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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
01/06/2023 Month Day Year	8:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.42** mg/l Free **0.41** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 1/ 6/2023
Date Analyzed: 1/ 6/2023, 13:30	Date Reported: 1/ 7/23
066-00127 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AmTest Laboratories
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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
01/06/2023 Month Day Year	7:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.69** mg/l Free **0.59** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **< 1 /100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9222B	Date Received: 1/ 6/2023
Date Analyzed: 1/ 6/2023, 13:30	Date Reported: 1/ 7/23
066-00128 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
01/06/2023 Month Day Year	6:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.73** mg/l Free **0.69** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 1/ 6/2023
Date Analyzed: 1/ 6/2023, 13:30	Date Reported: 1/ 7/23
066-00129 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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: ☑ A ☐ B ☐ 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) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 12/28/22 Date Analyzed: 12/28/22 Date Reported: 1/11/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0064	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: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: wa. Zip: 98251	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.balter@cityofGoldBar.US	☐ MAIL ☐ WEB ☒ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 12-28-22 Time Collected: 9:00 Am AM ☒ PM ☐
3. Collected By: Richard Balter Telephone: 425-238-1935
4. Specific Location where sample was taken: tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 504/503 ☐ Check here if this is a New Source
   (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B **8.** County: Snoh.
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

Organic Compounds
- ☐ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides
- ☐ 531 - Carbamates

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☒ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
Richard Balter	12-28-22	10:45	KL	12/28/22	1045

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 15.0 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID#	REQUESTED TAT:	PAYMENT:
22064	☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS	

Helpful Hints to fill out form on reverse

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
02/03/2023 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.82** mg/l Free **0.75** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 2/ 3/2023
Date Analyzed: 2/ 3/2023, 14:00	Date Reported: 2/ 4/23
066-00622 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
02/03/2023 Month Day Year	6:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.83** mg/l Free **0.78** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **< 1 /100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9222B	Date Received: 2/ 3/2023
Date Analyzed: 2/ 3/2023, 14:00	Date Reported: 2/ 4/23
066-00623 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
02/03/2023 Month Day Year	8:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.83** mg/l Free **0.82** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 2/ 3/2023
Date Analyzed: 2/ 3/2023, 14:00	Date Reported: 2/ 4/23
066-00624 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/03/2023 Month Day Year	Time Sample Collected 8:20 ☑ AM ☐ PM	County: SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 - SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.68 mg/l Free 0.61 mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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_|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |_S_|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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/ 3/2023
Date Analyzed: 3/ 3/2023, 14:15	Date Reported: 3/ 4/23
066-01145 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
03/03/2023 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 - SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.66 mg/l Free 0.63 mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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_|___|___|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E coli ☐ Fecal Filtered Yes___ No___ |_S_|___|___|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because	Test unsuitable because
☐ Sample too old (>30 hours)	☐ TNTC
☐ Improper Container	☐ Turbid Culture
☐ _____	☐ _____

Bacterial Density Results:

Plate Count **/ ml.**	E.coli **/100 ml.**
Total Coliform **/100 ml.**	Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 3/ 3/2023
Date Analyzed: 3/ 3/2023, 14.15	Date Reported: 3/ 4/23
066-01144 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
03/03/2023 Month Day Year	7:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 - SS

Project Name or Comments:

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

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.70 mg/l Free 0.68 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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_|___|___|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |_S_|___|___|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because
☐ TNTC
☐ Turbid Culture
☐ _____

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/ 3/2023
Date Analyzed: 3/ 3/2023, 14.15	Date Reported: 3/ 4/23
066-01143 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

AMTEST LABORATORIES

Professional Analytical Services

Volatile Organic Compounds

Report of Analysis

Date Collected: 03/24/23	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Lab Number: 125 - 05481	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S03,S04
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 3/24/23 Date Analyzed: 3/31/23 Date Reported: 4/12/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH #	ANALYTE	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	1.1	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	ND	0.5	- -	- -	ug/L		EPA 524.3 /ANATEK
0028	Bromodichloromethane	ND	0.5	- -	- -	ug/L		EPA 524.3 /ANATEK
0029	Chlorodibromomethane	ND	0.5	- -	- -	ug/L		EPA 524.3 /ANATEK
0030	Bromoform	ND	0.5	- -	- -	ug/L		EPA 524.3 /ANATEK
0031	Trihalomethane Total	ND	- -	- -	- -	ug/L		EPA 524.3 /ANATEK
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

DOH #	ANALYTE	RESULTS	SDRL	TRIGGER	MCL	UNITS	MCL Exceeded? (check only if YES)	Method / Analyst Initials
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) [1]	ND	0.5	0.5	- -	ug/L		EPA 524.3 /ANATEK
0428	DBCP (screening) [1]	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.

[1] 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.

