

Date Sample Collected	Time Samp			County:		
01/14/2022 Month Day Year	Collected 8:20	⊠ AI □ PI		SNOHOMIS		
Type of Water System (che ☑ Group A Publ □ Group B Publ	lic	oox) □ Private □ Other:	Private Household			
Group A and Group B Syst		- from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
	OF GOLI		2			
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		RM	ATION		
Sample collected by (name	): RICHARD	BAKER				
Specific location where sample collected:						
715 CROFT AVE W SAMPLE STATION						
Project Name or Comments		formula	fron	a types 1 through 5 holow)		
Type of Sample (select of 1. ☑ Routine Distribution Sample)				Sample (after unsat. routine)		
Chlorinated:  Yes ロ No	ree <b>0.52</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	e Sample	Unsatisfactory routine lab number:				
S	Í.	Unsatisfactory routine collect date:				
□ Triggered (A/P)						
□ Assessment (A/P)		Chlorinate Chlorine F				
4. Surface or GWI Raw Water	r Sample (Enur	neration)				
E. coli Erecal	Filtered Yes	No	-	S		
5. □ Sample Collected for Infe □ Construction □ Repairs	ormation Only	esidence		Dther		
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	1		E	☑ Satisfactory		
E. coli present	🗆 E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 hor     Improper Container	9	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	10.15			e Received: 1/14/2022		
Date Analyzed: 1/14/2022				e Reported: 1/15/22		
066-00242 Sample Number (DOH number p			Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	(e) N					



# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp			County:			
01/14/2022 Month Day Year	Collected 6:10	⊠ A □ P		SNOHOMIS			
Type of Water System (ch	eck only one h						
☐ Group A Pub Group B Pub	lic	□ Private □ Other: _		sehold			
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:					
City of Gold Bar	RICHARD BAKER 107 5th St						
	SAMPLE		RM/	ATION			
Sample collected by (name	e): RICHARD	BAKER					
Specific location where sample collected:							
102 5TH STREET							
Project Name or Comments							
Type of Sample (select o							
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total 0.60 mg/l F	<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				routine lab number:			
S		Unsatisfac	ctory routine collect date:				
□ Triggered (A/P)			<u> </u>				
Assessment (A/P)		Chlorinate Chlorine F		esNo			
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		FER RES	SUL	TS LAB USE ONLY			
Unsatisfactory Total Coliform Present and			E	☑ Satisfactory			
E. coli present	E. coli abs	ent					
□ Replacement Sample Sample not tested because	e	Test uns		ble because:			
□ Sample too old (>30 ho □ Improper Container □	urs)			llture			
Bacterial Density Results	s:						
Plate Count / ml.		E.coli	E.coli /100 ml.				
Total Coliform < 1 /10	0 ml.	Fecal C					
Method Code:SM 9222B	an adalahan weren			e Received: 1/14/2022			
Date Analyzed: 1/14/2022	2, 12:15		Date Reported: 1/15/22				
066-00243 Sample Number (DOH number p	olus five digits)		Lab Use Only:				



Date Sample Collected	Time Samp			County:		
01/14/2022 Month Day Year	Collected 7:50	I ⊠AI □Pi		SNOHOMIS		
Type of Water System (ch	eck only one h	NOX)				
☑ Group A Pub □ Group B Pub	lic	□ Private □ Other: _	rivate Household ther:			
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	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 INFORMATION						
Sample collected by (name	PO2000 MB82202201 (02	ar analisin analisin				
Specific location where sample collected:						
40507 SR 2 SAMPLE STATION						
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>0.57</b> mg/l F	ree <b>0.48</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:				
SII	.[	Unsatisfactory routine collect date:				
□ Triggered (A/P)		onsatistat	/ /			
□ Assessment (A/P)		Chlorinate Chlorine F				
4. Surface or GWI Raw Wate	er Sample (Enur	meration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	5No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Dther		
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	ł		Р	☑ Satisfactory		
E. coli present	E. coli abs	ent				
□ Replacement Sample Sample not tested because □ Sample too old (>30 ho □ Improper Container	e		;	ble because: Ilture		
	-					
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.		
Total Coliform < 1 /10	iu mi.	Fecal C				
Method Code:SM 9222B	7 12:15			e Received: 1/14/2022		
Date Analyzed: 1/14/2022						
066-00244 Sample Number (DOH number p			Lat	) Use Only:		
DOH Form #331-319 (revised 02/1	16)					



Date Sample Collected	Time Samp			County:		
02/04/2022 Month Day Year	Collected 8:30	⊠ AI □ PI		SNOHOMIS		
Type of Water System (cho ☑ Group A Pub □ Group B Pub	lic		vate Household her:			
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	300Y				
System Name: CITY	OF GOLI		ĸ			
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		RM/	ATION		
Sample collected by (name	): RICHARD	BAKER		<ul> <li>In Desired Research Con-</li></ul>		
Specific location where sample collected:						
508 1ST AVE W SAMPLE STATION						
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 0.48 mg/l F	ample ree 0.44 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	Unsatisfa	Unsatisfactory routine lab number:			
S	1					
□ Triggered (A/P)		Unsatisfac	ctory routine collect date:			
□ Assessment (A/P)		Chlorinate Chlorine F	// d: Yes No Resid: Total Free			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Dther		
LAB USE ONLY DRI	NKING WA	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.		E.coli		/100 ml.		
Total Coliform < 1 /10	0 ml.	Fecal C	Coliform /100 ml.			
Method Code:SM 9222B	10.75			e Received: 2/ 4/2022		
Date Analyzed: 2/ 4/2022				e Reported: 2/ 5/22		
066-00640 Sample Number (DOH number p			Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	6)					



Date Sample Collected	Time Samp			County:		
02/04/2022 Month Day Year	Collected 9:15	I ⊠A □ P		SNOHOMIS		
				3101101013		
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 i	name, address	s and zip o	ode	2)		
City of Gold Bar	-					
RICHARD BAKER 107 5th St						
Gold Bar, Wa, 98251						
	SAMPLE		RM	ATION		
Sample collected by (name	e): RICHARD	BAKER		e di Longello ene la Lon		
	Specific location where sample collected:					
107 5TH ST						
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)		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.53</b> mg/l F	ree <b>0.44</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)		Chlorinate				
		Chlorine F	Resid	d: Total Free		
4. Surface or GWI Raw Wate		,				
□ E. coli □ Fecal 5. □ Sample Collected for Inf	Filtered Yes	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		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			Date Received: 2/ 4/2022			
Date Analyzed: 2/ 4/2022	2, 13:45		Dat	e Reported: 2/ 5/22		
066-00641			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:			
02/04/2022 Month Day Year	Collected 9:00	⊠ A □ 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 GOLI		ĸ				
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	ANC - 4 22-04	n ar Deelig war brider			
Specific location where sample collected:							
803 ORCHARD SAMPLE STATION							
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 <b>0.47</b> mg/l F	ample ree 0.30 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	Unsatisfactory routine lab number:				
<u> </u>	í.	·					
□ Triggered (A/P)		Unsatisfac	actory routine collect date:				
Assessment (A/P)		Chlorinate Chlorine F	// ed: Yes No Resid: Total Free				
4. Surface or GWI Raw Wate	r Sample (Enur	neration)					
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S			
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Other			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY			
□ Unsatisfactory Total Coliform Present <b>and</b>	1		I	☑ 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.		E.coli		/100 ml.			
Total Coliform < 1 /10	0 ml.	Fecal C					
Method Code:SM 9222B	10.15			e Received: 2/ 4/2022			
Date Analyzed: 2/ 4/2022				e Reported: 2/ 5/22			
066-00642 Sample Number (DOH number p			Lab	) Use Only:			
DOH Form #331-319 (revised 02/1	(e) N						



Date Sample Collected	Time Samp			County:			
03/04/2022 Month Day Year	Collected 10:30	I ∅ AI □ PI		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	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:							
40721 MAY CREEK RD SAMPLE STATION							
Project Name or Comments		formula	fron	a turnee 1 through 5 holow)			
Type of Sample (select o		r					
1. ☑ Routine Distribution S Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.37</b> mg/l F	ample ree <b>0.32</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	ce Sample	Unsatisfa	actory routine lab number:				
S	.	Unsatisfac	ctory routine collect date:				
□ Triggered (A/P) □ Assessment (A/P)		Chlorinate					
		Chlorine F	Resid	d: TotalFree			
4. Surface or GWI Raw Wate							
□ E. coli □ Fecal 5. □ Sample Collected for Inf	Filtered Yes	5No		S			
□ Construction □ Repairs	Private Re	esidence		Other			
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY			
Unsatisfactory     Total Coliform Present and	4			☑ Satisfactory			
E. coli present	■ E. coli abs	ent					
Replacement Sample	Western and Pro-						
Sample not tested because □ Sample too old (>30 ho	Э	Test uns		ole because:			
□ Sample too old (>30 ho	urs)		TC bid Culture				
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.			
Total Coliform /100	ml.	Fecal C					
Method Code:SM 9223B	15.15			e Received: 3/ 4/2022			
Date Analyzed: 3/ 4/2022				e Reported: 3/ 5/22			
066-01286 Sample Number (DOH number p DOH Form #331-319 (revised 02/1	olus five digits)		Lab	) Use Only:			



Date Sample Collected	Time Samp			County:		
03/04/2022 Month Day Year	Collected 11:00	⊠ A □ P		SNOHOMISI		
Type of Water System (che						
☑ Group A Publ □ Group B Publ		Private Other:	Ηοι	isehold		
Group A and Group B Syst	ems Provide	- from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283	800Y				
	OF GOL		¢			
Contact Person: RIC	HARD BAI	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		RM/	ATION		
Sample collected by (name	): RICHARD	BAKER	ANC - 4 22-04	n ar Deelis Ree D. Dee		
Specific location where sample collected:						
LOT 22 EVERGREEN WAY SAMPLE STATION						
Project Name or Comments						
Type of Sample (select o						
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.34</b> mg/l Fi	ample ree 0.28 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	Unsatisfactory routine lab number:			
S						
□ Triggered (A/P)		Unsatisfactory routine collect date:				
□ Assessment (A/P)		Chlorinate Chlorine F	// ed: YesNo Resid: TotalFree			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5. □ Sample Collected for Info □ Construction □ Repairs	ormation Only	esidence		Other		
LAB USE ONLY DRI		FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory     Total Coliform Present and	1			☑ Satisfactory		
2	E. coli abs	ent				
Replacement Sample     Sample not tested because     Sample too old (>30 hol     Improper Container	9	Test uns TNTC Turbic Turbic	;	ole because: Ilture		
Bacterial Density Results Plate Count / ml.	5:	E.coli		/100 ml.		
Total Coliform /100	ml.	Fecal C				
Method Code:SM 9223B	45.45			e Received: 3/ 4/2022		
Date Analyzed: 3/ 4/2022	, 15:15			e Reported: 3/ 5/22		
066-01287 Sample Number (DOH number p	lus five digits)		Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	585 B					



Date Sample Collected	Time Samp			County:		
03/04/2022 Month Day Year	Collected 9:45	I Ø AI □ PI		SNOHOMISI		
Type of Water System (ch	eck onlv one b	oox)				
☑ Group A Pub □ Group B Pub	lic	□ Private □ Other: _	Ηοι	usehold		
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):		
	ID# 283					
System Name: CITY	OF GOLI		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	e): RICHARD	BAKER				
Specific location where sample collected:						
40121 145TH PL SE SAMPLE STATION						
Project Name or Comments						
Type of Sample (select o	only <b>one</b> type o	of sample	fron	n types 1 through 5 below)		
1. ☑ Routine Distribution S	ample			Sample (after unsat. routine)		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.82</b> mg/l F	ree <b>0.70</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	Unsatisfa	actory routine lab number:			
S	.I		ctory routine collect date:			
□ Triggered (A/P)		Unsatistat				
□ Assessment (A/P)		Chlorinate Chlorine F	//No Resid: Total Free			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	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				
	Western and Par	one	-			
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 /100	ml.	Fecal C				
Method Code:SM 9223B			Dat	e Received: 3/ 4/2022		
Date Analyzed: 3/ 4/2022	, 15:15		Dat	e Reported: 3/ 5/22		
066-01285 Sample Number (DOH number p DOH Form #331-319 (revised 02/1	olus five digits)		Lab	o Use Only:		



Arsenic Report of Analysis

Date Collected: 03/04/22	System Group Type: Ø A 🗆 B 🗆 Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 06602991	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: 3/ 4/22 Date Analyzed: 3/10/22 Date Reported: 3/11/22 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		0.0060	0.0001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:

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

ANALYTE: The name of the analyte being tested for.

