



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 01/10/2025 Month Day Year	Time Sample Collected 8:15 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40507 SR 2 Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.31 Free: 0.24	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 1/10/2025 11:15:00AM	Lab Reference Number: M25A0090-01	
Receipt Temp (C): 6.1 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 01/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25A0090-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 01/10/2025 Month Day Year	Time Sample Collected 7:30 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 102 5th Street	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.86 Free: 0.79	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 1/10/2025 11:15:00AM	Lab Reference Number: M25A0090-02	
Receipt Temp (C): 6.1 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 01/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25A0090-02		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 01/10/2025 Month Day Year	Time Sample Collected 9:00 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 715 Croft Ave W Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.64 Free: 0.50	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 1/10/2025 11:15:00AM	Lab Reference Number: M25A0090-03	
Receipt Temp (C): 6.1 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 01/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25A0090-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 <small>Month Day Year</small>		Time Sample Collected 3:40 pm		County Snohomish	
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:		
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 INFORMATION					
Sample collected by (name): Richard Baker					
Specific location where sample collected: 107 5th St			Special instructions or comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)					
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.83 Free: 0.80			2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:		
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS		LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent			<input checked="" type="checkbox"/> Satisfactory		
Bacterial Density Results:		Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL	
Date/Time Received: 2/13/2025 9:50:00AM			Lab Reference Number: M25B0091-01		
Receipt Temp (C): 2.6 C			Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,		
Date Reported: 02/14/2025			Lab Use Only:		
DOH Lab- Sample# 0660-M25B0091-01					



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 Month Day Year	Time Sample Collected 2:45 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 803 Orchard Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.64 Free: 0.57	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:	
3. Ground Water Rule Source Sample _ Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL
Date/Time Received: 2/13/2025 9:50:00AM	Lab Reference Number: M25B0091-02	
Receipt Temp (C): 2.6 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 02/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25B0091-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 Month Day Year	Time Sample Collected 3:30 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 508 1st Ave W Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.88 Free: 0.82	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample [] Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL
Date/Time Received: 2/13/2025 9:50:00AM	Lab Reference Number: M25B0091-03	
Receipt Temp (C): 2.6 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 02/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25B0091-03		



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Date Sample Collected 02/12/2025 Month Day Year	Time Sample Collected 3:00 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 06630X System Name: Big Bend 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 44325 Pine Rd Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes <input checked="" type="checkbox"/> No Chlorine Residual: Total: Free:	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes <input checked="" type="checkbox"/> No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL
Date/Time Received: 2/13/2025 9:50:00AM	Lab Reference Number: M25B0091-04	
Receipt Temp (C): 2.6 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 02/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25B0091-04		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/06/2025 Month Day Year	Time Sample Collected 3:30 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40121 145th Pl SE Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.75 Free: 0.67	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:	
3. Ground Water Rule Source Sample [] Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 3/7/2025 10:12:00AM	Lab Reference Number: M25C0069-01	
Receipt Temp (C): 11.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 03/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25C0069-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/06/2025 Month Day Year	Time Sample Collected 4:15 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: Lot 22, Evergreen Way Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.65 Free: 0.57	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 3/7/2025 10:12:00AM	Lab Reference Number: M25C0069-02	
Receipt Temp (C): 11.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 03/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25C0069-02		



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Date Sample Collected 03/06/2025 Month Day Year	Time Sample Collected 3:45 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40721 May Creek Rd Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.80 Free: 0.73	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 3/7/2025 10:12:00AM	Lab Reference Number: M25C0069-03	
Receipt Temp (C): 11.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 03/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25C0069-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/06/2025 Month Day Year	Time Sample Collected 4:30 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: City of Gold Bar	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes No Chlorine Residual: Total: Free:	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL E. coli: Absent /100mL Fecal Coliform: NA /100mL HPC: NA /1mL		
Date/Time Received: 3/7/2025 10:12:00AM	Lab Reference Number: M25C0069-04	
Receipt Temp (C): 11.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 03/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25C0069-04		

**Complete Inorganic Chemistry
ANALYSIS REPORT**

Date Collected: 03/06/25	System Group Type: <input checked="" type="checkbox"/> A B Other:
Water System ID Number: 28300	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A25C0170-01	County: Snohomish
Sample Location: Tank Road	Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 03/07/25 Date Reported: 03/14/25 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other 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

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		ND	0.001	0.01	0.01	mg/L		03/13/25	EPA 200.8_5.4_1994/ AE

NOTES

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

NA -No trigger value for combined nitrate plus nitrite.