Seth Farb
QA/QC Manager

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

Analytical Results Report

System ID#	28300Y	System Name:	City of Gold Bar		
Reference Number:	MDC0899-01	Collect Date:	03/24/23 08:50	DOH Source #:	96
Multiple Source Nos:	S03+S04	Sample Type:	After	County:	Snohomish
Date Received:	03/29/23 09:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	5481 (Tank Road)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-89901

Volatile Organic Compounds

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.500	0.5	0.5	2	3/31/23 13:01	BKP	EPA 524.3	
0046	1,1-Dichloroethylene	ND	ug/L	0.500	0.5	0.5	7	3/31/23 13:01	BKP	EPA 524.3	
0047	1,1,1-Trichloroethane	ND	ug/L	0.500	0.5	0.5	200	3/31/23 13:01	BKP	EPA 524.3	
0048	Carbon Tetrachloride	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0049	Benzene	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0050	1,2-Dichloroethane	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0051	Trichloroethene	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0052	1,4-Dichlorobenzene (para-Dichlorobenzene)	ND	ug/L	0.500	0.5	0.5	75	3/31/23 13:01	BKP	EPA 524.3	
0056	Methylene Chloride (Dichloromethane)	1.08	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0057	trans-1,2 Dichloroethylene	ND	ug/L	0.500	0.5	0.5	100	3/31/23 13:01	BKP	EPA 524.3	
0060	cis-1,2-Dichloroethylene	ND	ug/L	0.500	0.5	0.5	70	3/31/23 13:01	BKP	EPA 524.3	
0063	1,2-Dichloropropane	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0066	Toluene	ND	ug/L	0.500	0.5	0.5	1000	3/31/23 13:01	BKP	EPA 524.3	
0067	1,1,2-Trichlorethane	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0068	Tetrachloroethylene	ND	ug/L	0.500	0.5	0.5	5	3/31/23 13:01	BKP	EPA 524.3	
0071	Chlorobenzene (Monochlorobenzene)	ND	ug/L	0.500	0.5	0.5	100	3/31/23 13:01	BKP	EPA 524.3	
0073	Ethylbenzene	ND	ug/L	0.500	0.5	0.5	700	3/31/23 13:01	BKP	EPA 524.3	
0076	Styrene	ND	ug/L	0.500	0.5	0.5	100	3/31/23 13:01	BKP	EPA 524.3	
0084	1,2-Dichlorobenzene (ortho-Dichlorobenzene)	ND	ug/L	0.500	0.5	0.5	600	3/31/23 13:01	BKP	EPA 524.3	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.500	0.5	0.5	70	3/31/23 13:01	BKP	EPA 524.3	
0160	Total Xylenes	ND	ug/L	0.500	0.5	0.5	10000	3/31/23 13:01	BKP	EPA 524.3	
0074	m/p Xylenes (MCL for total)	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0075	o-Xylene (MCL for total)	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0027	Chloroform	ND	ug/L	0.500	0.5			3/31/23 13:01	BKP	EPA 524.3	
0028	Bromodichloromethane	ND	ug/L	0.500	0.5			3/31/23 13:01	BKP	EPA 524.3	
0029	Dibromochloromethane	ND	ug/L	0.500	0.5			3/31/23 13:01	BKP	EPA 524.3	
0030	Bromoform	ND	ug/L	0.500	0.5			3/31/23 13:01	BKP	EPA 524.3	
0031	Total Trihalomethane	ND	ug/L	0.500	0		80	3/31/23 13:01	BKP	EPA 524.3	
0053	Chloromethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0054	Bromomethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0058	1,1-Dichloroethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

Analytical Results Report

System ID#	28300Y	System Name:	City of Gold Bar		
Reference Number:	MDC0899-01	Collect Date:	03/24/23 08:50	DOH Source #:	96
Multiple Source Nos:	S03+S04	Sample Type:	After	County:	Snohomish
Date Received:	03/29/23 09:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	5481 (Tank Road)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-89901

Volatile Organic Compounds (Continued)

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0078	Bromobenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0079	1,2,3-Trichloropropane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0081	o-Chlorotoluene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0085	Trichloroflouromethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0086	Bromochloromethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0092	sec-Butylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0093	p-isopropyltoluene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0094	n-Butylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0096	Naphthalene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0104	Dichlorodifluoromethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0154	1,3-Dichloropropene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0055	Chloroethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0062	1,1-Dichloropropene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0059	2,2-Dichloropropane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0064	Dibromomethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0070	1,3-Dichloropropane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0082	p-Chlorotoluene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0083	m-Dichlorobenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0087	Isopropylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0088	n-Propylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0090	tert-Butylbenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0097	Hexachlorobutadiene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0427	EDB (screening)	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	
0428	DBCP (screening)	ND	ug/L	0.500	0.5	0.5		3/31/23 13:01	BKP	EPA 524.3	

Per- and Polyfluoroalkyl Substances (PFAS)

DOH #	Analyte	Result	Units	LRL	SDRL	SAL	MCL	Analyzed	Analyst	Method	Qualifier
0434	PFOA Perfluorooctanoic acid	ND	ng/L	2.00	2	10		4/2/23 0:18	MER	EPA 533	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

Analytical Results Report

System ID#	28300Y	System Name:	City of Gold Bar		
Reference Number:	MDC0899-01	Collect Date:	03/24/23 08:50	DOH Source #:	96
Multiple Source Nos:	S03+S04	Sample Type:	After	County:	Snohomish
Date Received:	03/29/23 09:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	5481 (Tank Road)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-89901

Per- and Polyfluoroalkyl Substances (PFAS)

