		□ Turbio	d Cu	ulture		
Bacterial Density Results	5:					
Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B	15.00			e Received: 8/ 6/2021		
Date Analyzed: 8/ 6/2021	, 15:00			e Reported: 8/7/21		
066-04551 Sample Number (DOH number p	lus five digits)		Lab	o Use Only:		
DOH Form #331-319 (revised 02/1	(e) N	I				



Nitrate/Nitrite Report of Analysis

Date Collected: 08/13/21	System Group Type: 🗹 A 🗆 B 🗆 Other:			
Water System ID Number: 28300Y	System Name: City of Gold Bar			
LabSample No: 06611851	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: 08/13/21 Date Analyzed: 8/13/21 Date Reported: 8/20/21 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
0020	Nitrate		ND	0.5	5	10	mg/l		EPA 300.0 /KS
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /KS
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.

DOI!#: 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 turther 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:** 

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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: Snohomish
Sample Purpose: (Check Appropriate Box) Provide Routine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received:08/17/21 Date Analyzed: 8/26/21 Date Reported: 9/10/21 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:									
Monochloroacelic Acid = "MCAA"	Dichloroacetic Ac	<u>id = "DCAA"</u>	Trichloroacetic Acid = "TCAA"	Monobromoacetic /	Acid = "MBAA"	Dibromoacetic Ac	id = "DBAA"	Total Haloacetic	Acids = "HAA5's"
			(DOH#)	(0411)	(0412)	(0413)	(0414)	(0415)	(0416)
			ANALYTE	MCAA	DCAÁ	TCAA	MBAA	DBAA	HAA5's
				(ug/L)	(ug/L)	(ug/L)	(ug/L)	(ug/L)	(ug/L)
			SDRL	2.0	1.0	1.0	1.0	1.0	6.0
Analytical Method / Analyst Initials:	EPA 552.2 / NI	NL	MCL		••				60**
		_	HAA5 RESULTS						
Lab Number / Sample Number	Date	Location Whe	ere Sample Collected	MCAA	DCAA	TCAA	MBAA	DBAA	HAA5's
	Collected			(ug/L)	(ug/L)	(ug/L)	(ug/L)	(ug/L)	(ug/L)
066 / 12046	08/17/2021	415 CROFT A	VE W	< 2	<1	<1	<1	<1	<1

Professional Analytical Services

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



Services Analytical Professional

# NOTES:

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

DOH#: Department assigned analyte number.

office in your area to determine follow-up actions. 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

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:

Reveiwed By: \_

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



Professional Analytical Services

# TTHM TEST PANEL

# Distribution System - Report of Analysis

TRIHALOMETHANE 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) I Routine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received: 8/17/21 Date Analyzed: 8/23/21 Date Reported: 9/10/21 Comments:
Sample Composition: (Check Appropriate Box) <ul> <li>Single Source</li> <li>Blended (List Multiple Source Numbers in Source Nos. field)</li> <li>Composite (Specify in Comments Field)</li> <li>Distribution Sample</li> </ul>	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

		DOH# ANALYTE	(0027) Chloroform (ug/L)	(0028) Bromodichloromethane (ug/L)	(0029) Dibromochloromethane (ug/L)	(0030) Bromoform (ug/L)	(0031) TTHM's (ug/L)
		SDRL	0.5	0.5	0.5	0.5	
Analytical Method / Analyst Initials: EPA 5	24.2 / NNL	MCL		••			80**

Lab Number /	Date	Sample Location	Chloroform	Bromodichloromethane	Dibromochloromethane		TTHM's
Sample Number	Collected		(ug/L)	(ug/L)	(ug/L)	(ug/L)	(ug/L)
066 / 12046	08/17/2021	415 CROFT AVE W	2.48	4.00	6.82	5.94	19.2

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



### NOTES:

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

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

- -No existing trigger or MCL.

ANALYTE: The name of the analyte being tested for.

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

DOH#: Department assigned analyte number.

