

AmTest Laboratories 13600 NE 126th Place Suite C, Kirkland, WA 98034 (425) 885-1664 www.amtestlab.com

(425) 005 1004 www.amtestab.com

Date Sample Collected	Time Samp	ole Collected	County			
04/03/2025	4:1	0 pm	Snohomish			
Month Day Year						
		Group B Other				
Group A	·	de from Water Facilities Invent	pry (WFI):			
J. 53.5 / 1.	• •	28300Y				
	System Name	: City of Gold Bar				
Contact Person: Richard Baker						
Day Phone: 360-793-1101		Cell Phone:				
Email: R.BAKER@CITYOFGOLDBAR.US						
Send results to: (Print full name, address and zip coc City of Gold Bar, 107 5th Street Gold Bar, WA 98251						
	SAMPLE IN	IFORMATION				
Sample collected by (name): Richard Baker						
Specific location where sample collected: 40507 SR 2 Sample Station Special instruction		Special instructions or comme	or comments:			
Type of S	Sample (select only one t	ype of sample from types 1 thr	ough 5 below)			
1. ☑ Routine Distribution Sample (A/P)		2. Repeat Samples (A/ (from distribution system after unsat.)	•			
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.45			·			
Free: 0.38	Unsatisfactory routine					
Ground Water Rule Source Sample		•	satisfactory routine collect date:			
			nlorinated: ☑ Yes No			
T : (A/D)		Chlorine Residual:				
	Triggered (A/P) Accompany (A/D) Free:					
Assessment (A/P) 4. Surface or GWI Raw Water Sample (Enumeration)		1100.				
E. Coli Fecal Filtered: Yes No						
5. Sample collected for Information Only :						
LAB USE ONLY	DRINKING WA	ATER RESULTS	LAB USE ONLY			
Unsatisfactory		☑ Sat	isfactory			
Total Coliform ABSENT and						
☐ E. coli present ☑ E. coli abse	ent					
Bacterial Density Results: Total Coliform: Absent/100mL		00mL	E. coli: Absent /100mL			
	Fecal Coliform: NA /100	mL	HPC: NA /1mL			
Date/Time Received: 4/4/2025 10:12:00AM Lab Reference Null			00042-01			
Receipt Temp (C): 3.8 C		Method Code: SM 9223 B (Pro (Presence/Absence), ,	M 9223 B (Presence/Absence), SM 9223 B nce), ,			
Date Reported: 04/07/2025		Lab Use Only:				
DOH Lab- Sample# 0660-M25D0042-01						



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Date Sample Collected	Time Samp	le Collected	County			
04/03/2025	3:5	0 pm	Snohomish			
Month Day Year						
		roup B Other				
Group A	and Group B Systems - Providence	de from Water Facilities Inve	ntory (WFI):			
	ID#:	28300Y				
	System Name	: City of Gold Bar				
Contact Person: Richard Baker						
Day Phone: 360-793-1101		Cell Phone:				
Email: R.BAKER@CITYOFGOLDBAR.US						
Send results to: (Print full name, address and zip code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251						
	SAMPLE IN	FORMATION				
Sample collected by (name): Richard Baker						
Specific location where sample collected: 715 Croft A Station	Ave W Sample	special instructions or comments:				
Type of S	Sample (select only one t	pe of sample from types 1 t	nrough 5 below)			
1. ☑ Routine Distribution Sample (A/P)		2. Repeat Samples (
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.50		(from distribution system after unsa	·			
Free: 0.41		Unsatisfactory routine lab numb				
Unsatisfactory routing						
		Chlorinated: ✓ Yes Chlorine Residual:	No			
I—I						
Triggered (A/P)		Total: Free:				
Assessment (A/P) 4. Surface or GWI Raw Water Sample (Enumeration)		1100.				
E. Coli Fecal Filtered: Yes No						
5. Sample collected for Information Only :						
LAB USE ONLY	DRINKING WA	TER RESULTS	LAB USE ONLY			
Unsatisfactory		☑ S	atisfactory			
Total Coliform ABSENT and						
☐ E. coli present ☑ E. coli abse	ent					
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent /100mL			
Fecal Coliform: NA /100mL			HPC: NA /1mL			
Date/Time Received: 4/4/2025 10:12:00AM Lab Reference Num			5D0042-02			
Receipt Temp (C): 3.8 C		Method Code: SM 9223 B ((Presence/Absence), ,	Presence/Absence), SM 9223 B			
Pate Reported: 04/07/2025 Lab Use Only:		Lab Use Only:				
DOH Lab- Sample# 0660-M25D0042-02						