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

2 TDS is required to be run if conductivity exceeds the MCL.

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.

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

NTU: Nephelometric turbidity units.

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.

umhos/cm: micro mhos per centimeter. One micro mhos per centimeter is equivalent to one micro Siemen per centimeter (uS/cm).



ElementStationManager For Seth Farb

Vice President

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

AMTEST

LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: Richard Baker	Bill To: City of Gold Bar
Address: City of Gold Bar 107 5th ST	Address: 107 5th
City: Gold Bar State: WA Zip: 98251	City: Gold Bar State: WA Zip: 98251
Phone: 360-793-1101	SEND REPORT BY:
Email: r.baker@cityofgoldbar.us	<input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> 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: 3-6-25 Time Collected: 1:45 pm. 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 #: 28300
6. DOH Source #: SO3 & SO4 ☐ 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:
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 <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM) Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	OTHER ANALYSIS, Please List: X - _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

Relinquished By	Date	Time	Received By	Date	Time
<i>Michael Baker</i>	3-7-25	10:15 AM	SF	3/7/25	10:15

FOR LABORATORY USE ONLY		YES	NO	N/A
SAMPLE TEMP. 48 °C SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID#	REQUESTED TAT:	PAYMENT:		
A25C0170-01	<input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS			

Helpful Hints to fill out form on reverse



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/03/2025 Month Day Year	Time Sample Collected 4:10 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40507 SR 2 Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.45 Free: 0.38	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 4/4/2025 10:12:00AM	Lab Reference Number: M25D0042-01	
Receipt Temp (C): 3.8 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 04/07/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25D0042-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/03/2025 Month Day Year	Time Sample Collected 3:50 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 715 Croft Ave W Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.50 Free: 0.41	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 4/4/2025 10:12:00AM	Lab Reference Number: M25D0042-02	
Receipt Temp (C): 3.8 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 04/07/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25D0042-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/03/2025 Month Day Year	Time Sample Collected 4:35 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 102 5th Street	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.48 Free: 0.44	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 4/4/2025 10:12:00AM	Lab Reference Number: M25D0042-03	
Receipt Temp (C): 3.8 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 04/07/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25D0042-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/03/2025 Month Day Year	Time Sample Collected 5:27 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: Big Bend 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 43822 Fir Rd Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes <input checked="" type="checkbox"/> No Chlorine Residual: Total: Free:	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes <input checked="" type="checkbox"/> No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 4/4/2025 10:12:00AM	Lab Reference Number: M25D0042-04	
Receipt Temp (C): 3.8 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 04/07/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25D0042-04		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 05/02/2025 Month Day Year	Time Sample Collected 6:00 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 107 5th St	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.66 Free: 0.58	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 5/2/2025 9:42:00AM	Lab Reference Number: M25E0017-01	
Receipt Temp (C): 7.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 05/05/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25E0017-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 05/02/2025 Month Day Year	Time Sample Collected 6:45 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 803 Orchard sample station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.72 Free: 0.68	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 5/2/2025 9:42:00AM	Lab Reference Number: M25E0017-02	
Receipt Temp (C): 7.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 05/05/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25E0017-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 05/02/2025 Month Day Year	Time Sample Collected 7:00 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 508 1st Ave W sample station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.83 Free: 0.73	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 5/2/2025 9:42:00AM	Lab Reference Number: M25E0017-03	
Receipt Temp (C): 7.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 05/05/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25E0017-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/06/2025 Month Day Year	Time Sample Collected 8:00 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40121 145th PL SE SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.69 Free: 0.63	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 6/6/2025 10:33:00AM	Lab Reference Number: M25F0070-01	
Receipt Temp (C): 14.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 06/09/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25F0070-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/06/2025 Month Day Year	Time Sample Collected 7:40 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: Lot 22, Evergreen Way SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.54 Free: 0.53	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 6/6/2025 10:33:00AM	Lab Reference Number: M25F0070-02	
Receipt Temp (C): 14.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 06/09/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25F0070-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/06/2025 Month Day Year	Time Sample Collected 8:25 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40721 May Creek RD SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.64 Free: 0.61	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:	
3. Ground Water Rule Source Sample _ Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 6/6/2025 10:33:00AM	Lab Reference Number: M25F0070-03	
Receipt Temp (C): 14.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 06/09/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25F0070-03		