DOH #	Analyte	Result	Units	LRL	SDRL	SAL	MCL	Analyzed	Analyst	Method	Qualifier
0433	PFOS Perfluorooctanesulfonic acid	ND	ng/L	2.00	2	15		4/2/23 0:18	MER	EPA 533	
0431	PFHxS Perfluorohexanesulfonic acid	ND	ng/L	2.00	2	65		4/2/23 0:18	MER	EPA 533	
0432	PFNA Perfluorononanoic acid	ND	ng/L	2.00	2	9		4/2/23 0:18	MER	EPA 533	
0429	PFBS Perfluorobutanesulfonic acid	ND	ng/L	2.00	2	345		4/2/23 0:18	MER	EPA 533	
0430	PFHpA Perfluoroheptanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0435	PFHxA Perfluorohexanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0436	PFDA Perfluorodecanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0437	PFUnA Perfluoroundecanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0438	PFDoA Perfluorododecanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0445	ADONA 4,8-Dioxa-3H-perfluorononanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0446	9Cl-PF3ONS	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0447	HFPO-DA Hexafuoropropylene oxide dimer acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0448	11Cl-PF3OUdS	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0450	4:2FTS 1H,1H,2H,2H-Perfluorohexane sulfonic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0451	6:2FTS 1H,1H,2H,2H-Perfluorooctane sulfonic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0452	8:2FTS 1H,1H,2H,2H-Perfluorodecane sulfonic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0453	NFDHA Nonafluoro-3,6-dioxaheptanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0454	PFBA Perfluorobutanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0455	PFHpS Perfluoroheptanesulfonic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

Analytical Results Report

System ID#	28300Y	System Name:	City of Gold Bar		
Reference Number:	MDC0899-01	Collect Date:	03/24/23 08:50	DOH Source #:	96
Multiple Source Nos:	S03+S04	Sample Type:	After	County:	Snohomish
Date Received:	03/29/23 09:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	5481 (Tank Road)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-89901

Per- and Polyfluoroalkyl Substances (PFAS)

DOH #	Analyte	Result	Units	LRL	SDRL	SAL	MCL	Analyzed	Analyst	Method	Qualifier
0456	PFMBA Perfluoro-4-methoxybutanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0457	PFMPA Perfluoro-3-methoxypropanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0458	PFPeA Perfluoropentanoic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0459	PFPeS Perfluoropentanesulfonic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	
0460	PFEESA Perfluoro(2-ethoxyethane) sulfonic acid	ND	ng/L	2.00	2	--		4/2/23 0:18	MER	EPA 533	

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Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

Analytical Results Report

System ID#	28300Y	System Name:	City of Gold Bar		
Reference Number:	MDC0899-02	Collect Date:	03/24/23 08:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Snohomish
Date Received:	03/29/23 09:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	5482 (Trip Blank)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-89902

Volatile Organic Compounds

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.500	0.5	0.5	2	3/29/23 21:24	BKP	EPA 524.3	
0046	1,1-Dichloroethylene	ND	ug/L	0.500	0.5	0.5	7	3/29/23 21:24	BKP	EPA 524.3	
0047	1,1,1-Trichloroethane	ND	ug/L	0.500	0.5	0.5	200	3/29/23 21:24	BKP	EPA 524.3	
0048	Carbon Tetrachloride	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0049	Benzene	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0050	1,2-Dichloroethane	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0051	Trichloroethene	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0052	1,4-Dichlorobenzene (para-Dichlorobenzene)	ND	ug/L	0.500	0.5	0.5	75	3/29/23 21:24	BKP	EPA 524.3	
0056	Methylene Chloride (Dichloromethane)	1.00	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0057	trans-1,2 Dichloroethylene	ND	ug/L	0.500	0.5	0.5	100	3/29/23 21:24	BKP	EPA 524.3	
0060	cis-1,2-Dichloroethylene	ND	ug/L	0.500	0.5	0.5	70	3/29/23 21:24	BKP	EPA 524.3	
0063	1,2-Dichloropropane	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0066	Toluene	ND	ug/L	0.500	0.5	0.5	1000	3/29/23 21:24	BKP	EPA 524.3	
0067	1,1,2-Trichlorethane	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0068	Tetrachloroethylene	ND	ug/L	0.500	0.5	0.5	5	3/29/23 21:24	BKP	EPA 524.3	
0071	Chlorobenzene (Monochlorobenzene)	ND	ug/L	0.500	0.5	0.5	100	3/29/23 21:24	BKP	EPA 524.3	
0073	Ethylbenzene	ND	ug/L	0.500	0.5	0.5	700	3/29/23 21:24	BKP	EPA 524.3	
0076	Styrene	ND	ug/L	0.500	0.5	0.5	100	3/29/23 21:24	BKP	EPA 524.3	
0084	1,2-Dichlorobenzene (ortho-Dichlorobenzene)	ND	ug/L	0.500	0.5	0.5	600	3/29/23 21:24	BKP	EPA 524.3	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.500	0.5	0.5	70	3/29/23 21:24	BKP	EPA 524.3	
0160	Total Xylenes	ND	ug/L	0.500	0.5	0.5	10000	3/29/23 21:24	BKP	EPA 524.3	
0074	m/p Xylenes (MCL for total)	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0075	o-Xylene (MCL for total)	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0027	Chloroform	ND	ug/L	0.500	0.5			3/29/23 21:24	BKP	EPA 524.3	
0028	Bromodichloromethane	ND	ug/L	0.500	0.5			3/29/23 21:24	BKP	EPA 524.3	
0029	Dibromochloromethane	ND	ug/L	0.500	0.5			3/29/23 21:24	BKP	EPA 524.3	
0030	Bromoform	ND	ug/L	0.500	0.5			3/29/23 21:24	BKP	EPA 524.3	
0053	Chloromethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0054	Bromomethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0058	1,1-Dichloroethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0078	Bromobenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