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

DOH#: Department assigned analyte number.

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

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

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

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

**RESULT:** The laboratory reported result.

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

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

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

Lab Comments:

Reveiwed By:

MAR 2 8 2022



Date Sample Collected	Time Samp			County:		
04/08/2022 Month Day Year	Collected 6:10	I ⊠AI □PI		SNOHOMISI		
Type of Water System (ch ☑ 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: 360-79	93-1101	Cell Ph	on	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 BAKER 107 5th St						
Gold Bar, Wa, 98251						
	SAMPLE		RM/	ATION		
Sample collected by (name	e): RICHARD	BAKER				
Specific location where sample collected:						
102 5TH STREET						
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>0.70</b> mg/l F	ree <b>0.65</b> mg/l	Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Ground Water Rule Sour	ce Sample	Unsatisfa	Insatisfactory routine lab number:			
_S_	.[	Unsatisfactory routine collect date:				
□ Triggered (A/P)		Unsatistat				
□ 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		
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY		
			1	☑ Satisfactory		
Total Coliform Present and □ E. coli present	n □E. coli abs	ent				
	Market at the	ent				
Sample not tested because	e			ble because:		
□ Sample too old (>30 ho □ Improper Container	urs)			ilture		
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: 4/ 8/2022		
Date Analyzed: 4/ 8/2022	, 14:00		Date Reported: 4/ 9/22			
066-01996			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:	
04/08/2022 Month Day Year	Collected 7:50	⊠ AI □ PI		SNOHOMIS	
Type of Water System (che ☑ Group A Pub □ Group B Pub	lic	oox) □ Private □ Other:	Ηοι	isehold	
Group A and Group B Syst		- from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	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:			
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:					
715 CROFT AVE W SAMPLE STATION					
Project Name or Comments Type of Sample (select o		of sample	fron	types 1 through 5 below)	
1. ☑ Routine Distribution S				Sample (after unsat. routine)	
Chlorinated:  Yes ロ No	ree <b>0.68</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	e Sample	Unsatisfactory routine lab number:			
_S_	I				
□ Triggered (A/P)		Unsatisfactory routine collect date:			
□ Assessment (A/P)		Chlorinate Chlorine F	_// ted: Yes No Resid: Total Free		
4. Surface or GWI Raw Wate	r Sample (Enur	neration)			
🗆 E. coli 🛛 Fecal	Filtered Yes	No	-	S	
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only D Private Re	esidence		Dther	
LAB USE ONLY DRI	NKING WA	TER RES	SUL	TS LAB USE ONLY	
Unsatisfactory     Total Coliform Present and	I		P	☑ 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 C			
Method Code:SM 9222B	14:00			e Received: 4/ 8/2022	
Date Analyzed: 4/ 8/2022	, 14:00			e Reported: 4/9/22	
066-01997 Sample Number (DOH number p	lus five digits)		Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	6)				



Date Sample Collected	Time Samp			County:		
04/08/2022 Month Day Year	Collected 8:20	⊠ A □ 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	300Y				
System Name: CITY	OF GOLI		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		RM/	ATION		
Sample collected by (name	): RICHARD	BAKER		e en londig per le con		
Specific location where sample collected:						
40507 SR2 SAMPLE STATION						
Project Name or Comments		formula	fron	a turace 1 through 5 holow		
Type of Sample (select of           1. ☑ Routine Distribution Sample (select of select				Sample (after unsat. routine)		
Chlorinated:  Yes ロ No	ree <b>0.37</b> mg/l	Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)				
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)		Chlorinate Chlorine F	// ed: YesNo Resid: Total Free			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)				
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Dther		
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY		
Unsatisfactory Total Coliform Present and	I			☑ 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         Improper Container       Improper Culture						
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: 4/ 8/2022		
Date Analyzed: 4/ 8/2022	, 14:00		Dat	e Reported: 4/ 9/22		
066-01998 Sample Number (DOH number p			Lab	) Use Only:		
DOH Form #331-319 (revised 02/1	6)					



Date Sample Collected	Time Samp			County:	
05/05/2022 Month Day Year	Collected 7:55	⊠ A □ 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 GOLI		ĸ		
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		RM/	ATION	
Sample collected by (name	e): RICHARD	BAKER		<ul> <li>In Desired Real Particle</li> </ul>	
Specific location where sample collected:					
803 ORCHARD SAMPLE STATION					
Project Name or Comments					
Type of Sample (select o					
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes □ No Chlorine: Total 0.69 mg/l F	ample ree 0.67 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		Unsatisfa	ctor	y routine lab number:	
<u> </u>					
□ Triggered (A/P)		Unsatisfactory routine collect date:			
Assessment (A/P)		Chlorinate Chlorine F	_// ted: Yes No Resid: Total Free		
4. Surface or GWI Raw Wate	r Sample (Enur	neration)			
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S	
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only	esidence		Other	
LAB USE ONLY DRI	VKING WA	FER RES	SUL	TS LAB USE ONLY	
Unsatisfactory     Total Coliform Present and	ł		1	☑ 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 C			
Method Code:SM 9222B	4.4.65			e Received: 5/ 5/2022	
Date Analyzed: 5/ 5/2022	, 14:00			e Reported: 5/ 6/22	
066-02541 Sample Number (DOH number p	(e. )		Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	10)				



Date Sample Collected	Time Samp			County:	
05/05/2022 Month Day Year	Collected 8:30	⊠ A □ P		SNOHOMIS	
Type of Water System (che ☑ Group A Pub □ Group B Pub	lic	oox) □ Private □ Other: _	Ηοι	isehold	
Group A and Group B Syst		from Wate	er Fa	acilities Inventory (WFI):	
	ID# 283	300Y			
System Name: CITY	OF GOL		ĸ		
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		RM/	ATION	
Sample collected by (name	): RICHARD	BAKER			
Specific location where sample collected:					
508 1ST AVE W SAMPLE STATION					
Project Name or Comments		formula	fron	a turnee 1 through 5 holow)	
Type of Sample (select o					
1. ☑ Routine Distribution S Chlorinated: ☑ Yes □ No Chlorine: Total 0.65 mg/l F	ree <b>0.62</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	ce Sample	Unsatisfactory routine lab number:			
_S_	[				
□ Triggered (A/P)		Unsatisfactory routine collect date:			
□ Assessment (A/P)		Chlorinate Chlorine F	// ed: YesNo Resid: TotalFree		
4. Surface or GWI Raw Wate	r Sample (Enur	neration)			
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S	
5. □ Sample Collected for Inf □ Construction □ Repairs	ormation Only □ Private Re	esidence		Dther	
LAB USE ONLY DRI		TER RES	SUL	TS LAB USE ONLY	
Unsatisfactory     Total Coliform Present and	1			☑ 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         Improper Container       Improper Culture					
Bacterial Density Results Plate Count / ml.		E.coli		/100 ml.	
Total Coliform < 1 /10	0 ml.	Fecal C			
Method Code:SM 9222B	1100			e Received: 5/ 5/2022	
Date Analyzed: 5/ 5/2022				e Reported: 5/ 6/22	
066-02542 Sample Number (DOH number p	lus five digits)		Lab	) Use Only:	
DOH Form #331-319 (revised 02/1	6)				



Date Sample Collected	Time Samp			County:		
05/05/2022 Month Day Year	Collected 7:25	⊠ AI □ PI		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	ç			
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 r	name, address	s and zip o	ode	e)		
City of Gold Bar						
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:						
107 5TH ST						
Project Name or Comments						
Type of Sample (select of	only one 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>0.67</b> mg/l F	ree <b>0.63</b> mg/l	Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Ground Water Rule Source	ce Sample	Unsatisfa	ctor	y routine lab number:		
S	.[	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	neration)		1000 # 5207527		
🗆 E. coli 🛛 Fecal	Filtered Yes	No		S		
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Other		
• • • • • • • • • • • • • • • • • • •	NKING WA		SUL	TS LAB USE ONLY		
Unsatisfactory				☑ Satisfactory		
Total Coliform Present and						
E. coli present	E. coli abs	ent				
Sample not tested because		Test uns	uital	ble because:		
□ Sample too old (>30 ho	urs)					
□ Improper Container □						
Bacterial Density Results 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: 5/ 5/2022		
Date Analyzed: 5/ 5/2022	, 14:00		Dat	e Reported: 5/ 6/22		
066-02543			Lab	) Use Only:		
Sample Number (DOH number p DOH Form #331-319 (revised 02/1	(e) (i)					
	,					



