



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/14/2022 Month Day Year	Time Sample Collected 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH	
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER			
Day Phone: 360-793-1101	Cell Phone: 425 238 1935		
Eve. Phone: 425 238 1935	FAX:		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251			
SAMPLE INFORMATION			
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 only one type of sample from types 1 through 5 below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.57 mg/l Free 0.52 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)		
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _			
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____			Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.			
Method Code: SM 9222B		Date Received: 1/14/2022	
Date Analyzed: 1/14/2022, 12:15		Date Reported: 1/15/22	
066-00242 Sample Number (DOH number plus five digits)		Lab Use Only:	



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/14/2022 Month Day Year	Time Sample Collected 6:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 102 5TH STREET		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.60 mg/l Free 0.49 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 1/14/2022
Date Analyzed: 1/14/2022, 12:15		Date Reported: 1/15/22
066-00243 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/14/2022 Month Day Year	Time Sample Collected 7:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2 SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.57 mg/l Free 0.48 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ____ No ____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count ____ / ml. E.coli ____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform ____ /100 ml.		
Method Code: SM 9222B		Date Received: 1/14/2022
Date Analyzed: 1/14/2022, 12:15		Date Reported: 1/15/22
066-00244 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 Month Day Year	Time Sample Collected 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD 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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.48 mg/l Free 0.44 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 2/ 4/2022
Date Analyzed: 2/ 4/2022, 13:45		Date Reported: 2/ 5/22
066-00640 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 Month Day Year	Time Sample Collected 9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 107 5TH ST		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.53 mg/l Free 0.44 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 2/ 4/2022
Date Analyzed: 2/ 4/2022, 13:45		Date Reported: 2/ 5/22
066-00641 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH				
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y						
System Name: CITY OF GOLD BAR						
Contact Person: RICHARD BAKER						
Day Phone: 360-793-1101	Cell Phone: 425 238 1935					
Eve. Phone: 425 238 1935	FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: 803 ORCHARD SAMPLE STATION						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.47 mg/l Free 0.30 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</td></tr><tr><td>3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td>Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.47 mg/l Free 0.30 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.47 mg/l Free 0.30 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____					
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S						
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____						
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.						
Method Code: SM 9222B		Date Received: 2/ 4/2022				
Date Analyzed: 2/ 4/2022, 13:45		Date Reported: 2/ 5/22				
066-00642 Sample Number (DOH number plus five digits)		Lab Use Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/04/2022 Month Day Year	Time Sample Collected 10:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH				
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y						
System Name: CITY OF GOLD BAR						
Contact Person: RICHARD BAKER						
Day Phone: 360-793-1101	Cell Phone: 425 238 1935					
Eve. Phone: 425 238 1935	FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: 40721 MAY CREEK RD SAMPLE STATION						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.32 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</td></tr><tr><td>3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td>Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.32 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.32 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____					
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S						
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____						
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____						
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform /100 ml. Fecal Coliform /100 ml.						
Method Code: SM 9223B		Date Received: 3/ 4/2022				
Date Analyzed: 3/ 4/2022, 15:15		Date Reported: 3/ 5/22				
066-01286 Sample Number (DOH number plus five digits)		Lab Use Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/04/2022 Month Day Year	Time Sample Collected 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.34 mg/l Free 0.28 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes ____ No ____ Chlorine Resid: Total ____ Free ____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ____ No ____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count ____ / ml. E.coli ____ /100 ml. Total Coliform ____ /100 ml. Fecal Coliform ____ /100 ml.		
Method Code: SM 9223B		Date Received: 3/ 4/2022
Date Analyzed: 3/ 4/2022, 15:15		Date Reported: 3/ 5/22
066-01287 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/04/2022 Month Day Year	Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, WA, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40121 145TH PL SE SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.82 mg/l Free 0.70 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9223B		Date Received: 3/ 4/2022
Date Analyzed: 3/ 4/2022, 15:15		Date Reported: 3/ 5/22
066-01285 Sample Number (DOH number plus five digits)		Lab Use Only:

Arsenic

Report of Analysis

Date Collected: 03/04/22	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--02991	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 3/ 4/22 Date Analyzed: 3/10/22 Date Reported: 3/11/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0060	0.0001	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:

Reviewed By:

MAR 28 2022

2



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/08/2022 Month Day Year	Time Sample Collected 6:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 102 5TH STREET		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.70 mg/l Free 0.65 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 4/ 8/2022
Date Analyzed: 4/ 8/2022, 14:00		Date Reported: 4/ 9/22
066-01996 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/08/2022 Month Day Year	Time Sample Collected 7:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.73 mg/l Free 0.68 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 4/ 8/2022
Date Analyzed: 4/ 8/2022, 14:00		Date Reported: 4/ 9/22
066-01997 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/08/2022 Month Day Year	Time Sample Collected 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2 SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.46 mg/l Free 0.37 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 4/ 8/2022
Date Analyzed: 4/ 8/2022, 14:00		Date Reported: 4/ 9/22
066-01998 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2022 Month Day Year	Time Sample Collected 7:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH				
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y						
System Name: CITY OF GOLD BAR						
Contact Person: RICHARD BAKER						
Day Phone: 360-793-1101	Cell Phone: 425 238 1935					
Eve. Phone: 425 238 1935	FAX:					
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251						
SAMPLE INFORMATION						
Sample collected by (name): RICHARD BAKER						
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)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.69 mg/l Free 0.67 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</td></tr><tr><td>3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td>Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.69 mg/l Free 0.67 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.69 mg/l Free 0.67 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____					
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ <u> </u> S <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>						
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.						
Method Code: SM 9222B		Date Received: 5/ 5/2022				
Date Analyzed: 5/ 5/2022, 14:00		Date Reported: 5/ 6/22				
066-02541 Sample Number (DOH number plus five digits)		Lab Use Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2022 Month Day Year	Time Sample Collected 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD 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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.65 mg/l Free 0.62 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 5/ 5/2022
Date Analyzed: 5/ 5/2022, 14:00		Date Reported: 5/ 6/22
066-02542 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2022 Month Day Year	Time Sample Collected 7:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 107 5TH ST		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.67 mg/l Free 0.63 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ S _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: _ / _ / _ Chlorinated: Yes _ No _ Chlorine Resid: Total _ Free _	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _ No _ _ S _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 5/ 5/2022
Date Analyzed: 5/ 5/2022, 14:00		Date Reported: 5/ 6/22
066-02543 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/03/2022 Month Day Year	Time Sample Collected 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40721 MAY CREEK RD SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.37 mg/l Free 0.32 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E. coli /100 ml. Total Coliform /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9223B		Date Received: 6/ 3/2022
Date Analyzed: 6/ 3/2022, 13:00		Date Reported: 6/ 5/22
066-03062 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/03/2022 Month Day Year	Time Sample Collected 8:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40121 145TH PL SE SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.99 mg/l Free 0.80 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /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 digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/03/2022 Month Day Year	Time Sample Collected 7:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.55 mg/l Free 0.35 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9223B		Date Received: 6/ 3/2022
Date Analyzed: 6/ 3/2022, 13:00		Date Reported: 6/ 5/22
066-03061 Sample Number (DOH number plus five digits)		Lab Use Only:

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Arsenic Report of Analysis

Date Collected: 06/03/22	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 066--09013	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 6/ 3/22 Date Analyzed: 6/13/22 Date Reported: 6/16/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0056	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:

Received By: 

JUL 11 2022 



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/08/2022 Month Day Year	Time Sample Collected 6:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 102 5TH STREET		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.64 mg/l Free 0.61 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 7/ 8/2022
Date Analyzed: 7/ 8/2022, 14:40		Date Reported: 7/ 9/22
066-03742 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/08/2022 Month Day Year	Time Sample Collected 7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.55 mg/l Free 0.50 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 7/ 8/2022
Date Analyzed: 7/ 8/2022, 14:40		Date Reported: 7/ 9/22
066-03744 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 07/08/2022 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2 SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.27 mg/l Free 0.23 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 7/ 8/2022
Date Analyzed: 7/ 8/2022, 14:40		Date Reported: 7/ 9/22
066-03743 Sample Number (DOH number plus five digits)		Lab Use Only:

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Radionuclide Analysis Report

Date Collected: 07/08/22	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab-Sample No: 125--11385	County: Snohomish
Sample Location: 40507 SR2	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 07/08/22 Date Reported: 10/18/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	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.