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

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

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

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

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

**Comments:** 

**Reveiwed By** 

Professional Analytical Services



CC	DLIFORM I	BACTER	RIA	ANALYSIS		
Date Sample Collected 09/16/2021 Month Day Year	Time Sample Collected 8:00	12 AM	· I	County: SNOHOMISH		
Type of Water System (check of			<u> </u>			
Group A Public	1	Private Ho Other:				
Group A and Group B Systems	Provide from W	ater Facilitie	s Inv	entory (WFI):		
IDa	# 28300Y					
System Name: CITY O	F GOLD B/	٨R				
Contact Person: RICHAR	D BAKER					
Day Phone: 360-793-11	01	Cell Phor	ie:	425 238 1935		
Eve. Phone: 425 238 19	35	FAX:				
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	, address and z	p code)				
Data Delivery: 🗆 MAIL 🗆 E	MAIL:					
SAI	MPLE INFOR	MATION				
Sample collected by (name):		AKER				
Specific location where sample 40507 SR2	collected:					
Special Instructions or Comments:						
Type of Sample (select only or 1. If Routine Distribution Sample			-	ple (after unsat, routine)		
Chlorinated: 12 Yes I No Chlorine: Total 0.43 mg/ Free 0.4	t mg/l	Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)				
3. Ground Water Rule Source San	nple	Unsatisfactor	ry rou	tine lab number:		
		Unsatisfactory routine collect date:				
Triggered (A/P)		Unsaustaciony routine collect date:				
Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: Total Free				
4. Surface or GWI Raw Water Samp	le (Enumeration)					
E. coll E Fecal	Filtered Yes_	_No		<u> _S_  </u>		
5. C Sample Collected for Information		C Other				
	UNG WATER	And the second se		LAB USE ONLY		
Unsatisfactory			Ī₽	I Satisfactory		
Total Coliform Present and E. coli present	C El coli absen	ł				
Image: Complexent Complexent Sample Required       Sample not tested because       Test unsuitable because:       Sample too old (>30 hours)       Improper Container       Improper Container						
Bacterial Density Results: Plate Total Coliform <1 /100 ml.			/100 0 ml	) ml.		
Method Code: SM 9222B			Date	Received: 9/16/2021		
Date Analyzed: 9/16/2021, 14	.45		Date	Reported: 9/17/21		
066-05365 Sample Number (DOH number plus five	diaits)	l	Lab	Use Only:		
and he many factor many hits like.	- Peril					

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AMTEST

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

### **COLIFORM BACTERIA ANALYSIS**

		Priver i bell th				
Date Sample Collected 09/16/2021	Time Sample Collected	ET AM	County:			
Month Day Year	8:30		SNOHOMISH			
Type of Water System (check o 던 Group A Public □ Group B Public		<ul> <li>Private Hou</li> <li>Other:</li> </ul>	sehold			
Group A and Group B Systems	Provide from W	ater Facilities I	nventory (WFI):			
ID:	# 28300Y					
	F GOLD BA					
Contact Person: RICHAR						
Day Phone: 360-793-11	01	Cell Phone	: 425 238 1935			
Eve. Phone: 425 238 19	Eve. Phone: 425 238 1935 FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
Data Delivery: D MAIL D EMAIL:						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected:						
715 CRAFT AVE W						
Special Instructions or Comments:						
Type of Sample (select only a	and the second se	-	and the second se			
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.55 mg/1 Free 0.5		Distribute	ample (after unsat. routine) on System iroundwater Rule (GWR) n of 1,000 or less)			
3. Ground Water Rule Source Sau	nple	Unsatisfactory routine lab number				
LS		Unsatisfaction	insatisfactory routine collect date			
Triggered (A/P)						
Assessment (A/P)		/				
4. Surface or GWI Raw Water Sam	ple (Enumeration)					
E. coli E Fecal	Filtered Yes_	_ No	S			
5. Sample Collected for Informat	ion Only Private Residence	Other				
LAB USE ONLY DRIN	KING WATER	RESULTS	LAB USE ONLY			
Unsatisfactory Total Coliform Present and			Satisfactory			
E. coli present	E. coli abser	nt				
Replacement Sample Re						
Sample not tested because	, ,	Test unsuitat	ole because:			
Sample too old (>30 hours	i)		uiture			
		0				
Bacterial Density Results: Plat Total Coliform <1 /100 ml			100 ml. ml.			
Method Code: SM 9222B		D	ate Received: 9/16/2021			
Date Analyzed: 9/16/2021, 1	4:45	D	Date Reported: 9/17/21			
066-05364	- divital	L	ab Use Only:			
Sample Number (DOH number plus fiv DOH Form #311.118 (mixed 02(16)	a adaz)		-			
DOH Form #331-319 (revised 02/16)						