**Complete Inorganic Chemistry
ANALYSIS REPORT**

Date Collected: 06/06/25	System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B Other:
Water System ID Number: 28300	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A25F0154-01	County: SNOHOMISH
Sample Location: Tank Road	Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) <input type="checkbox"/> C - Confirmation (Confirmation of chemical result) <input type="checkbox"/> I - Investigative (Does not satisfy monitoring requirements) <input type="checkbox"/> O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 06/06/25 Date Reported: 06/12/25 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) <input type="checkbox"/> C - Composite (List source numbers in "Source Numbers" field) <input type="checkbox"/> D - Distribution Sample	Sample Type: (Check One) <input type="checkbox"/> Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) <input type="checkbox"/> Unknown or Other 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

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		ND	0.001	0.01	0.01	mg/L		06/12/25	EPA 200.8_5.4_1994/ LF

NOTES

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

ND: Analyte not detected at or above the SDRL.

NA -No trigger value for combined nitrate plus nitrite.

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

2 TDS is required to be run if conductivity exceeds the MCL.

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.

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

NTU: Nephelometric turbidity units.

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.



ElementStationManager For Seth Farb

Vice President

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

AMTEST

LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: Richard Baker	Bill To: City of Gold Bar
Address: City of Gold Bar 107 5th ST	Address: 107 5th
City: Gold Bar State: WA Zip: 98251	City: Gold Bar State: WA Zip: 98251
Phone: 360-793-1101	SEND REPORT BY:
Email: r.baker@cityofgoldbar.us	<input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL

Sampling Information REQUIRED

- ☐ Investigative ☒ Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: 6-6-25 Time Collected: 7:15 AM ☒ PM ☐
- Collected By: Richard Baker Telephone: 425-238-1935
- Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

- System Name: City of Gold Bar System ID #: 28300
- DOH Source #: SO3 & SO4 ☐ 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)
- Group: ☒ A ☐ B 8. County:
- Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
- Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
- 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)

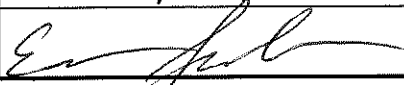
- ☐ 515 - Herbicides
☐ 525 - Insecticides/Pesticides

Inorganic Compounds

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

OTHER ANALYSIS, Please List:

X - _____

Relinquished By	Date	Time	Received By	Date	Time
				6/6/25	1045

FOR LABORATORY USE ONLY

	YES	NO	N/A
SAMPLE TEMP. 15.6 °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# A25F0154-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS	PAYMENT:	