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:			
06/03/2022 Month Day Year	Collected	⊠ AN □ PN					
wonth Day fear	8:20		/1	SNOHOMISH			
Type of Water System (check o ☑ Group A Public		🗆 Private H	امديد	hold			
Group B Public		Other:					
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	entory (WFI):			
ID#	28300Y						
System Name: CITY OF	GOLD BA	٨R					
Contact Person: RICHAF	RD BAKER						
Day Phone: 360-793-11	101	Cell Pho	ne:	425 238 1935			
Eve. Phone: 425 238 19	935	FAX:					
Send results to: (Print full name	e, address and zi	p code)					
City of Gold Bar							
RICHARD BAKER 107 5th St							
Gold Bar, Wa, 98251							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name):	RICHARD E	BAKER					
Specific location where sample	collected:						
40721 MAY CREEK	<b>RD SAMP</b>	LE STA	TIO	N			
Project Name or Comments:							
Type of Sample (select only o				• ,			
1. I Routine Distribution Sample	e	2. D Repeat D Distrib		<b>ple</b> (after unsat. routine) System			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.37</b> mg/l Free <b>0.3</b>	32 mg/l		e Groundwater Rule (GWR) ation of 1,000 or less)				
3. Ground Water Rule Source Sar	mple	Unsatisfacto	Unsatisfactory routine lab number:				
_S_		Unsatisfactory routine collect date:					
□ Triggered (A/P)		л.					
Assessment (A/P)		Chlorinated: Chlorine Res	/ Yes No sid: Total Free				
4. Surface or GWI Raw Water Samp	ble (Enumeration)	CHIDHINE IVES	iu. To				
E. coli 🛛 Fecal	Filtered Yes	_ No		S			
5. □ Sample Collected for Informati □ Construction □ Repairs □	on Only Private Residence	□ Other					
	KING WATER	RESULTS	;	LAB USE ONLY			
Unsatisfactory				☑ Satisfactory			
Total Coliform Present <b>and</b>	TE coli choon	+		J			
E. coli present	E. coli absen	IL					
Sample not tested because	uncu	Test unsuit	table I	because:			
□ Sample too old (>30 hours) □ TNTC							
□ Improper Container □		□ Turbid (	Guitui	re			
Bacterial Density Results:							
Plate Count / ml.		E.coli	/10	0 ml.			
Total Coliform /100 ml.		Fecal Co	liform	/100 ml.			
Method Code: SM 9223B				Received: 6/ 3/2022			
Date Analyzed: 6/ 3/2022, 13:	00		Date	Reported: 6/ 5/22			
066-03062 Sample Number (DOH number plus five of	ligits)		Lab l	Jse Only:			



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
06/03/2022 Month Day Year	Collected	⊠ AN □ PN				
wonth Day fear	8:40		VI	SNOHOMISH		
Type of Water System (check o ☑ Group A Public		🗆 Private H	louse	hold		
Group B Public		Other:				
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	entory (WFI):		
ID#	28300Y					
System Name: CITY OF	GOLD BA	٩R				
Contact Person: RICHAF	RD BAKER					
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935		
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SA	MPLE INFO	RMATIO	N			
Sample collected by (name):	RICHARD E	BAKER				
Specific location where sample	collected:					
40121 145TH PL SE	SAMPLE	STATIO	)N			
Project Name or Comments:						
Type of Sample (select only o						
1. ☑ Routine Distribution Sample	9	Distribution	oution			
Chlorinated: ☑ Yes □ No Chlorine: Total 0.99 mg/l Free 0.8	0 mg/l			undwater Rule (GWR) f 1,000 or less)		
3. Ground Water Rule Source San	nple	Unsatisfactory routine lab number:				
S						
Triggered (A/P)		Unsatisfactory routine collect date:				
Assessment (A/P)		/_ Chlorinated: Chlorine Res	/ Yes No sid: Total Free			
4. Surface or GWI Raw Water Samp	ble (Enumeration)					
🗆 E. coli 🗖 Fecal	Filtered Yes	_ No		S		
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	Other				
LAB USE ONLY DRINK	KING WATER	RESULTS	6	LAB USE ONLY		
□ Unsatisfactory Total Coliform Present <b>and</b>			6	☑ Satisfactory		
12 m	E. coli absen	ıt				
Sample not tested because	uired	Test unsuit	table	because:		
□ Sample too old (>30 hours) □ TNTC						
□ Improper Container □		□ Turbid Culture				
Bacterial Density Results:						
Plate Count / ml.		E.coli	/10	)0 ml.		
Total Coliform /100 ml.		Fecal Co	oliform	/100 ml.		
Method Code: SM 9223B			Date	Received: 6/ 3/2022		
Date Analyzed: 6/ 3/2022, 13:	00		Date	Reported: 6/ 5/22		
066-03063 Sample Number (DOH number plus five d	ligits)		Lab l	Jse Only:		



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
06/03/2022 Month Day Year	Collected 7:50	⊠ AN □ PN	· · ·			
			1	SNOHOMISH		
Type of Water System (check c ☑ Group A Public □ Group B Public			□ Private Household □ Other:			
Group A and Group B Systems	Provide from W	ater Facilitie	es In∖	ventory (WFI):		
חו#	28300Y					
	GOLD BA	\R				
Contact Person: RICHAR	RD BAKER					
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935		
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SA	MPLE INFO	RMATIO	N			
Sample collected by (name):	RICHARD E	BAKER				
Specific location where sample	collected:					
LOT 22 EVERGREE	N WAY SA	MPLE S	STA	TION		
Project Name or Comments: Type of Sample (select only o	ne type of same	ole from type	es 1 f	hrough 5 below)		
1. ☑ Routine Distribution Sample				nple (after unsat. routine)		
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.55</b> mg/l Free <b>0.3</b>	201 DX	<ul> <li>Distribution System</li> <li>Source Groundwater Rule (GWR) (Population of 1,000 or less)</li> </ul>				
3. Ground Water Rule Source San	nple	Unsatisfactory routine lab number:				
_S_		Unsatisfactory routine collect date:				
Triggered (A/P)						
Assessment (A/P)		/ Chlorinated: ` Chlorine Res				
4. Surface or GWI Raw Water Samp	le (Enumeration)					
E. coli EFecal	Filtered Yes_	_ No		_S_		
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	D Other				
LAB USE ONLY DRINK	KING WATER	RESULTS	;	LAB USE ONLY		
Unsatisfactory Total Coliform Present <b>and</b>			E	☑ Satisfactory		
	E. coli absen	t				
Replacement Sample Req Sample not tested because	uirea	Test unsuit	able	because:		
Sample too old (>30 hours)			0.14			
□ Improper Container □		□ Turbid ( □	Juitu	re		
Bacterial Density Results:						
Plate Count / ml.		E.coli		00 ml.		
Total Coliform /100 ml.		Fecal Col				
Method Code: SM 9223B	00			Received: 6/ 3/2022		
Date Analyzed: 6/ 3/2022, 13:0	UU			Reported: 6/ 5/22		
066-03061 Sample Number (DOH number plus five d	igits)	3	Lab	Use Only:		



JUL 1 1 2022

Arsenic Report of Analysis

Date Collected: 06/03/22	System Group Type: 🗹 A 🗆 B 🗖 Other:					
Water System ID Number: 28300Y	System Name: City of Gold Bar					
Lab-Sample No: 06609013	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: 6/ 3/22 Date Analyzed: 6/13/22 Date Reported: 6/16/22 Comments:					
Sample Composition: (Check Appropriate Box)  Single Source  Set Blended (List Multiple Source Numbers in Source Nos. field)  Composite (Specify in Comments Field)  Distribution Sample	Sample Type: (Check One)  Pre-Treatment/Raw Post-Treatment/Finished Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935					
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251					

#### ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0056	0.0001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:

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

ANALYTE: The name of the analyte being tested for.

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

DOH#: Department assigned analyte number.

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

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

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

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

**RESULT:** The laboratory reported result.

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

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

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

Lab Comments:

**Reveiwed By:** 



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

### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
07/08/2022	Collected	M 🗹				
Month Day Year	6:00	🗆 PN	M	SNOHOMISH		
Type of Water System (check o						
Group A Public		Private H				
		Other:				
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WEI):		
ID#	28300Y					
System Name: CITY OF	GOLD BA	٨R				
Contact Person: RICHAR	RD BAKER					
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935		
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name	, address and z	p code)				
City of Gold Bar						
RICHARD BAKER						
107 5th St Gold Bar, Wa, 98251						
		RMATIO	N			
Sample collected by (name):	RICHARD E	BAKER	20.024			
Specific location where sample						
102 5TH STREET						
Project Name or Comments:						
Type of Sample (select only o	<b>ne</b> type of samp	ole from type	es 1	through 5 below)		
1. 1 Routine Distribution Sample	)			nple (after unsat. routine)		
Chlorinated: 🗹 Yes 🗖 No		Distrib		System oundwater Rule (GWR)		
Chlorine: Total 0.64 mg/l Free 0.6	1 mg/l			of 1,000 or less)		
3. Ground Water Rule Source San	nple	Unsatisfacto	ory ro	utine lab number:		
_S_		Unsatisfactory routine collect date:				
Triggered (A/P)		л. Г.				
Assessment (A/P)		// Chbrinated: Yes No				
x /		Chlorine Res	sid: To	otalFree		
4. Surface or GWI Raw Water Samp						
	Filtered Yes	_ No		S		
5. □ Sample Collected for Informatio □ Construction □ Repairs □	on Only Private Residence	D Other				
LAB USE ONLY DRINK	KING WATER	RESULTS	5	LAB USE ONLY		
Unsatisfactory			Б	☑ Satisfactory		
Total Coliform Present <b>and</b>	E. coli absen	+				
Compresent     Replacement Sample Requirement		IL				
Sample not tested because	uncu	Test unsui	table	because:		
□ Sample too old (>30 hours) □ TNTC						
Improper Container		□ Turbid □	Cultu	ILE		
Bacterial Density Results:						
Plate Count / ml.		E.coli	/1	100 ml.		
Total Coliform <1 /100 ml		Fecal Co	oliforn	n <b>/100 ml.</b>		
Method Code: SM 9222B			Date	e Received: 7/ 8/2022		
Date Analyzed: 7/ 8/2022, 14:4	40		Date	e Reported: 7/ 9/22		
066-03742			Lab	Use Only:		
Sample Number (DOH number plus five d	igits)					



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample	ic.		County:			
07/08/2022	Collected	10 AN					
Month Day Year	7:30	🗆 PN	Л	SNOHOMISH			
Type of Water System (check o	only one box)						
Group A Public		Private H Other:					
Group B Public		Other:					
Group A and Group B Systems		ater ⊢acilitie	es In\	ventory (WEI):			
ID#	ID# 28300Y						
System Name: CITY OF	GOLD BA	٨R					
Contact Person: RICHAR	RD BAKER						
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935			
Eve. Phone: 425 238 19	935	FAX:					
Send results to: (Print full name	, address and z	p code)					
City of Gold Bar							
RICHARD BAKER 107 5th St							
Gold Bar, Wa, 98251							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name):	RICHARD E	BAKER					
Specific location where sample	collected:						
715 CROFT AVE W	SAMPLE S	STATIO	N				
Project Name or Comments:							
Type of Sample (select only o	ne type of samp	ole from type	es 1 t	through 5 below)			
1. I Routine Distribution Sample	•	2. D Repea		<b>nple</b> (after unsat. routine) System			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.55</b> mg/l Free <b>0.5</b>	0 ma/l	Source	e Gro	undwater Rule (GWR) of 1,000 or less)			
3. Ground Water Rule Source San				utine lab number:			
		,					
		Unsatisfactory routine collect date:					
Triggered (A/P)		// Chlorinated: Yes No					
Assessment (A/P)			d: YesNo lesid: TotalFree				
4. Surface or GWI Raw Water Samp	le (Enumeration)						
🗆 E. coli 🛛 Fecal	Filtered Yes_	_ No		S			
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	□ Other					
LAB USE ONLY DRINK	KING WATER	RESULTS	S	LAB USE ONLY			
			Ь	2 Satisfactory			
Total Coliform Present and	TE oplisher:	÷					
E. coli present	E. coli absen	I					
Sample not tested because		Test unsui	table	because:			
□ Sample too old (>30 hours)			o ''				
Improper Container		□ Turbid □	Ultu	ne			
Bacterial Density Results:							
Plate Count / ml.		E.coli	/1	00 ml.			
Total Coliform <1 /100 ml		Fecal Co	liforn	n /100 ml.			
Method Code: SM 9222B			Date	e Received: 7/ 8/2022			
Date Analyzed: 7/ 8/2022, 14:4	40		Date	e Reported: 7/ 9/22			
066-03744			Lab	Use Only:			
Sample Number (DOH number plus five d	igits)						