OCT 1 1 2021

	AmTes 10 NE 126th PL 5 5-885-1664	t Labora STE C, Kirkli www.amte	and, WA 98034			
CC	DLIFORM B	BACTER	RIA ANALYSIS			
Date Sample Collected 09/16/2021 Month Day Year	Time Sample Collected 8:15	Ø AM				
Type of Water System (check o Ø Group A Public Group B Public		Private He Other:	ousehold			
Group A and Group B Systems	Provide from W	ater Facilitie	s Inventory (WFI):			
10;	# 28300Y					
System Name: CITY O	F GOLD B	AR				
Contact Person: RICHAF			······································			
Day Phone: 360-793-11		Cell Phor	ne: 425 238 1935			
Eve. Phone: 425 238 19 Send results to: (Print full name		FAX:				
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		<b>,</b>				
Data Delivery: D MAIL D E	MAIL:		· · · · · · · · · · · · · · · · · · ·			
	MPLE INFOR					
Sample collected by (name):	RICHARDE	BAKER				
Specific location where sample						
102ND 5TH ST						
Special Instructions or Comments.						
Type of Sample (select only o 1. El Routine Distribution Sample			rough 5 below) Sample (after unsat. routine)			
Chiorinated: 2 Yes 1 No Chiorine: Total 0.26 mg/l Free 0.2		Distrib	ution System Groundwater Rule (GWR) tion of 1,000 or less)			
3. Ground Water Rule Source Sar	nple	Unsatisfacto	Unsatisfactory routine lab number			
		<u> </u>				
Triggered (A/P)		Unsatisfactory routine collect date:				
Assessment (A/P)		Chlorinated: Yes No				
	2.53	Chlorine Res				
4. Surface or GWI Raw Water Samp	ole (Enumeration)					
C E. coli C Fecal	Filtered Yes_	No	<u>_</u>			
5. Sample Collected for Informat Construction Repairs		C Other				
LAB USE ONLY DRIN	KING WATER	RESULTS	LAB USE ONLY			
Unsatisfactory Total Coliform Present and			Satisfactory			
E coli present	E coli abser	nt				
Replacement Sample Replacement Sample not tested because     Sample too old (>30 hours     Improper Container			able because: Culture			
Bacterial Density Results: Plate Total Coliform <1 /100 ml.		I. E.coli	/100 ml.			
Method Code: SM 92228			Date Received: 9/16/2021			
Date Analyzed: 9/16/2021, 14	145		Date Received: 9/16/2021 Date Reported: 9/17/21			
066-05363	ът. <b>т</b> .		Lab Use Only:			
Sample Number (DOH number plus five	e digits)					

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Date Sample Collected	Time Samp			County:	
10/08/2021 Month Day Year	Collected 9:15	⊠ AI □ PI		SNOHOMISI	
Type of Water System (che	eck only one b	ox)			
☑ Group A Publ □ Group B Publ	lic	□	Ηοι	isehold	
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	800Y			
System Name: CITY (	OF GOLI	) BAR	ç.		
Contact Person: RIC	HARD BA	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 name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251					
	SAMPLE		2M	ΔΤΙΟΝ	
Sample collected by (name	1000000 1000000000 000 00	A HENRYCH WARACH			
Sample collected by (name): RICHARD BAKER Specific location where sample collected:					
107 5TH ST					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution Sa	ample			Sample (after unsat. routine)	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.29</b> mg/l Fi	ree <b>0.23</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:			
S	I				
□ Triggered (A/P)		Unsatisfactory routine collect date:			
□ Assessment (A/P)		/No Chlorinated: YesNo 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 Infe □ Construction □ Repairs	ormation Only	esidence		Dther	
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY	
□ Unsatisfactory Total Coliform Present and	-			☑ Satisfactory	
E. coli present	E. coli abs	ent			
Replacement Sample     Sample not tested because     Sample too old (>30 hor     Improper Container	9	Test uns TNTC TNTC Turbic D	;	ole because: Ilture	
Bacterial Density Results Plate Count / ml.	5:	E.coli		/100 ml.	
Total Coliform /100	ml.	Fecal C	olifo	orm / <b>100 ml.</b>	
Method Code:SM 9223B			Dat	e Received: 10/ 8/2021	
Date Analyzed: 10/ 8/2021	, 14:00		Dat	e Reported: 10/ 9/21	
066-05789 Sample Number (DOH number p			Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	6)				