Reviewed By: SF

AmTest ID:

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Kirkland, WA 98034
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Radionuclide Analysis Report

Date Collected: 07/08/22	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 125--11384	County: Snohomish
Sample Location: 40507 SR2	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 07/08/22 Date Reported: 10/18/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	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 liter or parts per billion.

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

Reviewed By: SF

AmTest ID:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/05/2022 Month Day Year	Time Sample Collected 7:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 107 5TH ST		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.25 mg/l Free 0.22 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 8/ 5/2022
Date Analyzed: 8/ 5/2022, 14:00		Date Reported: 8/ 6/22
066-04278 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/05/2022 Month Day Year	Time Sample Collected 9:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.25 mg/l Free 0.22 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 8/ 5/2022
Date Analyzed: 8/ 5/2022, 14:00		Date Reported: 8/ 6/22
066-04280 Sample Number (DOH number plus five digits)		Lab Use Only:



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/05/2022 Month Day Year	Time Sample Collected 8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 803 ORCHARD SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.23 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 8/ 5/2022
Date Analyzed: 8/ 5/2022, 14:00		Date Reported: 8/ 6/22
066-04279 Sample Number (DOH number plus five digits)		Lab Use Only:

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



Professional
Analytical
Services

Complete Inorganic Chemistry Report of Analysis

Date Collected: 07/15/22	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
Lab--Sample No: 066--11933	County: SNOHOMISH
Sample Location: 715 CROFT AVE W.	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 7/15/22 Date Reported: 8/ 4/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 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		ND	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		ND	0.0003	0.006	0.006	mg/l		7/15/22	EPA 200.8 /AY
0113	Thallium		ND	0.0002	0.002	0.002	mg/l		7/15/22	EPA 200.8 /AY
0116	Total Cyanide		ND	0.005	0.2	0.2	mg/l		7/28/22	SM 4500CN-E99 /MD
0019	Fluoride		ND	0.2	2	4	mg/l		7/15/22	EPA 300.0 /AY
0114	Nitrite		ND	0.1	0.5	1	mg/l		7/15/22	EPA 300.0 /AY
0020	Nitrate		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	SDRL B	TRIGGER T	MCL I	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0008	Iron		0.054	0.03	--	0.3 ¹	mg/l		7/25/22	EPA 200.7 /CM
0010	Manganese		0.0072	0.0003	--	0.05 ¹	mg/l		7/15/22	EPA 200.8 /AY
0013	Silver		ND	0.0002	--	0.1 ¹	mg/l		7/15/22	EPA 200.8 /AY
0021	Chloride		21.	2	--	250 ¹	mg/l		7/25/22	EPA 300.0 /AY
0022	Sulfate		4.7	2	--	250 ¹	mg/l		7/15/22	EPA 300.0 /AY
0024	Zinc		0.0050	0.0005	--	5 ¹	mg/l		7/15/22	EPA 200.8 /AY
0014	Sodium		24.	0.2	--	--	mg/l		7/25/22	EPA 200.7 /CM
0015	Hardness (CaCO ₃)		43.	10	--	--	mg/l		7/25/22	EPA 200.7 calc /CM
0016	Conductivity		220	70	--	700 ¹	umhos/cm		7/18/22	SM 2510B /NO
0017	Turbidity		0.59	0.1	--	--	NTU		7/18/22	EPA 180.1 /NO
0018	Color		ND	15	--	15 ¹	unit		7/18/22	SM 2120 B /NO
0026	Total Dissolved Solids		110	100	--	500 ¹	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	pH	*	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.

¹ -No existing trigger or MCL.

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

ANALYTE: The name of the analyte being tested for.

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

DOH#: Department assigned analyte number.