Analytical Results Report

System ID#	28300Y	System Name:	City of Gold Bar		
Reference Number:	MDC0899-02	Collect Date:	03/24/23 08:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Snohomish
Date Received:	03/29/23 09:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	5482 (Trip Blank)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-89902

Volatile Organic Compounds (Continued)

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0079	1,2,3-Trichloropropane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0081	o-Chlorotoluene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0085	Trichloroflouromethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0086	Bromochloromethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0092	sec-Butylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0093	p-isopropyltoluene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0094	n-Butylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0096	Naphthalene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0104	Dichlorodifluoromethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0154	1,3-Dichloropropene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0055	Chloroethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0062	1,1-Dichloropropene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0059	2,2-Dichloropropane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0064	Dibromomethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0070	1,3-Dichloropropane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0082	p-Chlorotoluene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0083	m-Dichlorobenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0087	Isopropylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0088	n-Propylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0090	tert-Butylbenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0097	Hexachlorobutadiene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0427	EDB (screening)	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	
0428	DBCP (screening)	ND	ug/L	0.500	0.5	0.5		3/29/23 21:24	BKP	EPA 524.3	

[TOC_1]Quality Assu
Results[TOC]

Authorized Signature,

Justin Doty For Todd Taruscio, Laboratory Manager

Anatek Labs, Inc.

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Client:	City of Gold Bar	Work Order:	MDC0899
Address:	13600 NE 126th Pl, STE C	Project:	5481/5482
	Kirkland, WA 98034	Reported:	4/12/2023 09:49
Attn:	Aaron Young		

LRL	Lab Reporting Limit
SDRL	State Detection Reporting Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
SAL	State Action Level
*	Not a certified analyte

This report shall not be reproduced except in full, without the written approval of the laboratory
The results reported related only to the samples indicated.

AMTEST LABORATORIES

AmTest Chain of Custody Record

13600 NE 126th PL, Suite C, Kirkland, WA 98034
Ph (425) 885-1664 Fx (425) 820-0245
www.amtestlab.com

MDC0899

Due: 04/12/23

Client Name & Address: AmTest	Invoice To:
Contact Person: Aaron Young	Invoice Contact:
Phone No: 425-885-1664	PO Number: 23-158
Fax No:	Invoice Ph/Fax:
E-mail: aarony@amtestlab.com	Invoice E-mail:
Report Delivery: (Choose all that apply) Mail / Fax / (Email) / Posted Online	Data posted to online account: YES / NO Web Login ID:
Special Instructions:	
Requested TAT: **(Rush must be pre-approved by lab)** Standard RUSH (5 Day / 3 Day / 48 HR / 24 HR)	Temperature upon Receipt:

Project Name: Gold Bar

Project Number:

AmTest ID	Client ID (35 characters max)	Date Sampled	Time Sampled	Matrix	No. of containers	Analysis Requested: PFAS									QA/QC
	5481	3/24/23	8:50	DW	2	X									
	5482 (Trip Blank)	↓	↓	DW	1	X									
	Per email 5482 PFAS Trip Blank is not correct, all samples are under 5481-SA														

Collected/Relinquished By:	Date	Time	Received By:	Date	Time
KL	3/27/23	8:19	DQ	3/28/23	07:31
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time

COMMENTS:

AMTEST LABORATORIES

AmTest Chain of Custody Record

13600 NE 126th PL, Suite C, Kirkland, WA 98034
Ph (425) 885-1664 Fx (425) 820-0245
www.amtestlab.com

Anatek

Chain of Custody No. 45713

MDC0899

Due: 04/12/23

Client Name & Address: AmTest	Invoice To:
Contact Person: Aaron Young	Invoice Contact:
Phone No: 425-885-1664	PO Number: 23-160
Fax No:	Invoice Ph/Fax:
E-mail: aarony@amtestlab.com	Invoice E-mail:
Report Delivery: (Choose all that apply) Mail / Fax / (Email) / Posted Online	Data posted to online account: YES / NO Web Login ID:

Special Instructions: Please refer to email from login@amtestlab.com to Cheyenne.