	1		_		
Date Sample Collected	Time Samp			County:	
10/08/2021 Month Day Year	Collected 8:30	⊠ AI □ PI		SNOHOMISI	
Type of Water System (ch ☑ Group A Pub	lic	D Private	Ηοι	isehold	
Group B Pub		Other:			
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOLI	) BAR			
Contact Person: RIC	HARD BA	KER			
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935	
Eve. Phone: 425 238 1935 FAX:					
Send results to: (Print full r	name, address	s and zip o	ode	e)	
City of Gold Bar RICHARD BAKE	<b>D</b>				
107 5th St	ĸ				
Gold Bar, Wa, 98	3251				
	SAMPLE		RM	ATION	
Sample collected by (name	e): RICHARD	BAKER			
Specific location where sample collected:					
508 1ST AVE W					
Project Name or Comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System	
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.24</b> mg/l F	ree <b>0.20</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>			
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:			
S	.[				
□ 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 Inf □ Construction □ Repairs	ormation Only	esidence		Other	
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY	
Unsatisfactory			Τ	☑ Satisfactory	
Total Coliform Present and E. coli present	d □ E. coli abs	ont			
Replacement Sample		ent			
Sample not tested because	e			ble because:	
□ Sample too old (>30 ho □ Improper Container	urs)			ilture	
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.	
Total Coliform /100	ml.	Fecal C	olif	orm / <b>100 ml.</b>	
Method Code:SM 9223B			Dat	e Received: 10/ 8/2021	
Date Analyzed: 10/ 8/2021	1, 14:00		Dat	e Reported: 10/ 9/21	
066-05791			Lab	) Use Only:	
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)				



Date Sample Collected	Time Samp			County:		
10/08/2021 Month Day Year	Collected 8:00	⊠ A □ P		SNOHOMISI		
Type of Water System (ch						
☑ Group A Pub	lic	Private	Ηοι	usehold		
Group B Pub		Other:				
Group A and Group B Sys			er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR				
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full i	name, address	s and zip o	ode	9)		
City of Gold Bar	_					
RICHARD BAKE 107 5th St	ĸ					
	Gold Bar, Wa, 98251					
	SAMPLE INFORMATION					
Sample collected by (name	e): RICHARD	BAKER		er Af Lengell Hone Le Loe		
Specific location where sample collected:						
803 ORCHARD						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
1. I Routine Distribution S	ample			Sample (after unsat. routine)		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.24</b> mg/l F	ree <b>0.21</b> mg/l	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Sour	ce Sample	Unsatisfactory routine lab number:				
	.[					
□ 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 Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Other		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory	~		Т	☑ Satisfactory		
Total Coliform Present and		ont		· · · · · · · · · · · · · · · · · · ·		
E. coli present     Replacement Sample	E. coli abs	ent				
Sample not tested because	е	Test uns	uital	ble because:		
□ Sample too old (>30 ho □ Improper Container	urs)			ulture		
Bacterial Density Result Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform /100	ml.	Fecal C	olif	orm / <b>100 ml.</b>		
Method Code:SM 9223B			Dat	te Received: 10/ 8/2021		
Date Analyzed: 10/ 8/2021	1, 14:00		Dat	te Reported: 10/ 9/21		
066-05790			Lab	o Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/ <sup>2</sup>	(e) (i)					
,						