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:						
07/08/2022	Collected									
Month Day Year	8:00	iq 🗆	VI	SNOHOMISH						
Type of Water System (check of		<b>—</b> — · · ·								
Group A Public Group B Public		□ Private ⊦ □ Other:								
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):										
ID# 28300Y										
System Name: CITY OF	F GOLD BA	١R								
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	e, address and z	ip code)								
City of Gold Bar										
RICHARD BAKER										
107 5th St Gold Bar, Wa, 98251										
	MPLE INFO	RMATIO	N							
Sample collected by (name):	RICHARD E		10231							
Specific location where sample										
40507 SR 2 SAMPLE STATION										
Project Name or Comments:										
Type of Sample (select only one type of sample from types 1 through 5 below)										
1. 🗹 Routine Distribution Sample	e			nple (after unsat. routine)						
Chlorinated: 🗹 Yes 🗖 No			e Gro	oundwater Rule (GWR)						
Chlorine: Total 0.27 mg/l Free 0.2				of 1,000 or less)						
3. Ground Water Rule Source Sar	пріе	Unsatisfactory routine lab number:								
_\$_		Unsatisfactory routine collect date:								
Triggered (A/P)		С								
Assessment (A/P)		// Chlorinated: Yes No Chlorine Resid: Total Free								
4. Surface or GWI Raw Water Samp	he (Enumeration)	Chonne Re:	siu. Te	otal Free						
	Filtered Yes	No		S						
5. □ Sample Collected for Informati	autorechildenine michiele			I <u></u> I <u></u> I						
□ Construction □ Repairs □	Private Residence		_							
	KING WATER	RESULTS		LAB USE ONLY						
Unsatisfactory Total Coliform Present and			Б	2 Satisfactory						
E. coli present	E. coli abser	ıt								
Replacement Sample Req										
Sample not tested because		Test unsui	table	because:						
□ Sample too old (>30 hours) □ Improper Container			Culti	IFE						
		□ Turbid Culture □								
Bacterial Density Results:		3 m 2								
Plate Count / ml.		E.coli		100 ml.						
Total Coliform <1 /100 m		Fecal Co								
Method Code: SM 9222B				e Received: 7/ 8/2022						
Date Analyzed: 7/ 8/2022, 14:	40		Date	e Reported: 7/ 9/22						
066-03743	licito)		Lab	Use Only:						
Sample Number (DOH number plus five of	ngirs)									

#### **Radionuclide Analysis Report**

Date Collected: 07/08/22	System Group Type: 🗹 A 🗆 B 🗆 Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
LabSample No: <b>125</b> 11385	County: Snohomish
Sample Location: 40507 SR2	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: 07/08/22 Date Reported: 10/18/22 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#	ANALYTES	DATA QUALIFIER	RESULTS	UNCERT +/-	MDA	SDRL	TRIGGER	MCL	UNITS	DATE ANALYZED	METHOD/ INITIALS
166	Radium 228		< 0.184	0.352	0.184	1		5	pCi/L	8/29/22	EPA 904.0 /Anatek

NOTES:

U1 The analyte was not detected at the calculated detection limit.

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

-- No existing value.

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): If the contaminant amount exceeds the MCL, please contact the Department's drinking water regional office in your area to determine follow-up actions. MDA: Minimum Detectable Amount. (Must be equal to or less than the SDRL).

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

pCi/L: picocuries per liter (a measure of radioactivity).

**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.

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

UNCERT +/-: The total amount of analytical uncertainty associated with the sample analysis.

#### **Radionuclide Analysis Report**

Date Collected: 07/08/22	System Group Type: A B B Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
LabSample No: 12511384	County: Snohomish
Sample Location: 40507 SR2	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: 07/08/22 Date Reported: 10/18/22 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

#### ANALYTICAL RESULTS

DOH#	ANALYTES	DATA QUALIFIER	RESULTS	UNCERT +/-	MDA	SDRL	TRIGGER	MCL	UNITS	DATE ANALYZED	METHOD/ INITIALS
165	Gross Alpha		< 3	0.584	3.00	3		15	pCi/L	9/13/22	EPA 900.0 /Anatek

NOTES:

U1 The analyte was not detected at the calculated detection limit.

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

-- No existing value.

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): If the contaminant amount exceeds the MCL, please contact the Department's drinking water regional office in your area to determine follow-up actions. MDA: Minimum Detectable Amount. (Must be equal to or less than the SDRL).

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

pCi/L: picocuries per liter (a measure of radioactivity).

**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.

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

SF

UNCERT +/-: The total amount of analytical uncertainty associated with the sample analysis.

Reveiwed By: \_\_\_\_\_ AmTest ID:



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:						
08/05/2022	Collected	M N								
Month Day Year	7:45	D PN	M	SNOHOMISH						
Type of Water System (check o	only one box)									
Group A Public Group B Public		Private H								
and an an antipart of the second seco	Other:									
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):										
ID# 28300Y										
System Name: CITY OF	GOLD BA	١R								
Contact Person: RICHAF	RD BAKER	10.94 (132)								
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935						
Eve. Phone: 425 238 19	935	FAX:								
Send results to: (Print full name	, address and z	ip code)								
City of Gold Bar										
RICHARD BAKER										
107 5th St Gold Bar, Wa, 98251										
SA	MPLE INFO	RMATIO	N							
Sample collected by (name):	RICHARD E	BAKER								
Specific location where sample	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 Sample	e	2. D Repea		<b>1ple</b> (after unsat. routine)						
Chlorinated:  Yes  No	2 mg/l	Source	e Gro	undwater Rule (GWR)						
Chlorine: Total 0.25 mg/l Free 0.2 3. Ground Water Rule Source San		(Population of 1,000 or less) Unsatisfactory routine lab number:								
		,								
Triggered (A/P)		Unsatisfactory routine collect date:								
		// Chbrinated: Yes No								
Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: TotalFree								
4. Surface or GWI Raw Water Samp	e (Enumeration)									
🗆 E. coli 🛛 Fecal	Filtered Yes_	_ No		\$						
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	□ Other								
LAB USE ONLY DRINK	KING WATER	RESULTS	S	LAB USE ONLY						
Unsatisfactory			Ŀ	2 Satisfactory						
Total Coliform Present <b>and</b>	D E pali akaan									
E. coli present	E. coli abser	IL								
Sample not tested because	uneu	Test unsui	table	because:						
□ Sample too old (>30 hours)			_							
□ Improper Container □		□ Turbid □	Cultu	ire						
Bacterial Density Results:				<del>.</del>						
Plate Count / ml.		E.coli	/1	00 ml.						
Total Coliform <1 /100 ml	l.	Fecal Co	oliform	n <b>/100 ml.</b>						
Method Code: SM 9222B			Date	Received: 8/ 5/2022						
Date Analyzed: 8/ 5/2022, 14:	00		Date	Reported: 8/6/22						
066-04278			Lab	Use Only:						
Sample Number (DOH number plus five d	ligits)									



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample		4	County:					
<b>08/05/2022</b> Month Day Year	Collected 9:10	⊠ AN □ PN		SNOHOMISH					
Type of Water System (check o ☑ Group A Public □ Group B Public		Private Household Other:							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):									
ID# 28300Y									
	GOLD BA	R							
Contact Person: RICHAF		<u>u v</u>							
Day Phone: 360-793-11		Cell Pho	ne:	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 zi	p code)							
SA	MPLE INFO	RMATIO	N						
Sample collected by (name):	RICHARD E	BAKER							
Specific location where sample collected: 508 1ST AVE W SAMPLE STATION									
Project Name or Comments:									
	Type of Sample (select only one type of sample from types 1 through 5 below)								
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.25 mg/l Free 0.2		2. □ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)							
3. Ground Water Rule Source Sar	nple	Unsatisfactory routine lab number:							
_\$_		Unastinfactory regular collect datas							
Triggered (A/P)		Unsatisfactory routine collect date:							
Assessment (A/P)		// Chbrinated: Yes No Chbrine Resid: Total Free							
4. Surface or GWI Raw Water Samp	ble (Enumeration)								
🗆 E. coli 🛛 Fecal	Filtered Yes_	_ No		_S_					
5. □ Sample Collected for Informati	on Only Private Residence	D Other							
LAB USE ONLY DRIN	KING WATER	RESULTS	5	LAB USE ONLY					
Unsatisfactory Total Coliform Present and			Þ	☑ Satisfactory					
E. coli present	E. coli absen	1							
Sample not tested because		Test unsui TNTC	table	because:					
□ Sample too old (>30 hours) □ Improper Container			Cultu	ıre					
□									
Bacterial Density Results:Plate Count/ ml.		E.coli <b>/100 ml.</b>							
Total Coliform <1 /100 m		Fecal Co	liforn	n /100 ml.					
Method Code: SM 9222B			Date	e Received: 8/ 5/2022					
Date Analyzed: 8/ 5/2022, 14:	00		Date	e Reported: 8/ 6/22					
066-04280 Sample Number (DOH number plus five of DOH Form #221 210 (revised 02/16)	ligits)		Lab	Use Only:					



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:					
08/05/2022 Month Day Year	Collected 8:15	⊠ AN □ PN							
Month Day Year	0.10		VI	SNOHOMISH					
Type of Water System (check c ☑ Group A Public ☑ Group B Public		□ Private Household □ Other:							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):									
ID# 28300Y									
System Name: CITY OF GOLD BAR									
Contact Person: RICHAF	RD BAKER								
Day Phone: 360-793-11	01	Cell Pho	one:	425 238 1935					
Eve. Phone: 425 238 19	935	FAX:							
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	RICHARD BAKER 107 5th St								
SA	MPLE INFO	RMATIO	N						
Sample collected by (name):	RICHARD E	BAKER							
Specific location where sample	collected:								
803 ORCHARD SAMPLE STATION									
Project Name or Comments:									
Type of Sample (select only o									
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.26 mg/l Free 0.2		2. <b>Repeat Sample</b> (after unsat. routine)     Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)							
3. Ground Water Rule Source San		Unsatisfactory routine lab number:							
_S_									
Triggered (A/P)		Unsatisfactory routine collect date:							
Assessment (A/P)		// Chlorinated: Yes No							
× /		Chlorine Res							
4. Surface or GWI Raw Water Samp		N							
E. coli EFecal 5. Sample Collected for Information	Filtered Yes_	_ No		<u>S</u>					
	Private Residence	Other							
LAB USE ONLY DRINK	KING WATER	RESULTS	S	LAB USE ONLY					
□ Unsatisfactory Total Coliform Present <b>and</b>			Þ	2 Satisfactory					
12 m	E. coli abser	ıt							
Cample not tested because	uirea	Test unsui	table	because:					
□ Sample too old (>30 hours)			0						
□ Improper Container □		□ Turbid □	Guitt	Ire					
Bacterial Density Results:									
Plate Count / ml.		E.coli	/1	00 ml.					
Total Coliform <1 /100 ml	l	Fecal Co	oliforn	n /100 ml.					
Method Code: SM 9222B			Date	e Received: 8/ 5/2022					
Date Analyzed: 8/ 5/2022, 14:	00		Date	e Reported: 8/ 6/22					
066-04279 Sample Number (DOH number plus five d	ligits)		Lab	Use Only:					