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Date Sample Collected	Time Samp	le Collected		County	
04/03/2025 Month Day Year	4:35 pm			Snohomish	
Type of Water System (check only one box) ☑ Group A Group B Other					
Croup A	·	•	oc Inventor	, (MET).	
Group A	and Group B Systems - Providing ID#:	ue from Water Facilitie 28300Y	es inventory	y (WF1):	
	System Name	: City of Gold Bar			
Contact Person: Richard Baker					
Day Phone: 360-793-1101		Cell Phone:			
Email: R.BAKER@CITYOFGOLDBAR.US					
Send results to: (Print full name, address and zip code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251					
	SAMPLE IN	IFORMATION			
Sample collected by (name): Richard Baker					
Specific location where sample collected: 102 5th Street Special instructions		Special instructions o	or comments:		
Type of S	Sample (select only one ty	ype of sample from ty	pes 1 throu	gh 5 below)	
1. ☑ Routine Distribution Sample (A/P)		•	amples (A/P)		
Chlorinated:	(from distribution system		after unsat. routine)		
Chlorine Residual: Total: 0.48	Unsatisfactory routine		lab number:		
Free: 0.44		Unsatisfactory routine of	ollect date:		
3. Ground Water Rule Source Sample		Chlorinated: ✓	Yes	No	
I_I	Chlorine Residual:				
Triggered (A/P)	Total:				
Assessment (A/P)	Assessment (A/P)				
4. Surface or GWI Raw Water Sample (Enumeration)					
E. Coli Fecal	Filtered: Yes	No			
5. Sample collected for Information Only :					
LAB USE ONLY	DRINKING WA	TER RESULTS		LAB USE ONLY	
Unsatisfactory			✓ Satisf	factory	
Total Coliform ABSENT and					
■ E. coli present ☑ E. coli abse	ent				
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent /100mL		
Fecal Coliform: NA /100mL				HPC: NA /1mL	
Date/Time Received: 4/4/2025 10:12:00AM Lab Reference Num			per: M25D00	042-03	
Receipt Temp (C): 3.8 C	Method Code: SM 9 (Presence/Absence)		223 B (Presence/Absence), SM 9223 B		
Date Reported: 04/07/2025	Reported: 04/07/2025 Lab Use Only:				
DOH Lab- Sample# 0660-M25D0042-03					



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Date Sample Collected	Time Samp	le Collected	County		
04/03/2025 Month Day Year	5:2	7 pm	Snohomish		
Type of Water System (check only one box)					
	·	roup B Other			
Group A	and Group B Systems - Providence TD#:	de from Water Facilities Inver 28300Y	tory (WFI):		
		d Landowners Association			
Contact Person: Richard Baker					
Day Phone: 360-793-1101		Cell Phone:			
Email: R.BAKER@CITYOFGOLDBAR.US					
Send results to: (Print full name, address and zip code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251					
	SAMPLE IN	FORMATION			
Sample collected by (name): Richard Baker					
Specific location where sample collected: 43822 Fir F Station	ecific location where sample collected: 43822 Fir Rd Sample tion Special instructions		or comments:		
Type of S	Sample (select only one ty	pe of sample from types 1 th	rough 5 below)		
1. ☑ Routine Distribution Sample (A/P)	(A/P) 2. Repeat Sa		amples (A/P)		
Chlorinated: Yes ☑ No	(from distribution system		after unsat. routine)		
Chlorine Residual: Total:		Unsatisfactory routine lab number	ab number:		
Free:		Unsatisfactory routine collect da	collect date:		
3. Ground Water Rule Source Sample		Chlorinated: Yes	Yes ☑ No		
<u> _ </u>	Chlorine Residual:				
Triggered (A/P)		Total:			
Assessment (A/P)		Free:			
4. Surface or GWI Raw Water Sample (Enumeration)					
E. Coli Fecal	Filtered: Yes	No			
5. Sample collected for Information Only :					
LAB USE ONLY	DRINKING WA	TER RESULTS	LAB USE ONLY		
Unsatisfactory		☑ Sa	tisfactory		
Total Coliform ABSENT and					
□ E. coli present ☑ E. coli absent					
Bacterial Density Results: Total Coliform: Absent/100mL)0mL	E. coli: Absent /100mL		
Fecal Coliform: NA /100mL			HPC: NA /1mL		
Pate/Time Received: 4/4/2025 10:12:00AM Lab Reference Nur			D0042-04		
Receipt Temp (C): 3.8 C	Method Code: SM 9 (Presence/Absence)		223 B (Presence/Absence), SM 9223 B		
Date Reported: 04/07/2025	orted: 04/07/2025 Lab Use Only:				
DOH Lab- Sample# 0660-M25D0042-04					