Helpful Hints to fill out form on reverse



AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/10/2025 Month Day Year	Time Sample Collected 4:45 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 102 5th Street	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.76 Free: 0.73	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 7/11/2025 10:12:00AM	Lab Reference Number: M25G0136-01	
Receipt Temp (C): 12.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 07/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25G0136-01		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/10/2025 Month Day Year	Time Sample Collected 4:10 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40507 SR 2 SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.70 Free: 0.61	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 7/11/2025 10:12:00AM	Lab Reference Number: M25G0136-02	
Receipt Temp (C): 12.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 07/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25G0136-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/10/2025 Month Day Year	Time Sample Collected 3:30 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 715 Croft AVE W SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.78 Free: 0.72	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results:		
Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 7/11/2025 10:12:00AM	Lab Reference Number: M25G0136-03	
Receipt Temp (C): 12.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 07/14/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25G0136-03		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/07/2025 Month Day Year	Time Sample Collected 4:30 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: City of Cold 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 803 Orchard Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.58 Free: 0.53	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 8/8/2025 11:45:00AM	Lab Reference Number: M25H0069-01	
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 08/11/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25H0069-01		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/07/2025 Month Day Year	Time Sample Collected 4:50 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: City of Cold 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 107 5th ST	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.49 Free: 0.46	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 8/8/2025 11:45:00AM	Lab Reference Number: M25H0069-02	
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 08/11/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25H0069-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/07/2025 Month Day Year	Time Sample Collected 4:15 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: City of Cold 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 508 1st Ave. W Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.95 Free: 0.93	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 8/8/2025 11:45:00AM	Lab Reference Number: M25H0069-03	
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 08/11/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25H0069-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/04/2025 Month Day Year	Time Sample Collected 4:40 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: Lot 22 Evergreen Way SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.64 Free: 0.62	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 9/5/2025 11:35:00AM	Lab Reference Number: M25I0066-01	
Receipt Temp (C): 12.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 09/08/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25I0066-01		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/04/2025 Month Day Year	Time Sample Collected 4:05 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40721 May Creek RD SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.97 Free: 0.95	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 9/5/2025 11:35:00AM	Lab Reference Number: M25I0066-02	
Receipt Temp (C): 12.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 09/08/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25I0066-02		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/04/2025 Month Day Year	Time Sample Collected 3:50 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40121 145th Pl SE SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 1.00 Free: 0.94	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 9/5/2025 11:35:00AM	Lab Reference Number: M25I0066-03	
Receipt Temp (C): 12.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 09/08/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25I0066-03		

**Complete Inorganic Chemistry
ANALYSIS REPORT**

Date Collected: 09/05/25	System Group Type: <input checked="" type="checkbox"/> A B Other:
Water System ID Number: 28300	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A25I0131-01	County: Snohomish
Sample Location: Tank Road	Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 09/05/25 Date Reported: 09/10/25 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other 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

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		ND	0.001	0.01	0.01	mg/L		09/09/25	EPA 200.8_5.4_1994/ LF

NOTES

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

ND: Analyte not detected at or above the SDRL.

NA -No trigger value for combined nitrate plus nitrite.

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

2 TDS is required to be run if conductivity exceeds the MCL.

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.

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

NTU: Nephelometric turbidity units.

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.



ElementStationManager For Seth Farb

Vice President

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

AMTEST

LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: Richard Baker	Bill To: City of Gold Bar
Address: City of Gold Bar 107 5th ST	Address: 107 5th
City: Gold Bar State: WA Zip: 98251	City: Gold Bar State: WA Zip: 98251
Phone: 360-793-1101	SEND REPORT BY:
Email: r.baker@cityofgoldbar.us	<input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL

Sampling Information REQUIRED

- ☐ Investigative ☒ Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: 9-5-25 Time Collected: 8:15 AM ☒ PM ☐
- Collected By: Richard Baker Telephone: 425-238-1935
- Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

- System Name: City of Gold Bar System ID #: 28300
- DOH Source #: SO3 & SO4 ☐ 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)
- Group: ☒ A ☐ B 8. County: Snohomish
- Source Type: ☐ Surface ☐ Well/Ground Water ☒ Well Field ☐ Spring ☐ Purchased
- Sample Taken: ☐ Before Treatment ☒ After Treatment ☐ No Treatment ☐ In Distribution
- Treatment Type: ☐ None ☐ Aeration ☐ Filtration ☒ Chlorination ☐ Softener ☐ Other:

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

Organic Compounds <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM) Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	OTHER ANALYSIS, Please List: X - _____			
Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Baker</i>	9-5-25	11:35 AM	<i>Devin Shaffer</i>	9/5/25	11:35

FOR LABORATORY USE ONLY

SAMPLE TEMP. 12.6°C SATISFACTORY	YES	NO	N/A
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# A25I0131-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS	PAYMENT:	

① client left blank filled in using DOH website as 9/5/25

Helpful Hints to fill out form on reverse



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/02/2025 Month Day Year	Time Sample Collected 3:45 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: Gity 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 102 5th Street	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.63 Free: 0.61	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 10/3/2025 9:56:00AM	Lab Reference Number: M25J0050-01	
Receipt Temp (C): 5.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 10/06/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25J0050-01		