# Complete Inorganic Chemistry Report of Analysis

Date Collected: 07/15/22	System Group Type: D A D B D Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
LabSample No: 06611933	County: SNOHOMISH
Sample Location: 715 CROFT AVE W.	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) Participation (confirmation of chemical result) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received: 7/15/22 Date Reported: 8/ 4/22 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: 425-238-1935
Send Report To: CITY OF GOLD BAR Attention: RICHARD BAKER 107 5TH ST. GOLD BAR, WA 98251	Bill To: RICHARD BAKER 107 5TH ST. GOLD BAR, WA 98251

#### ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0004	Arsenic		0.0050	0.0001	0.01	0.01	mg/l		7/15/22	EPA 200.8 /AY
0005	Barium		0.012	0.0003	2	2	mg/l		7/15/22	EPA 200.8 /AY
0006	Cadmium		ND	0.0001	0.005	0.005	mg/l		7/15/22	EPA 200.8 /AY
0007	Chromium		0.00094	0.0005	0.1	0.1	mg/l		7/15/22	EPA 200.8 /AY
0011	Mercury		ND	0.0001	0.002	0.002	mg/l		7/22/22	EPA 245.1 /MD
0012	Selenium		ND	0.001	0.05	0.05	mg/l		7/15/22	EPA 200.8 /AY
0110	Beryllium		NO	0.0003	0.004	0.004	mg/l		7/15/22	EPA 200.8 /AY
0111	Nickel		ND	0.0003			mg/l		7/15/22	EPA 200.8 /AY
0112	Antimony		NO	0.0003	0.006	0.006	mg/l		7/15/22	EPA 200.8 /AY
0113	Thallium		NÐ	0.0002	0.002	0.002	mg/l		7/15/22	EPA 200.8 /AY
0116	Total Cyanide		NO	0.005	0.2	0.2	mg/l		7/28/22	SM 4500CN-E99 /MD
0019	Fluoride		NO	0.2	2	4	mg/l		7/15/22	EPA 300.0 /AY
0114	Niiriie		ND	0.1	0.5	1	mg/l		7/15/22	EPA 300.0 /AY
0020	Mirate		ND	0.5	5	10	mg/l		7/15/22	EPA 300.0 /AY
0161	Total Nitrate + Nitrite		ND	0.5	5	10	mg/l			EPA 300.0/



DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SORA B	OTRIGGER T	MCLA I	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD
8000	Iron		0.054	0.03	••	0.3	rng/i		7/25/22	EPA 200.7 /CM
0010	Manganese		0.0072	0.0003		0.05	mg/l	1	7/15/22	EPA 200.8 /AY
0013	Silver		ND	0.0002		0.1	mgA		7/15/22	EPA 200.8 /AY
0021	Chioride		21.	2		250	mgA		7/25/22	EPA 300.0 /AY
0022	Suifate		4.7	2		250	mgA	1	7/15/22	EPA 300.0 /AY
0024	Zinc		0.0050	0.0005		5	mg/l		7/15/22	EPA 200.8 /AY
0014	Sodium		24.	0.2			mgA		7/25/22	EPA 200.7 /CM
0015	Hardness (CaCO3)		43.	10			mg/l		7/25/22	EPA 200.7 calc /CM
0016	Conductivity		220	70		700	umhos/cm		7/18/22	SM 25108 /NO
0017	Turbidity		0.59	0.1			NTU		7/18/22	EPA 180.1 /NO
0018	Color		ND	15		15	unit	1	7/18/22	SM 2120 B /NO
0026	Total Dissolved Solids		110	100		500	mg/l		7/18/22	SM 2540C /FG
0009	Lead		ND	0.0005			mg/l		7/15/22	EPA 200.8 /AY
0023	Copper		0.0041	0.0005			mg/l		7/15/22	EPA 200.8 /AY
0409	рН	•	6.1	-			unit		7/18/22	SM 4500H B /NO

NOTES:

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

-No existing trigger or MCL. Secondary MCL (Established for aesthetic purposes, not health based). ANALYTE: The name of the analyte being tested for. DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOHII: Department assigned analyte number. EXCEEDS MCL (Maximum Contaminant Lavel): 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/NITIALS: Analytical method used, Initials of the analysi that performed the analysis.

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

NTU: milligrams per liter or parts per million. RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department. TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

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

**Reveiwed By:** 

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



Professional Analytical Services

# Haloacetic Acid (HAA5)

Distribution System	m - Report of Analysis
HALOACETIC ACIDS	System Group Type: Ø A D B D Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
Source: S92 (Distribution samples)	County: SNOHOMISH
Sample Purpose: (Check Appropriate Box) Routine/Compliance (satisfies monitoring requirements) Confirmation (confirmation of chemical result) Investigative (does not satisfy monitoring requirements) Other (specify)	Date Received:07/15/22 Date Analyzed: 7/20/22 Date Reported: 8/ 4/22 Comments:
Sample Composition: (Check Appropriate Box)  Single Source  Blended (List Multiple Source Numbers in Source Nos. field)  Composite (Specify in Comments Field)  Distribution Sample	Sample Type: (Check One)  Pre-Treatment/Raw Post-Treatment/Finished Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: CITY OF GOLD BAR 107 5TH ST. GOLD BAR, WA 98251	Bill To: RICHARD BAKER 107 5TH ST. GOLD BAR, WA 98251

Analyte Abbreviations:				33	14.4				
Monochioroacetic Acid = "MCAA"	Dichloroacetic Ac	id = "DCAA"	Trichloroacetic Acid = "TCAA"	Monobromoacetic /	Acid = "MBAA"	Dibromoacetic Ac	id = "DBAA"	Total Haloacetic Acids = "HAA5's	
			(DOH#) ANALYTE	(0411) MCAA (ug/L)	(0412) DCAA (ug/L)	(0413) TCAA (ug/L)	(0414) MBAA (ug/L)	(0415) DBAA (ug/L)	(0416) HAA5's (ug/L)
			SDRL	2.0	1.0	1.0	1.0	1.0	6.0
Analytical Method / Analyst Initials:	EPA 552.2 / NI	NL.	L MCL						60**
	· · ·		HAA5 RESULTS						
Lab Number / Sample Number	Date Collected	Location Whe	re Sample Collected	MCAA (ug/L)	DCAA (ug/L)	TCAA (ug/L)	MBAA (ug/L)	DBAA (ug/L)	HAA5's (ug/L)
066 / 11933	07/15/2022 715 CROFT AVE W.		<2	1.21	1,45	<1	2.28	4.9	

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: DA DB 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: 7/15/22 Date Analyzed: 7/19/22 Date Reported: 8/ 4/22 Comments:
Sample Composition: (Check Appropriate Box) Single Source Blended (List Multiple Source Numbers in Source Nos. field) Composite (Specify in Comments Field) Ø Distribution Sample	Sample Type: (Check One)  Pre-Treatment/Raw Post-Treatment/Finished Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: CITY OF GOLD BAR 107 5TH ST. GOLD BAR, WA 98251	Bill To: RICHARD BAKER 107 5TH ST. 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 524.2 / NNL	MCL			1 		80**

Lab Number /	A DESCRIPTION OF A DESC			Bromodichloromethane	Dibromochloromethane	Bromoform	TTHM's
Sample Number	Collected		(ug/L)	(ug/L)	(ug/L)	(ug/L)	(ug/L)
066 / 11933	07/15/2022	715 CROFT AVE W.	2.68	3.24	5.11	3.26	14.3



# Volatile Organic Compounds Report of Analysis

Date Collected: 07/15/22	System Group Type: D A D B D Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
Lab Sample No: 12511933	County: SNOHOMISH
Sample Location: 715 CROFT AVE W.	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: 7/15/22 Date Analyzed: 7/23/22 Date Reported: 8/ 4/22 Comments:
Sample Composition: (Check Appropriate Box)  Single Source Blended (List Multiple Source Numbers in Source Nos. field) Composite (Specify in Comments Field) Distribution Sample	Sample Type: (Check One) Pre-Treatment/Raw Post-Treatment/Finished Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: CITY OF GOLD BAR 107 5TH ST. GOLD BAR, WA 98251	Bill To: RICHARD BAKER 107 5TH ST. GOLD BAR, WA 98251

### ANALYTICAL RESULTS

DOH #	ANALYTE	RESULTS	SDRL	TRIGGER	MCL	UNITS	MCL Exceeded? (check only if YES)	Method / Analyst initials
0045	Vinyl Chloride	ND	0.5	0.5	2	ug/L		EPA 524.3 /ANATEK
0046	1,1-Dichloroethylene	ND	0.5	0.5	7	ug/L		EPA 524.3 /ANATEK
0047	1,1,1-Trichloroethane	ND	0.5	0.5	200	ug/L		EPA 524.3 /ANATEK
0048	Carbon Tetrachloride	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0049	Benzene	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0050	1.2-Dichloroethane	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0051	Trichloroethylene	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0052	1,4-Dichlorobenzene	ND	0.5	0.5	75	ug/L		EPA 524.3 /ANATEK
0056	Methylene Chloride	3.8	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0057	Trans-1,2-Dichloroethene	ND	0.5	0.5	100	ug/L		EPA 524.3 /ANATEK
0060	Cis-1,2-Dichloroethene	ND	0.5	0.5	70	ug/L		EPA 524.3 /ANATEK
0063	1,2-Dichloropropane	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0066	Toluene	ND	0.5	0.5	1000	ug/L		EPA 524.3 /ANATEK
0067	1,1,2-Trichloroethane	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0068	Tetrachloroethylene	ND	0.5	0.5	5	ug/L		EPA 524.3 /ANATEK
0071	Chlorobenzene	ND	0.5	0.5	100	ug/L		EPA 524.3 /ANATEK
0073	Ethyl Benzene	ND	0.5	0.5	700	ug/L		EPA 524.3 /ANATEK
0076	Styrene	ND	0.5	0.5	100	ug/L		EPA 524.3 /ANATEK
0084	1,2-Dichlorobenzene	ND	0.5	0.5	600	ug/L		EPA 524.3 /ANATEK
0095	1,2,4-Trichlorobenzene	ND	0.5	0.5	70	ug/L		EPA 524.3 /ANATEK
0160	Total Xylene	ND	0.5	0.5	10000	ug/L		EPA 524.3 /ANATEK
0074	m+p Xylene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0075	o-Xylene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0027	Chioroform	3.0	0.5			ug/L		EPA 524.3 /ANATEK
0028	Bromodichloromethane	4.5	0.5		••	ug/L		EPA 524.3 /ANATEK