Requested TAT: **(Rush must be pre-approved by lab)** Standard RUSH (5 Day / 3 Day / 48 HR / 24 HR)

Temperature upon Receipt:

Project Name: Gold Bar

Project Number:

AmTest ID	Client ID (35 characters max)	Date Sampled	Time Sampled	Matrix	No. of containers	VOCs									QA/QC
	5481	3/24/23	8:50	DW	3	X									
	5482	↓	↓	DW	1	X									

Collected/Relinquished By:	Date	Time	Received By:	Date	Time
KL	3/28/23	8:47	DA	3/29/23	09:03
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time

COMMENTS:

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MDC0899

Due: 04/12/23

Client Name: Am Test

TAT: Normal RUSH: _____ days

Samples Received From: FedEx UPS USPS Client Courier Other: _____

Custody Seal on Cooler/Box: Yes No Custody Seals Intact: Yes No N/A

Number of Coolers/Boxes: 1 Type of Ice: Wet Ice Ice Packs Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts Paper None Other: _____

Cooler Temp As Read (°C): 3.8 Cooler Temp Corrected (°C): _____ Thermometer Used: _____

				Comments:
Samples Received Intact?	Yes	No	N/A	
Chain of Custody Present/Complete?	Yes	No	N/A	
Labels and Chains Agree?	Yes	No	N/A	
Samples Received Within Hold Time?	Yes	No	N/A	
Correct Containers Received?	Yes	No	N/A	
Anatek Bottles Used?	Yes	No	Unknown	
Total Number of Sample Bottles Received: 3				

				Initial pH:	pH Paper ID:
Samples Properly Preserved?	Yes	No	N/A	<2 or	
If No, record preservation and pH-after details					
VOC Vials Free of Headspace (<6mm)?	Yes	No	N/A		
VOC Trip Blanks Present?	Yes	No	N/A		

Record preservatives (and lot numbers, if known) for containers below:

P 250ml NH_4Ac X 3

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: DA Date/Time: 09:31 3/28/23

Form F19.01 - Eff 1 Dec 2022

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MDC0899

Due: 04/12/23

Client Name: Omtest

TAT: Normal RUSH: _____ days

Samples Received From: FedEx UPS USPS Client Courier Other: _____

Custody Seal on Cooler/Box: Yes No Custody Seals Intact: Yes No N/A

Number of Coolers/Boxes: 1 Type of Ice: Wet Ice Ice Packs Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts Paper None Other: _____

Cooler Temp As Read (°C): 4.2 Cooler Temp Corrected (°C): _____ Thermometer Used: _____

				Comments:
Samples Received Intact?	Yes	No	N/A	
Chain of Custody Present/Complete?	Yes	No	N/A	
Labels and Chains Agree?	Yes	No	N/A	
Samples Received Within Hold Time?	Yes	No	N/A	
Correct Containers Received?	Yes	No	N/A	
Anatek Bottles Used?	Yes	No	Unknown	
Total Number of Sample Bottles Received: 4				

				Initial pH:	pH Paper ID:
Samples Properly Preserved?	Yes	No	N/A	<2 or	
If No, record preservation and pH-after details					
VOC Vials Free of Headspace (<6mm)?	Yes	No	N/A		
VOC Trip Blanks Present?	Yes	No	N/A		

Record preservatives (and lot numbers, if known) for containers below:

6x44ml Ma/aa x3+ IB

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: DG Date/Time: 3/29/23 09:03

Form F19.01 - Eff 1 Dec 2022

Page 1 of 1

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

AMTEST
LABORATORIES

DRINKING WATER SAMPLE
MDC0899
Due: 04/12/23

Report To: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: WA Zip: 98251	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.baker@cityofgoldbar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 3-24-23 Time Collected: 8:50 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 503/504 ☐ 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: ☒ A ☐ B 8. County: Sno.
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER **OTHER ANALYSIS**

Organic Compounds
- ☒ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☐ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:
PFAS

Relinquished By	Date	Time	Received By	Date	Time
[illegible]	3-24-23	10:20	KH	3/24/23	1021

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 8.5 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID#	REQUESTED TAT:	PAYMENT:
5481, 5482 (Trip Blank)	☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS	

Helpful Hints to fill out form on reverse

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

AMTEST
LABORATORIES

DRINKING WATER SAMPLE INFORMATION (WSI)

MDC0899

Due: 04/12/23

Report To: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: Wa. Zip: 98251	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.baker@cityofGoldBar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 3-24-23 Time Collected: 8:50 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 503/504 ☐ 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: ☒ A ☐ B 8. County: Sno.
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER **OTHER ANALYSIS**

Organic Compounds
- ☒ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☐ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:

PFAS

Relinquished By	Date	Time	Received By	Date	Time
[signature]	3-24-23	10:20	EH	3/24/23	1021

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 8.5 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID#
5481, 5482 (Trip Blank)

REQUESTED TAT:
☐ NORM ☐ 2-DAY
☐ 5-DAY ☐ 24-HOURS

PAYMENT:

Helpful Hints to fill out form on reverse

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: 03/03/23	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Lab--Sample No: **066--**03937	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04,S03
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 3/ 3/23 Date Analyzed: 3/10/23 Date Reported: 3/14/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☐ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☑ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-358-1935
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		0.0001	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: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: Wa. Zip: 98251	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.baker@cityofGoldBar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 3-3-23 Time Collected: 7:45 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 504/503 ☐ Check here if this is a New Source
   (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B 8. County: Sno
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

Organic Compounds
- ☐ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☒ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
[signature]	3-3-23	10:30	KL	3/3/23	10:30

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 14.3 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID# 3937

REQUESTED TAT: ☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS

PAYMENT:

Helpful Hints to fill out form on reverse

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2023 Month Day Year	7:25 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.90** mg/l Free **0.81** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 4/ 6/2023
Date Analyzed: 4/ 6/2023, 13:50	Date Reported: 4/ 7/23
066-01822 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2023 Month Day Year	9:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.72** mg/l Free **0.63** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 4/ 6/2023
Date Analyzed: 4/ 6/2023, 13:50	Date Reported: 4/ 7/23
066-01823 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2023 Month Day Year	6:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 ST