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/02/2025 Month Day Year	Time Sample Collected 4:10 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: Gity 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 715 Crost Ave W SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.68 Free: 0.58	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 10/3/2025 9:56:00AM	Lab Reference Number: M25J0050-02	
Receipt Temp (C): 5.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 10/06/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25J0050-02		



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/02/2025 Month Day Year	Time Sample Collected 3:15 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: Gity 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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40507 SR 2 SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.28 Free: 0.23	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:	
3. Ground Water Rule Source Sample _ Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 10/3/2025 9:56:00AM	Lab Reference Number: M25J0050-03	
Receipt Temp (C): 5.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 10/06/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25J0050-03		



**Complete Inorganic Chemistry
ANALYSIS REPORT**

Date Collected: 10/02/25	System Group Type: <input checked="" type="checkbox"/> A B Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab Number/Sample Number: 0125-A25J0097-01	County: Snohomish
Sample Location: 40501 US-2	Source Number (s): S04
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 10/03/25 Date Reported: 10/21/25 Comments:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> S - Single Source B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other 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

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
	11CI-PF3OUdS		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	1H,1H,2H,2H-Perfluorodecane Sulfonic Acid (6.2FTS)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	1H,1H,2H,2H-Perfluorodecane Sulfonic Acid (8.2FTS)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	1H,1H,2H,2H-Perfluorooctane Sulfonic Acid (4.2FTS)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	4,8-Dioxa-3H-Perfluorononanoic Acid (ADONA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	9CI-PF3ONS		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Hexafluoropropylene Oxide Dimer Acid (HFPO-DA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Nonfluoro-3,6-Dioxaheptanoic Acid (NFDHA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoro(2-Ethoxyethane)sulfonic Acid (PFEEA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoro-3-Methoxypropionic Acid (PFMPA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoro-4-Methoxybutanoic Acid (PFMBA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorobutanesulfonic Acid (PFBS)		ND	2	345	NA	ng/L		10/15/25	EPA 533/ AL

ANALYTICAL RESULTS (Continued)

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
	Perfluorobutanoic Acid (PFBA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorodecanoic Acid (PFDA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorododecanoic Acid (PFDoA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoroheptanesulfonic Acid (PFHpS)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoroheptanoic Acid (PFHpA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorohexanesulfonic Acid (PFHxS)		ND	2	65	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorohexanoic Acid (PFHxA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorononanoic Acid (PFNA)		ND	2	9	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorooctanesulfonic Acid (PFOS)		ND	2	15	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluorooctanoic Acid (PFOA)		ND	2	10	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoropentanesulfonic Acid (PFPeS)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoropentanoic Acid (PFPeA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoroundecanoic Acid (PFUnA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL

NOTES

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

ND: Analyte not detected at or above the SDRL.

NA -No trigger value for combined nitrate plus nitrite.

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

2 TDS is required to be run if conductivity exceeds the MCL.

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.

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

NTU: Nephelometric turbidity units.

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.



Seth Farb

Vice President

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

AMTEST

LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: <u>City of Gold Bar</u>	Bill To: <u>Same</u>
Address: <u>107 5th Street</u>	Address:
City: <u>Gold Bar</u> State: <u>WA</u> Zip: <u>98251</u>	City: State: Zip:
Phone: <u>360-793-1101</u>	SEND REPORT BY:
Email: <u>R. Baker @ City of Gold Bar, US</u>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL

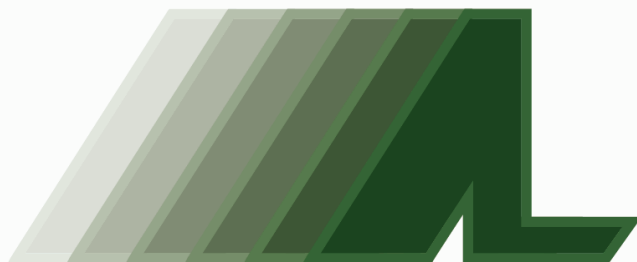
Sampling Information REQUIRED	
1. <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)	
2. Date Collected: <u>10/2/2025</u>	Time Collected: <u>310</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
3. Collected By: <u>Richard Baker</u>	Telephone: <u>425-238-1935</u>
4. Specific Location where sample was taken: <u>40501 US-2</u>	