#### **DW ANALYSIS REPORT PAGE 2**

DOH #	ANALYTE	RESULTS	SDRL	TRIGGER	MCL	UNITS	MCL Exceeded? (check only if YES)	Method / Analyst initials
0029	Chlorodibromomethane	5.8	0.5			ug/L		EPA 524.3 /ANATEK
0030	Bromoform	3.7	0.5			ug/L		EPA 524.3 /ANATEK
0031	Trihalomethane Total	14.3				ug/L		EPA 524.3 /NNL
0053	Chloromethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0054	Bromomethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0058	1,1-Dichloroethane	ND	0.5	0.5		ug/L	2	EPA 524.3 /ANATEK
0072	1,1,1,2-Tetrachloroethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0078	Bromobenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0079	1,2,3-Trichloropropane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0081	2-Chlorotoluene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0085	Trichlorofluoromethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0086	Bromochloromethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0089	1,3,5-Trimethylbenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0091	1,2,4-Trimethylbenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0092	Sec-Butylbenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0093	p-lsopropyltoluene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0094	n-Butylbenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0096	Naphthalene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0104	Dichlorodifluoromethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0154	1,3-Dichloropropene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0062	1,1-Dichloropropene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0064	Dibromomethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0070	1,3-Dichloropropane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0080	1,1,2,2-Tetrachloroethane	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0062	4-Chlorotoluene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0083	1,3-Dichlorobenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0087	Isopropylbenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
8800	n-Propylbenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0090	Tert-Bulylbenzene	ND	0.5	0.5	••	ug/L		EPA 524.3 /ANATEK
0097	Hexachlorobutadiene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0098	1,2,3-Trichlorobenzene	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0427	EDB (screening)	ND	0.5	0.5		ug/L		EPA 524.3 /ANATEK
0428	DBCP (screening)	ND	0.5	0.5		ug/L	* **	EPA 524.3 /ANATEK

#### NOTES:

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

-No existing trigger or MCL. Analysis for EDB and DBCP is screening only. Detections of EDB and DBCP are confirmed using the fumigant test panel.

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.

**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.

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

Comments:

**Reveiwed By:** 



Arsenic Report of Analysis

Date Collected: 09/09/22	System Group Type: Z A D B D Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
LabSample No: 06615318	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: 9/ 9/22 Date Analyzed: 9/12/22 Date Reported: 9/22/22 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: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

#### ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0062	0.0001	0.01	0.01	mg/l		EPA 200.8 /AY

NOTES:

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

ANALYTE: The name of the analyte being tested for.

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

DOH#: Department assigned analyte number.

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

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

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

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

RESULT: The laboratory reported result.

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

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

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

Lab Comments:

SF **Reveiwed By:** 



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:					
09/09/2022	Collected	M N							
Month Day Year	8:45	🗆 PN	M	SNOHOMISH					
Type of Water System (check c	only one box)								
Group A Public Private Household									
Group B Public Other:									
Group A and Group B Systems		ater ⊢acilitie	es Inv	ventory (WEI):					
ID#	28300Y								
System Name: CITY OF	GOLD BA	٩R							
Contact Person: RICHARD BAKER									
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935					
Eve. Phone: 425 238 19	935	FAX:							
Send results to: (Print full name	, address and zi	ip code)							
City of Gold Bar									
RICHARD BAKER 107 5th St									
Gold Bar, Wa, 98251									
SA	MPLE INFO	RMATIO	N						
Sample collected by (name):	RICHARD E	BAKER							
Specific location where sample	collected:								
40121 145TH PL SE	SAMPLE	STATIC	N						
Project Name or Comments:			~						
Type of Sample (select only o	ne type of samp	ole from type	es 1	through 5 below)					
1. I Routine Distribution Sample	9	2. D Repea		<b>nple</b> (after unsat. routine) System					
Chlorinated: ☑ Yes □ No Chlorina: Total 0.51 mg/l Free 0.4	<b>2</b> ma/l	Source	e Gro	oundwater Rule (GWR) of 1,000 or less)					
Chlorine: Total 0.51 mg/l Free 0.4 3. Ground Water Rule Source San				utine lab number:					
		Unsatisfactory routine collect date:							
Triggered (A/P)		// Chbrinated: Yes No							
Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: TotalFree							
4. Surface or GWI Raw Water Samp	e (Enumeration)								
🗆 E. coli 🗖 Fecal	Filtered Yes_	_ No		S					
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	D Other							
	KING WATER	RESULTS	S	LAB USE ONLY					
Unsatisfactory			Б	2 Satisfactory					
Total Coliform Present and		1							
12 m	E. coli absen	it							
Sample not tested because	urrea	Test unsui	table	because:					
Sample too old (>30 hours)		TNTC							
□ Improper Container □		□ Turbid □	Cultu	Ire					
Bacterial Density Results:									
Plate Count / ml.		E.coli	11	100 ml.					
Total Coliform <1 /100 ml		Fecal Co	oliforn	n / <b>100 ml.</b>					
Method Code: SM 9222B			Date	e Received: 9/ 9/2022					
Date Analyzed: 9/ 9/2022, 14:	45		Date	e Reported: 9/10/22					
066-04859			Lab	Use Only:					
Sample Number (DOH number plus five d	ligits)								



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
09/09/2022	Collected	⊠ AN □ PN				
Month Day Year	7:45		/1	SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☑ Group B Public		□ Private H □ Other:				
Group A and Group B Systems						
		ater i aciiitie	5 111	entory (writ).		
ID#	28300Y					
System Name: CITY OF	GOLD BA	٨R				
Contact Person: RICHAF	RD BAKER					
Day Phone: 360-793-1101 Cell Ph			ne:	425 238 1935		
Eve. Phone: 425 238 19	935	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:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
1. 2 Routine Distribution Sample	•	2. D Repea		nple (after unsat. routine) System		
Chlorinated: ☑ Yes  ☐ No Chlorine: Total <b>0.24</b> mg/l Free <b>0.21</b> mg/l		Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Ground Water Rule Source Sample Unsatis			ory rou	utine lab number:		
<u> _S_  </u>						
Triggered (A/P)		Unsatisfacto	ry rou	tine collect date:		
Assessment (A/P)		///	/ d: Yes No			
		Chlorine Res				
4. Surface or GWI Raw Water Samp	le (Enumeration)					
E. coli E Fecal	Filtered Yes	_ No		S		
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	D Other				
LAB USE ONLY DRINK	KING WATER	RESULTS	;	LAB USE ONLY		
□ Unsatisfactory Total Coliform Present <b>and</b>			Þ	2 Satisfactory		
	E. coli absen	t				
Replacement Sample Req     Sample not tested because	uired	Test unsuit	able	because:		
□ Sample too old (>30 hours)				booddoo.		
□ Improper Container		□ Turbid □	Cultu	ire		
Density Results		ш				
Bacterial Density Results: Plate Count / ml.		E.coli	/1	00 ml.		
Total Coliform <1 /100 ml		Fecal Co	liform	n /100 ml.		
Method Code: SM 9222B			Date	Received: 9/ 9/2022		
Date Analyzed: 9/ 9/2022, 14:	45		Date	Reported: 9/10/22		
066-04857 Sample Number (DOH number plus five d	igits)		Lab	Use Only:		



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:			
<b>09/09/2022</b> Month Day Year	Collected	⊠ AN □ PN					
wonth Day fear	8:00		VI	SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☑ Group B Public		□ Private H □ Other:					
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WFI):			
וח#	28300Y						
	GOLD BA	٨R					
Contact Person: RICHAF	RD BAKER						
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935			
Eve. Phone: 425 238 19	935	FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected:							
40721 MAY CREEK RD SAMPLE STATION							
Project Name or Comments:	no hano of come	la fuana funa	1 +	harveh E halavy)			
Type of Sample (select only o				с ,			
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes  ☐ No Chlorine: Total 0.33 mg/l Free 0.28 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 San				utine lab number:			
	-						
Triggered (A/P)		Unsatisfactory routine collect date:					
Assessment (A/P)		// Chlorinated: Yes No					
			Chlorine Resid: Total Free				
4. Surface or GWI Raw Water Samp							
	Filtered Yes	_ No		\$			
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	Other					
LAB USE ONLY DRINK	KING WATER	RESULTS	3	LAB USE ONLY			
□ Unsatisfactory Total Coliform Present <b>and</b> 			Þ	3 Satisfactory			
12 m	E. coli absen	it					
Carbon Content Sample Required Sample not tested because Test unsuitable because:							
Sample too old (>30 hours)							
□ Improper Container □		□ Turbid • □	Cultu	re			
Bacterial Density Results:							
Plate Count / ml.		E.coli	/1	00 ml.			
Total Coliform <1 /100 ml		Fecal Co	liforn	n <b>/100 ml.</b>			
Method Code: SM 9222B			Date	Received: 9/ 9/2022			
Date Analyzed: 9/ 9/2022, 14:	45		Date	Reported: 9/10/22			
066-04858 Sample Number (DOH number plus five d	ligits)		Lab	Use Only:			



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
10/14/2022	Collected					
Month Day Year	6:50		M	SNOHOMISH		
Type of Water System (check o	only one box)					
🗹 Group A Public		Private Household				
Group B Public		□ Other: _				
Group A and Group B Systems	Provide from W	ater Facilitie	es In	ventory (WFI):		
ID#	28300Y					
	GOLD BA	٨R				
Contact Person: RICHAF	RD BAKER					
Day Phone: 360-793-11	Day Phone: 360-793-1101 Cell Pho			425 238 1935		
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name	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 E	BAKER				
Specific location where sample						
	40507 SR2 SAMPLE STATION					
Project Name or Comments: <b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)						
1. ☑ Routine Distribution Sample	•	2. LI Repea		<b>nple</b> (after unsat. routine) System		
Chlorinated: Ø Yes  □ No Chlorine: Total <b>0.31</b> mg/l Free <b>0.22</b> mg/l		Source	ce Gro	oundwater Rule (GWR) of 1,000 or less)		
				utine lab number:		
	iipio	onodioidot	01310			
		Unsatisfactory routine collect date:				
Triggered (A/P)		/				
Assessment (A/P)		// Chbrinated: Yes No Chbrine Resid: Total Free				
4. Surface or GWI Raw Water Samp	le (Enumeration)					
E. coli E Fecal	Filtered Yes	_ No		S		
5. □ Sample Collected for Informatio □ Construction □ Repairs □	on Only Private Residence	□ Other				
	KING WATER		s	LAB USE ONLY		
Unsatisfactory			- E	☑ Satisfactory		
Total Coliform Present and						
	E. coli absen	t				
Replacement Sample Req     Sample not tested because	uired	Test unsui	itabla	hacquisa:		
Sample not tested because Sample too old (>30 hours)			lable	Decause.		
Improper Container     Turbi			Turbid Culture			
□						
Bacterial Density Results: Plate Count / ml.		E.coli	14	100 ml.		
Total Coliform <1 /100 ml		Fecal Co				
Method Code: SM 9222B				e Received: 10/14/2022		
Date Analyzed: 10/14/2022, 13	:45			e Reported: 10/15/22		
066-05591	10.4 ×= 8094			Use Only:		
Sample Number (DOH number plus five d	igits)		Lub	eee onij.		