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

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

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

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

NTU: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

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

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

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

Reviewed By: 

AMTEST

LABORATORIES

Haloacetic Acid (HAA5)

HALOACETIC ACIDS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
Source: S92 (Distribution samples)	County: SNOHOMISH
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 07/15/22 Date Analyzed: 7/20/22 Date Reported: 8/ 4/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 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

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

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

HAA5 RESULTS

Lab Number / Sample Number	Date Collected	Location Where Sample Collected	MCAA (ug/L)	DCAA (ug/L)	TCAA (ug/L)	MBAA (ug/L)	DBAA (ug/L)	HAA5's (ug/L)
066 / 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



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TTHM TEST PANEL
Distribution System - Report of Analysis

TRIHALOMETHANE ANALYSIS	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: CITY OF GOLD BAR
Source: S92 (Distribution samples)	County: SNOHOMISH
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 7/15/22 Date Analyzed: 7/19/22 Date Reported: 8/4/22 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 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 Method / Analyst Initials: EPA 524.2 / NNL

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

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

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	Chloroform	3.0	0.5	--	--	ug/L		EPA 524.3 /ANATEK
0028	Bromodichloromethane	4.5	0.5	--	--	ug/L		EPA 524.3 /ANATEK

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		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-Isopropyltoluene	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
0082	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
0088	n-Propylbenzene	ND	0.5	0.5	--	ug/L		EPA 524.3 /ANATEK
0090	Tert-Butylbenzene	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:

Received By: 

Reviewed By: SP



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 09/09/2022 Month Day Year	Time Sample Collected 8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40121 145TH PL SE SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.51 mg/l Free 0.42 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 9/ 9/2022
Date Analyzed: 9/ 9/2022, 14:45		Date Reported: 9/10/22
066-04859 Sample Number (DOH number plus five digits)		Lab Use Only:



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 09/09/2022 Month Day Year	Time Sample Collected 7:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.21 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 9/ 9/2022
Date Analyzed: 9/ 9/2022, 14:45		Date Reported: 9/10/22
066-04857 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 09/09/2022 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40721 MAY CREEK RD SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.33 mg/l Free 0.28 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 9/ 9/2022
Date Analyzed: 9/ 9/2022, 14:45		Date Reported: 9/10/22
066-04858 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/14/2022 Month Day Year	Time Sample Collected 6:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2 SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.31 mg/l Free 0.22 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/14/2022
Date Analyzed: 10/14/2022, 13:45		Date Reported: 10/15/22
066-05591 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/14/2022 Month Day Year	Time Sample Collected 10:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.69 mg/l Free 0.59 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/14/2022
Date Analyzed: 10/14/2022, 13:45		Date Reported: 10/15/22
066-05592 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/14/2022 Month Day Year	Time Sample Collected 6:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 102 5TH STREET		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.70 mg/l Free 0.62 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 10/14/2022
Date Analyzed: 10/14/2022, 13:45		Date Reported: 10/15/22
066-05593 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/04/2022 Month Day Year	Time Sample Collected 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 803 ORCHARD SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.79 mg/l Free 0.75 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 4/2022
Date Analyzed: 11/ 4/2022, 13:45		Date Reported: 11/ 5/22
066-05938 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/04/2022 Month Day Year	Time Sample Collected 6:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 107 5TH ST		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.86 mg/l Free 0.79 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 4/2022
Date Analyzed: 11/ 4/2022, 13:45		Date Reported: 11/ 5/22
066-05939 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/04/2022 Month Day Year	Time Sample Collected 7:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.89 mg/l Free 0.82 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 11/ 4/2022
Date Analyzed: 11/ 4/2022, 13:45		Date Reported: 11/ 5/22
066-05940 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/06/2022 Month Day Year	Time Sample Collected 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICH NORRIS		
Specific location where sample collected: 40121 145TH PL SE SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.78 mg/l Free 0.75 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 7/2022
Date Analyzed: 12/ 7/2022, 12:00		Date Reported: 12/ 8/22
066-06450 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/06/2022 Month Day Year	Time Sample Collected 7:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICH NORRIS		
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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.77 mg/l Free 0.71 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 7/2022
Date Analyzed: 12/ 7/2022, 12:00		Date Reported: 12/ 8/22
066-06451 Sample Number (DOH number plus five digits)		Lab Use Only:



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/06/2022 Month Day Year	Time Sample Collected 8:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICH NORRIS		
Specific location where sample collected: 40721 MAY CREEK RD SAMPLE STATION		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.66 mg/l Free 0.61 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 7/2022
Date Analyzed: 12/ 7/2022, 12:00		Date Reported: 12/ 8/22
066-06452 Sample Number (DOH number plus five digits)		Lab Use Only:

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



Professional
Analytical
Services

Arsenic Report of Analysis

Date Collected: 12/28/22	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab--Sample No: 066--22064	County: Snohomish
Sample Location: TANK ROC D	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 12/28/22 Date Analyzed: 12/28/22 Date Reported: 1/11/23 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0064	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.

Seth Farb
AmTest Inc.

13600 NE 126th Pl., Suite C
Kirkland, WA 98034
425-885-1664

AMTEST

LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: <i>City of Gold Bar</i>	Bill To:
Address: <i>107 5th St.</i>	Address: <i>same</i>
City: <i>Gold Bar</i> State: <i>wa.</i> Zip: <i>98257</i>	City: State: Zip:
Phone: <i>425-238-1935</i>	SEND REPORT BY:
Email: <i>R.Balter@cityofgoldbar.us</i>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL

Sampling Information REQUIRED	
1. <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)	
2. Date Collected: <i>12-28-22</i>	Time Collected: <i>9:00 Am</i> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
3. Collected By: <i>Richard Balter</i>	Telephone: <i>425-238-1935</i>
4. Specific Location where sample was taken: <i>Tank Road</i>	

Water System Information REQUIRED	
5. System Name: <i>City of Gold Bar</i>	System ID #: <i>28300Y</i>
6. DOH Source #: <i>904/503</i>	<input type="checkbox"/> 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: <input checked="" type="checkbox"/> A <input type="checkbox"/> B	8. County: <i>sho.</i>
9. Source Type: <input type="checkbox"/> Surface <input type="checkbox"/> Well/Ground Water <input checked="" type="checkbox"/> Well Field <input type="checkbox"/> Spring <input type="checkbox"/> Purchased	
10. Sample Taken: <input type="checkbox"/> Before Treatment <input checked="" type="checkbox"/> After Treatment <input type="checkbox"/> No Treatment <input type="checkbox"/> In Distribution	
11. Treatment Type: <input type="checkbox"/> None <input type="checkbox"/> Aeration <input type="checkbox"/> Filtration <input checked="" type="checkbox"/> Chlorination <input type="checkbox"/> Softener <input type="checkbox"/> Other:	

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS					
Organic Compounds		Inorganic Compounds		OTHER ANALYSIS, Please List:	
<input type="checkbox"/> 524.2 - VOC		<input type="checkbox"/> Complete Inorganics (IOC)			
<input type="checkbox"/> 552.2 - Haloacetic Acids (HAA)		<input type="checkbox"/> Plumbing			
<input type="checkbox"/> 524.2 - Trihalomethanes (THM)		<input checked="" type="checkbox"/> Arsenic			
Synthetic Organic Compounds (SOC)		<input type="checkbox"/> Nitrates in Drinking Water			
<input type="checkbox"/> 515 - Herbicides		<input type="checkbox"/> Snohomish County List			
<input type="checkbox"/> 525 - Insecticides/Pesticides		<input type="checkbox"/> 531 - Carbamates			
Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Balter</i>	<i>12-28-22</i>	<i>10:45</i>	<i>KL</i>	<i>12/28/22</i>	<i>1045</i>

FOR LABORATORY USE ONLY				YES	NO	N/A
SAMPLE TEMP. <i>15.0</i> °C SATISFACTORY				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>22064</i>		REQUESTED TAT:		PAYMENT:		
		<input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY				
		<input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS				

Helpful Hints to fill out form on reverse