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.90** mg/l Free **0.88** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count	**/ ml.**	E.coli	**/100 ml.**
Total Coliform	**< 1 /100 ml.**	Fecal Coliform	**/100 ml.**

Method Code: SM 9222B	Date Received: 4/ 6/2023
Date Analyzed: 4/ 6/2023, 13:50	Date Reported: 4/ 7/23
066-01824 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
05/05/2023 Month Day Year	8:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.84** mg/l Free **0.74** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 5/ 5/2023
Date Analyzed: 5/ 5/2023, 11:00	Date Reported: 5/ 6/23
066-02410 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
05/05/2023 Month Day Year	9:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.78** mg/l Free **0.72** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 5/ 5/2023
Date Analyzed: 5/ 5/2023, 11:00	Date Reported: 5/ 6/23
066-02411 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
05/05/2023 Month Day Year	6:45 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.81** mg/l Free **0.74** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 5/ 5/2023
Date Analyzed: 5/ 5/2023, 11:00	Date Reported: 5/ 6/23
066-02412 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
06/02/2023 Month Day Year	9:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.56** mg/l Free **0.54** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☑ T=19.0C

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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/ 2/2023
Date Analyzed: 6/ 2/2023, 12:25	Date Reported: 6/ 3/23
066-02822 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
06/02/2023 Month Day Year	8:35 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.59** mg/l Free **0.57** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☑ T=19.0C

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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/ 2/2023
Date Analyzed: 6/ 2/2023, 12:25	Date Reported: 6/ 3/23
066-02823 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
06/02/2023 Month Day Year	7:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.65** mg/l Free **0.62** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☑ T=19.0C

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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/ 2/2023
Date Analyzed: 6/ 2/2023, 12:25	Date Reported: 6/ 3/23
066-02824 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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: 06/02/23	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Lab--Sample No: **066--**09568	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 6/ 2/23 Date Analyzed: 6/13/23 Date Reported: 6/14/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		ND	0.0014	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: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: Wa. Zip: 98251	City: State: Zip:
Phone: 360-793-1101	**SEND REPORT BY:**
Email: r.baker@cityofGoldBar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 6-2-23 Time Collected: 7:40 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1975
4. Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 504/503 ☐ Check here if this is a New Source
   (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B 8. County: Sno
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

Organic Compounds
- ☐ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☒ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
Richard Baker	6-2-23	12:00 AM	KH	6/2/23	1206

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 18.9 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID# 9568

REQUESTED TAT: ☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS

PAYMENT

Helpful Hints to fill out form on reverse

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
07/07/2023 Month Day Year	7:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=17.9C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.91** mg/l Free **0.87** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 7/ 7/2023
Date Analyzed: 7/ 7/2023, 10:15	Date Reported: 7/10/23
066-03532 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
07/07/2023 Month Day Year	7:45 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=17.9C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.91** mg/l Free **0.87** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 7/ 7/2023
Date Analyzed: 7/ 7/2023, 10:15	Date Reported: 7/10/23
066-03533 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
07/07/2023 Month Day Year	5:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 ST

Project Name or Comments: TEMP=17.9C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.87** mg/l Free **0.83** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 7/ 7/2023
Date Analyzed: 7/ 7/2023, 10:15	Date Reported: 7/10/23
066-03534 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

Professional Analytical Services

Nitrate/Nitrite
Report of Analysis

Date Collected: 07/18/23	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Lab--Sample No: **066--**12279	County: Snohomish
Sample Location: 40507 SR2	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 07/18/23 Date Analyzed: 7/20/23 Date Reported: 7/28/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: CITY OF GOLD BAR 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0020	Nitrate		0.36	0.2	5	10	mg/l		EPA 300.0 /AY
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /AY
0161	Total Nitrate + Nitrite		0.36	0.3	- -	10	mg/l		EPA 300.0 /

NOTES:
***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.
- -No trigger value for combined nitrate plus nitrite.
ANALYTE: The name of the analyte being tested for.
DATA QUALIFIER A symbol or letter to denote additional information about the result.
DOH#: Department assigned analyte number.
EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.
METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.
mg/L: milligrams per liter or parts per million.
RESULT: The laboratory reported result.
SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.
TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.
ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

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: City of Gold Bar	Bill To:
Address: 107 5th street	Address: same
City: Gold Bar State: wa. Zip: 98257	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.baker@cityofGoldBar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 7-18-23 Time Collected: 10:00 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: 40507 SR2

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 504/503 ☐ Check here if this is a New Source
   (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B 8. County: Sno
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

Organic Compounds
- ☐ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☐ Arsenic
- ☒ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
Richard Baker	7-18-23	1:15p	KH	7/18/23	1315

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 17.7 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID# 12279

REQUESTED TAT: ☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS

PAYMENT:

Helpful Hints to fill out form on reverse

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
08/04/2023 Month Day Year	8:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=18.1C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.78** mg/l Free **0.74** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 8/ 4/2023
Date Analyzed: 8/ 4/2023, 10:10	Date Reported: 8/ 7/23
066-04114 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
08/04/2023 Month Day Year	7:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=18.1C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.80** mg/l Free **0.77** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 8/ 4/2023
Date Analyzed: 8/ 4/2023, 10:10	Date Reported: 8/ 7/23
066-04115 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AmTest Laboratories
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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
08/04/2023 Month Day Year	7:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=18.1C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.83** mg/l Free **0.78** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 8/ 4/2023
Date Analyzed: 8/ 4/2023, 10:10	Date Reported: 8/ 7/23
066-04116 Sample Number (DOH number plus five digits)	Lab Use Only:

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

Am Test Inc.
13600 NE 126TH PL
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Kirkland, WA 98034
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Professional Analytical Services

Arsenic

Report of Analysis

Date Collected: 09/15/23	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Lab--Sample No: **066--**15846	County: Snohomish
Sample Location: TANK ROAD	Source Number(s): S04/S03
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 9/15/23 Date Analyzed: 9/18/23 Date Reported: 9/26/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0004	Arsenic		0.0054	0.0014	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: City of Gold Bar	Bill To:
Address: 107 5th St.	Address: Same
City: Gold Bar State: WA Zip: 98251	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.baker@cityofGoldBar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 9-15-23 Time Collected: 9:00 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300Y
6. DOH Source #: 504/503 ☐ Check here if this is a New Source
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B 8. County: SNO.
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER **OTHER ANALYSIS**

Organic Compounds
- ☐ 524.2 - VOC
- ☐ 552.2 - Haloacetic Acids (HAA)
- ☐ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☒ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
[signature]	9-15-23	11:10	KL	9/15/23	11:11

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 18.1 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID#	REQUESTED TAT:	PAYMENT:
15846	☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS	

Helpful Hints to fill out form on reverse

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/15/2023 Month Day Year	7:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments: TEMP=18.1C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.57** mg/l Free **0.55** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 9/15/2023
Date Analyzed: 9/15/2023, 11:20	Date Reported: 9/18/23
066-04953 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/15/2023 Month Day Year	6:45 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments: TEMP=18.1C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.55** mg/l Free **0.50** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 9/15/2023
Date Analyzed: 9/15/2023, 11:20	Date Reported: 9/18/23
066-04951 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/15/2023 Month Day Year	8:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments: TEMP=18.1C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.24** mg/l Free **0.22** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 9/15/2023
Date Analyzed: 9/15/2023, 11:20	Date Reported: 9/18/23
066-04952 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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Suite C
Kirkland, WA 98034
(425) 885-1664

AMTEST LABORATORIES

Professional Analytical Services

TTHM TEST PANEL

Distribution System - Report of Analysis

TRIHALOMETHANE ANALYSIS	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received: 8/24/23 Date Analyzed: 8/30/23 Date Reported: 9/14/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

Analytical 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 / 14569	08/24/2023	715 CROFT AVE W	4.37	6.28	9.14	4.21	24.0

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

AMTEST LABORATORIES

Professional Analytical Services

TTHM TEST PANEL

Distribution System - Report of Analysis

NOTES:
***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.
**Value listed is for the sum of the five haloacetic acids (MCAA, DCAA, TCAA, MBAA and DBAA).
- -No existing trigger or MCL.
ANALYTE: The name of the analyte being tested for.
DATA QUALIFIER A symbol or letter to denote additional information about the result.
DOH#: Department assigned analyte number.
MCL (Maximum Contaminant Level): Highlight result if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.
METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.
SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.
ug/L: micrograms per liter or parts per billion.
ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Comments:

Reveiwed By: SF

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

AMTEST LABORATORIES

Professional Analytical Services

Haloacetic Acid (HAA5)

Distribution System - Report of Analysis

HALOACETIC ACIDS	System Group Type: ☑ A ☐ B ☐ Other:
Water System ID Number: **28300Y**	System Name: City of Gold Bar
Source: S92 (Distribution samples)	County: Snohomish
Sample Purpose: (Check Appropriate Box) ☑ Routine/Compliance (satisfies monitoring requirements) ☐ Confirmation (confirmation of chemical result) ☐ Investigative (does not satisfy monitoring requirements) ☐ Other (specify)	Date Received:08/24/23 Date Analyzed: 9/13/23 Date Reported: 9/14/23 Comments:
Sample Composition: (Check Appropriate Box) ☐ Single Source ☑ Blended (List Multiple Source Numbers in Source Nos. field) ☐ Composite (Specify in Comments Field) ☐ Distribution Sample	Sample Type: (Check One) ☐ Pre-Treatment/Raw ☑ Post-Treatment/Finished ☐ Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251	Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251

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

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

Analytical Method / Analyst Initials: EPA 552.2 / NNL

HAA5 RESULTS

Lab Number / Sample Number	**Date Collected**	**Location Where Sample Collected**	**MCAA (ug/L)**	**DCAA (ug/L)**	**TCAA (ug/L)**	**MBAA (ug/L)**	**DBAA (ug/L)**	**HAA5's (ug/L)**
066 / 14569	08/24/2023	715 CROFT AVE W	< 2	3.05	1.36	< 1	4.20	8.6

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

AMTEST LABORATORIES

Professional Analytical Services

Haloacetic Acid (HAA5)

Distribution System - Report of Analysis

NOTES:
***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.
**Value listed is for the sum of the five haloacetic acids (MCAA, DCAA, TCAA, MBAA and DBAA).
- -No existing trigger or MCL.
ANALYTE: The name of the analyte being tested for.
DATA QUALIFIER A symbol or letter to denote additional information about the result.
DOH#: Department assigned analyte number.
MCL (Maximum Contaminant Level): Highlight result if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.
METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.
SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.
ug/L: micrograms per liter or parts per billion.
ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.