Water System Information REQUIRED	
5. System Name: <u>City of Gold Bar</u>	System ID #: <u>28300Y</u>
6. DOH Source #: <u>S04</u>	<input type="checkbox"/> Check here if this is a New Source
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)	
7. Group: <input checked="" type="checkbox"/> A <input type="checkbox"/> B	8. County: <u>Snohomish</u>
9. Source Type: <input type="checkbox"/> Surface <input type="checkbox"/> Well/Ground Water <input checked="" type="checkbox"/> Well Field <input type="checkbox"/> Spring <input type="checkbox"/> Purchased	
10. Sample Taken: <input type="checkbox"/> Before Treatment <input checked="" type="checkbox"/> After Treatment <input type="checkbox"/> No Treatment <input type="checkbox"/> In Distribution	
11. Treatment Type: <input type="checkbox"/> None <input type="checkbox"/> Aeration <input type="checkbox"/> Filtration <input checked="" type="checkbox"/> Chlorination <input type="checkbox"/> Softener <input type="checkbox"/> Other:	

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS					
Organic Compounds		Inorganic Compounds		OTHER ANALYSIS, Please List:	
<input type="checkbox"/> 524.2 - VOC		<input type="checkbox"/> Complete Inorganics (IOC)		<u>PFAS</u>	
<input type="checkbox"/> 552.2 - Haloacetic Acids (HAA)		<input type="checkbox"/> Plumbing			
<input type="checkbox"/> 524.2 - Trihalomethanes (THM)		<input type="checkbox"/> Arsenic			
Synthetic Organic Compounds (SOC)		<input type="checkbox"/> Nitrates in Drinking Water			
<input type="checkbox"/> 515 - Herbicides		<input type="checkbox"/> Snohomish County List			
<input type="checkbox"/> 525 - Insecticides/Pesticides		<input type="checkbox"/> 531 - Carbamates			
Relinquished By	Date	Time	Received By	Date	Time
<u>[Signature]</u>	<u>10/03/2025</u>	<u>9:55A.</u>	<u>[Signature]</u>	<u>10/3/25</u>	<u>956</u>

FOR LABORATORY USE ONLY				YES	NO	N/A
SAMPLE TEMP. <u>7.4</u> °C SATISFACTORY				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID#		REQUESTED TAT:		PAYMENT:		
A25J0097-01		<input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY				
		<input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS				

Helpful Hints to fill out form on reverse



ANATEK LABS

Analytical Results Report For:

City of Gold Bar

Project Number:

A25J0097

Anatek Work Order:

MFJ0177

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
Address: 13600 NE 126th Pl, STE C
Kirkland, WA 98034
Attn: Seth Farb

Work Order: MFJ0177
Project: A25J0097
Reported: 10/21/2025 10:24

Analytical Results Report

System ID# 28300Y System Name: City of Gold Bar
Reference Number: MFJ0177-01 Collect Date: 10/02/25 15:10 DOH Source #: 04
Multiple Source Nos: Sample Type: After County: Snohomish
Date Received: 10/07/25 09:36 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: A25J0097-01
Matrix: Drinking Water