Date Sample Collected	Time Samp			County:		
11/05/2021 Month Day Year	Collected 7:30	I ⊠AI □PI		SNOHOMISI		
Type of Water System (ch	eck only one h					
☐ Group A Pub Group B Pub	lic	□ Private □ Other: _	Ηοι	isehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
	OF GOLI		8			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
City of Gold Bar	RICHARD BAKER 107 5th St					
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
	Specific location where sample collected:					
40507 SR2	40507 SR2					
Project Name or Comments						
Type of Sample (select o	only <b>one</b> type o	-				
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total 0.41 mg/l F	ample ree 0.36 mg/l	<ul> <li>2. □ Repeat Sample (after unsat. routine)</li> <li>□ Distribution System</li> <li>□ Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Source		Unsatisfactory routine lab number:				
S						
□ Triggered (A/P)	.1	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	5 No	_	S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Dther		
LAB USE ONLY DRI	VKING WA	TER RES	SUL	TS LAB USE ONLY		
				☑ Satisfactory		
Total Coliform Present and E. coli present	n □ E. coli abs	ent				
	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	ent	_			
Sample not tested because	э.			ble because:		
□ Sample too old (>30 ho □ Improper Container	urs)			llture		
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	0 ml.	Fecal C				
Method Code:SM 9222B				e Received: 11/ 5/2021		
Date Analyzed: 11/ 5/2021	l, 13:00		Dat	e Reported: 11/ 6/21		
066-06387			Lab	) Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e. )	I				



Date Sample Collected	Time Samp			County:		
11/05/2021 Month Day Year	Collected 7:00	⊠ AI □ PI		SNOHOMISI		
Type of Water System (ch ☑ Group A Pub		Dox)	Ηοι	isehold		
Group B Pub		Other:				
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI	) BAR	×			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	93-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 23	38 1935	FAX:				
Send results to: (Print full r	name, address	s and zip c	code	9)		
City of Gold Bar	<b>D</b>					
RICHARD BAKE 107 5th St	ĸ					
Gold Bar, Wa, 98	3251					
SAMPLE INFORMATION						
Sample collected by (name	Sample collected by (name): RICHARD BAKER					
Specific location where sample collected:						
715 CRAFT AVE W						
Project Name or Comments:						
Type of Sample (select of	only one type of	of sample	fron	n types 1 through 5 below)		
1. I Routine Distribution S	ample			Sample (after unsat. routine) ion System		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.41</b> mg/l F	ree <b>0.35</b> mg/l	<ul> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Source	ce Sample	Unsatisfactory routine lab number:				
_S_	.[					
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)		/No Chlorinated: YesNo Chlorine Resid: Total Free				
4. Surface or GWI Raw Wate	r Sample (Enur		resid			
E. coli Fecal	Filtered Yes			S		
5.  Sample Collected for Inf	a ma ma ada	<u> </u>	-	II		
Construction Repairs	Private Re	esidence		Dther		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	Ч		P	☑ Satisfactory		
E. coli present	E. coli abs	ent				
Replacement Sample						
Sample not tested because		Test uns		ble because:		
Improper Container		🗆 Turbio		ulture		
<u> </u>						
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.		
Total Coliform <1 /10	0 ml.	Fecal C	Colif	orm / <b>100 ml.</b>		
Method Code:SM 9222B			Dat	e Received: 11/ 5/2021		
Date Analyzed: 11/ 5/2021	1, 13:00		Dat	e Reported: 11/ 6/21		
066-06386			Lab	) Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)	ļ				