Comments:

Reveiwed By: SF

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

AMTEST LABORATORIES

DRINKING WATER SAMPLE INFORMATION (WSI)
For Chemical Analysis

Report To: city of Gold Bar	Bill To:
Address: 107 5th street	Address: same
City: Gold Bar State: wa. Zip: 98251	City: State: Zip:
Phone: 425-238-1935	**SEND REPORT BY:**
Email: r.baker@cityofGoldBar.us	☐ MAIL ☐ WEB ☐ EMAIL

Sampling Information REQUIRED

1. ☐ **Investigative** ☒ **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: 8-24-23 Time Collected: 8:15 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: 715 Croft Ave W.

Water System Information REQUIRED

5. System Name: city of Gold Bar System ID #: 28300Y
6. DOH Source #: 504/503 ☐ Check here if this is a New Source
   (Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B 8. County: Sno
9. Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
10. Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
11. Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

Organic Compounds
- ☐ 524.2 - VOC
- ☒ 552.2 - Haloacetic Acids (HAA)
- ☒ 524.2 - Trihalomethanes (THM)

Synthetic Organic Compounds (SOC)
- ☐ 515 - Herbicides
- ☐ 525 - Insecticides/Pesticides

Inorganic Compounds
- ☐ Complete Inorganics (IOC)
- ☐ Plumbing
- ☐ Arsenic
- ☐ Nitrates in Drinking Water
- ☐ Snohomish County List
- ☐ 531 - Carbamates

OTHER ANALYSIS, Please List:

Relinquished By	Date	Time	Received By	Date	Time
[illegible]	8-24-23	1:20	RL	8/24/23	13:20

FOR LABORATORY USE ONLY	YES	NO	N/A
SAMPLE TEMP. 8.4 °C SATISFACTORY	☐	☐	☐
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	☐

LABORATORY ID# 14569

REQUESTED TAT: ☐ NORM ☐ 2-DAY ☐ 5-DAY ☐ 24-HOURS

PAYMENT:

Helpful Hints to fill out form on reverse

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
10/06/2023 Month Day Year	8:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments: TEMP=10.7C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.66** mg/l Free **0.59** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 10/ 6/2023
Date Analyzed: 10/ 6/2023, 10:25	Date Reported: 10/ 9/23
066-05401 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
10/06/2023 Month Day Year	6:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=10.7C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.48** mg/l Free **0.44** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 10/ 6/2023
Date Analyzed: 10/ 6/2023, 10:25	Date Reported: 10/ 9/23
066-05402 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
10/06/2023 Month Day Year	7:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 SS

Project Name or Comments: TEMP=10.7C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.51** mg/l Free **0.47** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 10/ 6/2023
Date Analyzed: 10/ 6/2023, 10:25	Date Reported: 10/ 9/23
066-05403 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
11/03/2023 Month Day Year	10:20 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 NORRIS

Specific location where sample collected:
107 5TH ST

Project Name or Comments: TEMP=12.0C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.46** mg/l Free **0.43** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 11/ 3/2023
Date Analyzed: 11/ 3/2023, 12:35	Date Reported: 11/ 6/23
066-05872 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
11/03/2023 Month Day Year	9:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 NORRIS

Specific location where sample collected:
508 1ST AVE W SAMPLE STATION

Project Name or Comments: TEMP=12.0C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.55** mg/l Free **0.53** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9223B	Date Received: 11/ 3/2023
Date Analyzed: 11/ 3/2023, 12:35	Date Reported: 11/ 6/23
066-05873 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
11/03/2023 Month Day Year	10:02 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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 NORRIS

Specific location where sample collected:
803 ORCHARD SAMPLE STATION

Project Name or Comments: TEMP=12.0C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.50** mg/l Free **0.41** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **/100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9223B	Date Received: 11/ 3/2023
Date Analyzed: 11/ 3/2023, 12:35	Date Reported: 11/ 6/23
066-05874 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
12/07/2023 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=6.3C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.66** mg/l Free **0.61** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results:

Plate Count **/ ml.** E.coli **/100 ml.**

Total Coliform **< 1 /100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9222B	Date Received: 12/ 7/2023
Date Analyzed: 12/ 7/2023, 14:00	Date Reported: 12/11/23
066-06592 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
12/07/2023 Month Day Year	8:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=6.3C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.59** mg/l Free **0.58** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 12/ 7/2023
Date Analyzed: 12/ 7/2023, 14:00	Date Reported: 12/11/23
066-06593 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
12/07/2023 Month Day Year	9:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

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

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: 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: TEMP=6.3C

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.56** mg/l Free **0.47** mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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__|____|____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|____|____|

5. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

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

Method Code: SM 9222B	Date Received: 12/ 7/2023
Date Analyzed: 12/ 7/2023, 14:00	Date Reported: 12/11/23
066-06594 Sample Number (DOH number plus five digits)	Lab Use Only:

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