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 10/14/2022	Time Sample Collected	M 🗹	County:			
Month Day Year	10:25		SNOHOMISH			
Type of Water System (check o ☑ Group A Public □ Group B Public		□ Private Ho □ Other:				
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):			
ID#	28300Y					
System Name: CITY OF	F GOLD BA	٨R				
Contact Person: RICHAF		A.V. 100				
Day Phone: 360-793-11	Day Phone: 360-793-1101 Cell Phone: 425 238 1935					
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: 715 CROFT AVE W SAMPLE STATION						
Project Name or Comments:		. I <b>6</b>	A through C halows			
Type of Sample (select only of 1. ☑ Routine Distribution Sample)			Sample (after unsat. routine)			
Chlorinated: ☑ Yes □ No Chlorine: Total 0.69 mg/l Free 0.5		Instribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)				
3. Ground Water Rule Source Sample Unsatisfactory routine lab number:						
S		Unsatisfactory routine collect date:				
Triggered (A/P)						
Assessment (A/P)		Chlorinated: Yo Chlorine Resid	es No			
4. Surface or GWI Raw Water Samp	4. Surface or GWI Raw Water Sample (Enumeration)					
E. coli E Fecal	Filtered Yes	_ No	_S_			
5. □ Sample Collected for Informati □ Construction □ Repairs □	on Only Private Residence	Other				
LAB USE ONLY DRIN	KING WATER	RESULTS	LAB USE ONLY			
Unsatisfactory Total Coliform Present and E. coli present	□ E. coli absen	.+	☑ Satisfactory			
Replacement Sample Req		IL				
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 /100 m		Fecal Colif	2000/000 20 00 000/000 000/000000000000			
Method Code: SM 9222B	N 45		ate Received: 10/14/2022			
Date Analyzed: 10/14/2022, 13	3:45		ate Reported: 10/15/22			
066-05592 Sample Number (DOH number plus five c	ligits)		ab Use Only:			
DOH Form #331 319 (rovised 02/16)						



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
10/14/2022 Mapth Dou Yoor	Collected 6:10	NA ₪ 19 ₪				
Month Day Year	0.10		VI	SNOHOMISH		
Type of Water System (check of			T			
Group A Public Group B Public			Private Household Other:			
Group A and Group B Systems						
			C3 111	ventory (vvr i).		
ID#	28300Y					
System Name: CITY OF	GOLD BA	١R				
Contact Person: RICHAF	RD BAKER					
Day Phone: 360-793-11	Day Phone: 360-793-1101 Cell Pho			425 238 1935		
Eve. Phone: 425 238 19	935	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						
SAVAN BELLINEN ST. 10.9 Avennen Gebruiken Status						
Sample collected by (name): Specific location where sample		DANEN				
	102 5TH STREET					
Project Name or Comments:						
Type of Sample (select only o	ne type of samp	ole from typ	es 1	through 5 below)		
1. I Routine Distribution Sample						
Chlorinated: 🗹 Yes 🗖 No		Distrit		System oundwater Rule (GWR)		
Chlorine: Total 0.70 mg/l Free 0.62 mg/l				of 1,000 or less)		
3. Ground Water Rule Source San	nple	Unsatisfact	ory ro	utine lab number:		
S		<u></u>		Constant and a last set		
Triggered (A/P)			ctory routine collect date:			
Assessment (A/P)		/_ Chlorinated:	// ated: Yes No			
		Chlorine Res				
4. Surface or GWI Raw Water Samp	ble (Enumeration)					
E. coli E Fecal	Filtered Yes	_ No		S		
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	Other				
LAB USE ONLY DRINK	KING WATER	RESULT	S	LAB USE ONLY		
Unsatisfactory			Б	☑ Satisfactory		
Total Coliform Present <b>and</b>						
E. coli present	E. coli absen	IL				
Sample not tested because	uneu	Test unsui	itable	because:		
□ Sample too old (>30 hours)						
□ Improper Container □	er 🗆 Turbio			lite		
Bacterial Density Results:				1		
Plate Count / ml.		E.coli	11	100 ml.		
Total Coliform <1 /100 ml	Ι.	Fecal Co	oliforr	m /100 ml.		
Method Code: SM 9222B			Date	e Received: 10/14/2022		
Date Analyzed: 10/14/2022, 13	3:45		Date	e Reported: 10/15/22		
066-05593			Lab	Use Only:		
Sample Number (DOH number plus five d	ligits)					



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
11/04/2022	Collected	🗹 AN	N	,		
Month Day Year	7:00	D PN	N	SNOHOMISH		
Type of Water System (check of						
Group A Public		Private H		ehold		
Group B Public		Other:				
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WFI):		
ID#	28300Y					
System Name: CITY OF	F GOLD BA	٨R				
Contact Person: RICHAF	RD BAKER					
Day Phone: 360-793-1101 Cell Pho			ne:	425 238 1935		
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name	Send results to: (Print full name, address and zip code)					
City of Gold Bar						
RICHARD BAKER						
107 5th St	Devision Concerned and Concerned					
Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
803 ORCHARD SAMPLE STATION						
Project Name or Comments:	ne tino of com	ala from tur	oo 1 i	brough 5 holow)		
Type of Sample (select only o           1. ☑ Routine Distribution Sample				· ,		
		Distribution	oution			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.79</b> mg/l Free <b>0.75</b> mg/l		Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Ground Water Rule Source Sample Unsatis			ory roi	utine lab number:		
_S_						
□ Triggered (A/P)		Unsatisfactory routine collect date:				
Assessment (A/P)		// Chlorinated: Yes No				
		Chlorine Res	sid: To	otalFree		
4. Surface or GWI Raw Water Samp						
E. coli Fecal	Filtered Yes	_ No		\$		
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	Other				
LAB USE ONLY DRINK	KING WATER	RESULTS	3	LAB USE ONLY		
Unsatisfactory			Б	2 Satisfactory		
Total Coliform Present <b>and</b>	E. coli absen	.+				
Replacement Sample Req						
Sample not tested because	uncu	Test unsui	table	because:		
□ Sample too old (>30 hours)						
□ Improper Container □		□ Turbid □	Cultu	ire		
Bacterial Density Results:	,					
Plate Count / ml.		E.coli	/1	00 ml.		
Total Coliform <1 /100 ml		Fecal Co	oliforn	n <b>/100 ml.</b>		
Method Code: SM 9222B			Date	Received: 11/ 4/2022		
Date Analyzed: 11/ 4/2022, 13:	:45		Date	Reported: 11/ 5/22		
066-05938			Lab	Use Only:		
Sample Number (DOH number plus five d	ligits)					



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
11/04/2022	Collected	🗹 AN	N	,		
Month Day Year	6:40	D PN	N	SNOHOMISH		
Type of Water System (check o						
Group A Public Group B Public		□ Private ⊢ □ Other:		hold		
-						
Group A and Group B Systems		ater Facilitie	es mv	entory (WFI).		
ID#	28300Y					
System Name: CITY OF	GOLD BA	٨R				
Contact Person: RICHAR	RD BAKER					
Day Phone: 360-793-1101 Cell Ph			ne:	425 238 1935		
Eve. Phone: 425 238 19	935	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						
auki keturia a 'u a kuanan wulatakata a na ka ka na kuanan ku na kuanan ka na kuanan ka na kuanan kuana kua						
Sample collected by (name): RICHARD BAKER Specific location where sample collected:						
107 5TH ST						
Project Name or Comments:						
Type of Sample (select only o	ne type of samp	ole from type	es 1 t	hrough 5 below)		
1. I Routine Distribution Sample	1. I Routine Distribution Sample       2. I Repeat Sample (after unsat. routine)					
Chlorinated: 🗹 Yes 🗖 No		Distrib		System undwater Rule (GWR)		
			(Population of 1,000 or less)			
3. Ground Water Rule Source San	nple	Unsatisfacto	ory rol	utine lab number:		
_S_		Unsatisfacto	ny rou	tine collect date:		
Triggered (A/P)						
Assessment (A/P)		/No Chbrinated: Yes No Chbrine Resid: Total Free				
4. Surface or GWI Raw Water Samp	b (Enumeration)	Chlorine Res	sid: I c	otalFree		
E. coli     Fecal	Filtered Yes	No		S		
5.  Sample Collected for Information	augesterer statemater and state to					
□ Construction □ Repairs □	Private Residence					
	KING WATER	RESULTS	<u> </u>	LAB USE ONLY		
Unsatisfactory Total Coliform Present and				3 Satisfactory		
	E. coli absen	t				
Replacement Sample Req	uired					
Sample not tested because Test unsuitable because:				because:		
□ Sample too old (>30 hours) □ Improper Container			Cultu	re		
Bacterial Density Results:						
Plate Count / ml.		E.coli		00 ml.		
Total Coliform <1 /100 ml		Fecal Co				
Method Code: SM 9222B	15			Received: 11/ 4/2022		
Date Analyzed: 11/ 4/2022, 13:	45			Reported: 11/5/22		
066-05939 Sample Number (DOH number plus five d	igits)		Lab	Use Only:		



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample Collected	⊠ AN	1	County:		
<b>11/04/2022</b> Month Day Year	7:35			SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☑ Group B Public		□ Private H □ Other:				
Group A and Group B Systems	Provide from W	ater Facilitie	s Inve	entory (WFI):		
ID#	28300Y					
System Name: CITY OF	GOLD BA	R				
Contact Person: RICHAF						
Day Phone: 360-793-1101 Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: 508 1ST AVE W SAMPLE STATION						
Project Name or Comments:			14			
Type of Sample (select only o						
1. I Routine Distribution Sample Chlorinated: I Yes I No Chlorine: Total 0.89 mg/l Free 0.8	C      C      Repeat Sample (after unsat. routine)     Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)					
3. Ground Water Rule Source Sample Unsatisfactory routine lab number:				ine lab number:		
S						
□ Triggered (A/P)		Unsatisfactory routine collect date:				
Assessment (A/P)		/ Chlorinated: ` Chlorine Resi		No		
4. Surface or GWI Raw Water Sample (Enumeration)						
E. coli Efecal	Filtered Yes_	_ No		<u></u>		
5. □ Sample Collected for Informati □ Construction □ Repairs □	on Only Private Residence	D Other				
LAB USE ONLY DRIN	KING WATER	RESULTS	:	LAB USE ONLY		
Unsatisfactory Total Coliform Present and			N	Satisfactory		
E. coli present	E. coli abser	t				
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	/10	0 ml.		
	< 1 /100 ml. Fecal Coliform			/100 ml.		
Method Code: SM 9222B	15			Received: 11/ 4/2022		
Date Analyzed: 11/ 4/2022, 13				Date Reported: 11/ 5/22		
<b>066-05940</b> Sample Number (DOH number plus five o	ligits)		Lab U	lse Only:		
DOH Form #331 310 (rovisod 02/16)						