Date Sample Collected	Time Samp			County:		
12/03/2021 Month Day Year	Collected 9:20	⊠ A □ P		SNOHOMIS		
Type of Water System (cho ☑ Group A Publ □ Group B Publ	lic	oox) □ Private □ Other: _	Ηοι	isehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
System Name: CITY	OF GOLI	) BAR	0			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	non	e: 425 238 1935		
Eve. Phone: 425 23	hone: 425 238 1935 FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
	SAMPLE INFORMATION					
Sample collected by (name	): RICHARD	BAKER				
Specific location where sample collected:						
LOT 22 EVERGREEN WAY SAMPLE STATION						
	Project Name or Comments:					
1. I Routine Distribution Sa	Type of Sample (select only one type of sample from types 1 through 5 below)					
Chlorinated:  Yes ロ No	ree <b>0.54</b> 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	e Sample	Unsatisfa	ictor	y routine lab number:		
_S_	I	Unsatisfactory routine collect date:				
□ Triggered (A/P)						
□ Assessment (A/P)		Chlorinate Chlorine F	// led: YesNo Resid: TotalFree			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)				
E. coli Fecal	Filtered Yes	No	-	S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Dther		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	1		1	☑ Satisfactory		
E. coli present	■ E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container	9	Test uns	2	ble because: Ilture		
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B	4 4.45		10.000000	e Received: 12/ 3/2021		
Date Analyzed: 12/ 3/2021	, 14:15			e Reported: 12/ 4/21		
066-06898 Sample Number (DOH number p	lus five digits)		Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	(e) N					



Date Sample Collected	Time Samp			County:		
12/03/2021 Month Day Year	Collected 10:30	⊡P		SNOHOMIS		
Type of Water System (cho ☑ Group A Pub □ Group B Pub	lic	oox) □ Private □ Other: _	Ηοι	isehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
System Name: CITY	OF GOL		2			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 238 1935 FAX:						
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name	): RICHARD	BAKER				
Specific location where sample collected:						
40721 MAY CREEK RD SAMPLE STATION						
	Project Name or Comments:					
1. I Routine Distribution Sa	Type of Sample (select only one type of sample from types 1 through 5 below)         1. If Routine Distribution Sample       2. If Repeat Sample (after unsat. routine)					
Chlorinated:  Yes ロ No	ree <b>0.47</b> 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					
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)			// inated: Yes No ine 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	esidence		Dther		
LAB USE ONLY DRI	NKING WAT	FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory Total Coliform Present and	I		E	☑ Satisfactory		
E. coli present	🗆 E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container		Test uns	;	ble because: Ilture		
Bacterial Density Results Plate Count / ml.	5:	E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B	20.1F			e Received: 12/ 3/2021		
Date Analyzed: 12/ 3/2021	2			e Reported: 12/ 4/21		
066-06899 Sample Number (DOH number p			Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	6)					



Date Sample Collected	Time Samp			County:		
12/03/2021 Month Day Year	Collected 10:00	⊠ A □ P		SNOHOMIS		
Type of Water System (cho ☑ Group A Publ □ Group B Publ	lic	oox) □ Private □ Other: _	Ηοι	isehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOL	) BAR	8			
Contact Person: RIC	HARD BA	KER				
Day Phone: 360-79	3-1101	Cell Ph	ion	e: 425 238 1935		
Eve. Phone: 425 238 1935 FAX:						
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name	): RICHARD	BAKER				
Specific location where sample collected:						
40121 145TH PL SE SAMPLE STATION						
	Project Name or Comments:					
1. I Routine Distribution Sa	Type of Sample (select only one type of sample from types 1 through 5 below)         1. If Routine Distribution Sample         2. If Repeat Sample (after unsat. routine)					
Chlorinated:  Yes ロ No	ree <b>0.45</b> 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					
□ 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 Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Dther		
LAB USE ONLY DRI		FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	I		E	☑ Satisfactory		
E. coli present	🗆 E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 ho     Improper Container		Test uns	;	ble because: Ilture		
Bacterial Density Results Plate Count / ml.	5:	E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C				
Method Code:SM 9222B	20.1F			e Received: 12/ 3/2021		
Date Analyzed: 12/ 3/2021	2			e Reported: 12/ 4/21		
066-06900 Sample Number (DOH number p			Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	585 N					



Nitrate/Nitrite Report of Analysis

Date Collected: 08/13/21	System Group Type: 🗹 A 🗆 B 🗆 Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
LabSample No: 06611851	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) Provide Routine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received: 08/13/21 Date Analyzed: 8/13/21 Date Reported: 8/20/21 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
0020	Nitrate		ND	0.5	5	10	mg/l		EPA 300.0 /KS
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /KS
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.

DOI!#: 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 turther 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:**