Lab/Sample Number: 125-17701

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	2.0	10		10/15/25 13:53	MER	EPA 533	
0433	PFOS Perfluorooctanesulfonic acid	ND	ng/L	2.00	2.0	15		10/15/25 13:53	MER	EPA 533	
0431	PFHxS Perfluorohexanesulfonic acid	ND	ng/L	2.00	2.0	65		10/15/25 13:53	MER	EPA 533	
0432	PFNA Perfluorononanoic acid	ND	ng/L	2.00	2.0	9		10/15/25 13:53	MER	EPA 533	
0429	PFBS Perfluorobutanesulfonic acid	ND	ng/L	2.00	2.0	345		10/15/25 13:53	MER	EPA 533	
0430	PFHpA Perfluoroheptanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0435	PFHxA Perfluorohexanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0436	PFDA Perfluorodecanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0437	PFUnA Perfluoroundecanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0438	PFDoA Perfluorododecanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0445	ADONA 4,8-Dioxa-3H-perfluorononanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0446	9CI-PF3ONS	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0447	HFPO-DA Hexafluoropropylene oxide dimer acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0448	11CI-PF3OUdS	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0450	4:2FTS 1H,1H,2H,2H-Perfluorohexane sulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0451	6:2FTS 1H,1H,2H,2H-Perfluorooctane sulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0452	8:2FTS 1H,1H,2H,2H-Perfluorodecane sulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0453	NFDHA Nonafluoro-3,6-dioxaheptanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0454	PFBA Perfluorobutanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	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
Address: 13600 NE 126th Pl, STE C
Kirkland, WA 98034
Attn: Seth Farb

Work Order: MFJ0177
Project: A25J0097
Reported: 10/21/2025 10:24

Analytical Results Report

System ID# 28300Y System Name: City of Gold Bar
Reference Number: MFJ0177-01 Collect Date: 10/02/25 15:10 DOH Source #: 04
Multiple Source Nos: Sample Type: After County: Snohomish
Date Received: 10/07/25 09:36 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: A25J0097-01
Matrix: Drinking Water

Lab/Sample Number: 125-17701

Per- and Polyfluoroalkyl Substances (PFAS)

DOH #	Analyte	Result	Units	LRL	SDRL	SAL	MCL	Analyzed	Analyst	Method	Qualifier
0455	PFHpS Perfluoroheptanesulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0456	PFMBA Perfluoro-4-methoxybutan oic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0457	PFMPA Perfluoro-3-methoxypropa noic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0458	PFPeA Perfluoropentanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0459	PFPeS Perfluoropentanesulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0460	PFEESA Perfluoro(2-ethoxyethane) sulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

S12 Surrogate recovery was low.
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
RPD Relative Percent Difference
%REC Percent Recovery
Source Sample that was spiked or duplicated.

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.

Report To: <u>City of Gold Bae</u>	Bill To: <u>Same</u>
Address: <u>107 5th Street</u>	Address:
City: <u>Gold Bae</u> State: <u>WA</u> Zip: <u>98251</u>	City: State: Zip:
Phone: <u>360-793-1101</u>	SEND REPORT BY:
Email: <u>R. Baker @ City of Gold Bae, US</u>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> 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: 10/2/2025 Time Collected: 310 AM ☐ PM ☒
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken:
40501 US-2

Water System Information REQUIRED

5. System Name: City of Gold Bae System ID #: 28300Y
6. DOH Source #: S04 ☐ 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: Snohomish
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 <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List	OTHER ANALYSIS, Please List: <u>PFAS</u>
Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<input type="checkbox"/> 531 - Carbamates	

Relinquished By	Date	Time	Received By	Date	Time
<u>[Signature]</u>	<u>10/03/2025</u>	<u>9:55A.</u>	<u>[Signature]</u>	<u>10/3/25</u>	<u>956</u>

FOR LABORATORY USE ONLY

SAMPLE TEMP. <u>7.4</u> °C SATISFACTORY	YES	NO	N/A
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# A25J0097-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS	PAYMENT:	

Helpful Hints to fill out form on reverse



Sample Receipt and Preservation Form

Cooler Temperature	
Read (°C):	0.1
Corrected (°C):	-
Thermometer Used:	
IR-4	IR-6

Client Name: AmTest: City of Gold Bar

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: 3 Type of Ice: Wet Ice Ice Packs Dry Ice None

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

Samples Received Intact?	<u>Yes</u>	No	N/A
Chain of Custody Present/Complete?	<u>Yes</u>	No	N/A
Labels and Chains Agree?	<u>Yes</u>	No	N/A
Samples Received Within Hold Time?	<u>Yes</u>	No	N/A
Correct Containers Received?	<u>Yes</u>	No	N/A
Anatek Bottles Used?	<u>Yes</u>	No	Unknown