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:			
12/06/2022	Collected						
Month Day Year	8:20	D PN	VI	SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☑ Group B Public		Private H Other:					
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WFI):			
#חו	28300Y						
	GOLD BA	٨R					
Contact Person: RICHAR	RD BAKER						
Day Phone: 360-793-11	01	Cell Pho	ne:	425 238 1935			
Eve. Phone: 425 238 19	935	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): RICH NORRIS							
Specific location where sample collected:							
40121 145TH PL SE SAMPLE STATION							
Project Name or Comments: Type of Sample (select only o	ne type of same	ole from type	es 1 f	through 5 below)			
1. ☑ Routine Distribution Sample				nlough o below)			
Chbrinated: ☑ Yes □ No Chbrine: Total <b>0.78</b> mg/l Free <b>0.7</b>	201 DX	Distrib	oution æ Gro				
3. Ground Water Rule Source San	Unsatisfacto	ory rol	utine lab number:				
_\$_				tine collect data:			
□ Triggered (A/P)		Unsatisfactory routine collect date:					
Assessment (A/P)		// Chlorinated: Yes No Chlorine Resid: Total Free					
4. Surface or GWI Raw Water Samp	le (Enumeration)	CHDINE Res	siu. re				
E. coli 🛛 Fecal	Filtered Yes	_ No		_S_			
5. □ Sample Collected for Informatio □ Construction □ Repairs □	on Only Private Residence	D Other					
LAB USE ONLY DRINK	KING WATER	RESULTS	3	LAB USE ONLY			
□ Unsatisfactory Total Coliform Present <b>and</b>			Þ	☑ Satisfactory			
	E. coli absen	ıt					
Replacement Sample Req     Sample not tested because	uired	Test unsuit	table	because:			
□ Sample too old (>30 hours)			0.11				
□ Improper Container □		□ Turbid □	Cultu	Ire			
Bacterial Density Results:							
Plate Count / ml.		E.coli		00 ml.			
Total Coliform < 1 /100 ml		Fecal Co					
Method Code: SM 9222B				Received: 12/ 7/2022			
Date Analyzed: 12/ 7/2022, 12:	00			Reported: 12/ 8/22			
066-06450 Sample Number (DOH number plus five d	igits)		Lab	Use Only:			



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
12/06/2022	Collected					
Month Day Year	7:50	D PN	/1	SNOHOMISH		
Type of Water System (check o				لماما		
Group A Public Group B Public		☐ Private H ☐ Other:		noia		
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WFI):		
#חו	28300Y					
	GOLD BA	D				
Contact Person: RICHAR	10000 AND 10 120 M 10 100					
		Coll Dha	no:	425 238 1935		
			ne.	423 230 1933		
Eve. Phone: 425 238 19		FAX:				
a concernant particulation and particulation participation of	Send results to: (Print full name, address and zip code) City of Gold Bar					
RICHARD BAKER						
107 5th St						
Gold Bar, Wa, 98251						
SA	SAMPLE INFORMATION					
Sample collected by (name): RICH NORRIS						
Specific location where sample	Specific location where sample collected:					
LOT 22 EVERGREEN WAY SAMPLE STATION						
Project Name or Comments:		1 6 1				
Type of Sample (select only o				, ,		
1. ☑ Routine Distribution Sample	)	Distrib	ution			
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.77</b> mg/l Free <b>0.71</b> mg/l		Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Ground Water Rule Source San	Unsatisfacto	ory rou	utine lab number:			
_S_						
□ Triggered (A/P)		Unsatisfactory routine collect date:				
Assessment (A/P)		/No				
		Chlorine Res	id: Tc	otal Free		
<ol> <li>Surface or GWI Raw Water Samp</li> <li>□ E. coli</li> <li>□ Fecal</li> </ol>	le (Enumeration) Filtered Yes	No				
E. coli Eecal 5. Sample Collected for Information	evantoe constantes incontain	_ No		S		
Construction Repairs	Private Residence	□ Other				
LAB USE ONLY DRINK	KING WATER	RESULTS	;	LAB USE ONLY		
Unsatisfactory     Total Coliform Present and				<sup>1</sup> Satisfactory		
	E. coli absen	t				
Replacement Sample Req	uired					
Sample not tested because $\Box$ Sample too old (>30 bours)		Test unsuit	able	because:		
		Turbid Culture				
		□		_		
Bacterial Density Results: Plate Count / ml.		E coli	И	00 ml.		
Total Coliform <1 /100 ml		E.coli Fecal Col				
Method Code: SM 9222B	•			Received: 12/ 7/2022		
Date Analyzed: 12/ 7/2022, 12:	:00			Reported: 12/ 8/22		
066-06451				Use Only:		
Sample Number (DOH number plus five d	igits)		Lau	ooo oniy.		



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:			
12/06/2022	Collected	1 AN	0000				
Month Day Year	8:10	🗆 PN	N	SNOHOMISH			
Type of Water System (check o	only one box)						
Group A Public		Private H					
Group B Public		Other:					
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	ventory (WFI):			
ID#	28300Y						
System Name: CITY OF	GOLD BA	٨R					
Contact Person: RICHAR	RD BAKER						
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	, address and zi	ip code)					
City of Gold Bar							
RICHARD BAKER							
107 5th St Gold Bar, Wa, 98251							
SAMPLE INFORMATION							
Sample collected by (name): RICH NORRIS							
Specific location where sample collected:							
40721 MAY CREEK RD SAMPLE STATION							
Project Name or Comments:							
Type of Sample (select only o	<b>ne</b> type of samp	ole from type	es 1	through 5 below)			
1. 🗹 Routine Distribution Sample	)			nple (after unsat. routine)			
Chlorinated: 🗹 Yes 🗖 No		Distrib		System oundwater Rule (GWR)			
Chlorine: Total 0.66 mg/l Free 0.6	(Population of 1,000 or less)						
3. Ground Water Rule Source San	nple	Unsatisfacto	ory ro	utine lab number:			
<u> _\$_  </u>		Uncatisfacto					
Triggered (A/P)		Unsatisfactory routine collect date:					
Assessment (A/P)		// Chlorinated: Yes No					
		Chlorine Res	Chlorine Resid: Total Free				
4. Surface or GWI Raw Water Samp							
	Filtered Yes	_ No		<u> _\$_  </u>			
5. □ Sample Collected for Information □ Construction □ Repairs □	on Unly Private Residence	C Other					
LAB USE ONLY DRINK	KING WATER	RESULTS	3	LAB USE ONLY			
□ Unsatisfactory Total Coliform Present <b>and</b>			Þ	☑ Satisfactory			
	E. coli absen	ıt					
Replacement Sample Req							
Sample not tested because		Test unsui	table	because:			
□ Sample too old (>30 hours) □ Improper Container			Cult	10			
□ Improper Container □ Turbid Culture □							
Bacterial Density Results:							
Plate Count / ml.		E.coli	11	100 ml.			
Total Coliform <1 /100 ml		Fecal Co	oliforr	m /100 ml.			
Method Code: SM 9222B			Date	e Received: 12/ 7/2022			
Date Analyzed: 12/ 7/2022, 12:	.00		Date	e Reported: 12/ 8/22			
066-06452			Lab	Use Only:			
Sample Number (DOH number plus five d	igits)						

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



### Arsenic Report of Analysis

Date Collected: 12/28/22	System Group Type: Ø A 🗆 B 🗆 Other:					
Water System ID Number: 28300Y	System Name: City of Gold Bar					
LabSample No: 06622064	County: Snohomish					
Sample Location: TANK ROC D	Source Number(s): S04/S03					
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) □ Confirmation (confirmation of chemical result) □ Investigative (does not satisfy monitoring requirements) □ Other (specify)	Date Received:12/28/22Date Analyzed:12/28/22Date Reported:1/11/23Comments:1/11/23					
Sample Composition: (Check Appropriate Box)         □ Single Source         ☑ Blended (List Multiple Source Numbers in Source Nos. field)         □ Composite (Specify in Comments Field)         □ Distribution Sample	Sample Type: (Check One)  Pre-Treatment/Raw Post-Treatment/Finished Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935					
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251					

#### ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0064	0.0001	0.01	0.01	mg/l		EPA 200.8 /CM

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.

D-Sur

Seth Farb AmTest Inc.

Report To: City of GolD BarBill To:Address:Address:107 5th St.SameCity: GolD BorState: Wa. Zip: 98257City: GolD BorState: Wa. Zip: 98257										
107 5 <sup>th</sup> 5t. City: Golp Bor State: wa. Zip: 98257 City: State: Zip:										
107 5th st.SameCity: Golp BorState: wa. Zip: 98257City:State: Zip:										
	Conference and the second s									
	514 997.									
Phone: 4125-238-1935 SEND REPORT BY:	SEND REPORT BY:									
Email: r. balter@cityofGolDBar. LS MAIL WEB XEM	/IAIL									
Sampling Information REQUIRED										
1. Investigative Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)										
2. Date Collected: 12-28-22 Time Collected: 5:00 Am AM 🕅 PI										
3. Collected By: 12, chard Balter Telephone: 425-238-1935										
4. Specific Location where sample was taken: tank Roco										
Water System Information REQUIRED										
5. System Name: $Ci + O + Go   D   B = r$ System ID #: 2 \$ 3 $co y$										
6. DOH Source #: 304/503 Check here if this is a New Source (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)										
7. Group: $X \land \Box B$ 8. County: $540$ .										
9. Source Type: Surface Well/Ground Water Well Field Spring Purchased										
10. Sample Taken: Before Treatment After Treatment No Treatment In Distribution										
11. Treatment Type: None Aeration Filtration Chlorination Softener Other:										
Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS           Organic Compounds         Inorganic Compounds         OTHER ANALYSIS, Please List:										
524.2 - VOC Complete Inorganics (IOC)										
552.2 - Haloacetic Acids (HAA) Plumbing 524.2 - Trihalomethanes (THM) X Arsenic										
Nitrates in Drinking Water										
Synthetic Organic Compounds (SOC) Snohomish County List	x									
525 - Insecticides/Pesticides 531 - Carbamates										
Relinquished By         Date         Time         Received By         Date	Time									
	1045									
Anthel Both 12-28-22 10:45 KL 12/28/	64 1010									
*** FOR LABORATORY USE ONLY*** YES NO	N/A									
***FOR LABORATORY USE ONLY***     YES     NO       SAMPLE TEMP.     15,0 °C SATISFACTORY     □     □       CHAIN OF CUSTODY & LABELS AGREE     □     □										
***FOR LABORATORY USE ONLY***     YES     NO       SAMPLE TEMP.     5,0 °C SATISFACTORY     □     □										

\*\*\*Helpful Hints to fill out form on reverse\*\*\*