Total Number of Sample Bottles Received: 3

Samples Properly Preserved? Yes No N/A

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

Comments:

Initial pH: <2 or	pH Paper ID:

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

P250 NH4Ac (2415) 533 x 3

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

Received/Inspected By: JP Date/Time: 10/07/25 0934



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/06/2025 Month Day Year	Time Sample Collected 2:45 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 803 Orchard SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.51 Free: 0.35	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 11/7/2025 9:58:00AM	Lab Reference Number: M25K0072-01	
Receipt Temp (C): 7.7 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 11/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25K0072-01		



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(425) 885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/06/2025 Month Day Year	Time Sample Collected 3:10 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 107 5th St	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.75 Free: 0.69	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 11/7/2025 9:58:00AM	Lab Reference Number: M25K0072-02	
Receipt Temp (C): 7.7 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 11/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25K0072-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/06/2025 Month Day Year	Time Sample Collected 3:45 pm	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 508 1st Ave W. SS	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.54 Free: 0.51	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 11/7/2025 9:58:00AM	Lab Reference Number: M25K0072-04	
Receipt Temp (C): 7.7 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 11/10/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25K0072-04		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 12/05/2025 Month Day Year	Time Sample Collected 7:10 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: Lot 22, Evergreen Way Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.39 Free: 0.33	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 12/5/2025 11:00:00AM	Lab Reference Number: M25L0061-01	
Receipt Temp (C): 6.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 12/08/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25L0061-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 12/05/2025 Month Day Year	Time Sample Collected 6:20 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40721 May Creek RD Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.64 Free: 0.49	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 12/5/2025 11:00:00AM	Lab Reference Number: M25L0061-02	
Receipt Temp (C): 6.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 12/08/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25L0061-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 12/05/2025 Month Day Year	Time Sample Collected 6:45 am	County Snohomish
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Group B 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:	
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 INFORMATION		
Sample collected by (name): Richard Baker		
Specific location where sample collected: 40121 145th PI SE Sample Station	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.59 Free: 0.48	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (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 WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: Absent /100mL E. coli: Absent /100mL Fecal Coliform: NA /100mL HPC: NA /1mL		
Date/Time Received: 12/5/2025 11:00:00AM	Lab Reference Number: M25L0061-03	
Receipt Temp (C): 6.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 12/08/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25L0061-03		



**Complete Inorganic Chemistry
ANALYSIS REPORT**

Date Collected: 12/05/25	System Group Type: <input checked="" type="checkbox"/> A B Other:
Water System ID Number: 28300Y	System Name: City of Gold Bar
Lab Number/Sample Number: 0660-A25L0151-01	County: Snohomish
Sample Location: Tank Road	Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 12/05/25 Date Reported: 12/09/25 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other 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

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		0.0064	0.001	0.01	0.01	mg/L		12/08/25	EPA 200.8_5.4_1994/ LF

NOTES

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

ND: Analyte not detected at or above the SDRL.

NA -No trigger value for combined nitrate plus nitrite.

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

2 TDS is required to be run if conductivity exceeds the MCL.

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.

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

NTU: Nephelometric turbidity units.

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.

ElementStationManager For Seth Farb

Vice President

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

AMTEST

LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: Richard Baker	Bill To: City of Gold Bar
Address: City of Gold Bar 107 5th ST	Address: 107 5th
City: Gold Bar State: WA Zip: 98251	City: Gold Bar State: WA Zip: 98251
Phone: 360-793-1101	SEND REPORT BY:
Email: r.baker@cityofgoldbar.us	<input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> 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: 12-5-25 Time Collected: 7:50 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone:
4. Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300 Y
6. DOH Source #: SO3 & SO4 ☐ 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: Snohomish*
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:

X - _____

Relinquished By	Date	Time	Received By	Date	Time
Richard Baker	12-5-25	11:00 AM	[Signature]	12/5/25	11:00

FOR LABORATORY USE ONLY

		YES	NO	N/A
SAMPLE TEMP. 4.7 °C SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# A25L0151-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS	PAYMENT:		

*Client left blank filled in using DOH website. HS 12/5/25

Helpful Hints to fill out form on reverse