



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	E. coli: Absent /100mL	
Fecal Coliform: NA /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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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	E. coli: Absent /100mL	
Fecal Coliform: NA /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				



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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 E. coli: Absent /100mL
Fecal Coliform: NA /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 Month Day Year	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: 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: M25B0091-02	
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:	
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	E. coli: <1/100mL
	Fecal Coliform: NA/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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COLIFORM BACTERIA ANALYSIS FORM

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:	
3. Ground Water Rule Source Sample I__I Triggered (A/P) Assessment (A/P)	Chlorinated: Yes <input checked="" type="checkbox"/> 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: M25B0091-04	
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 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: 0.75 Free: 0.67	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: M25C0069-01	
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 Fecal Coliform: NA /100mL		E. coli: Absent /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 <input type="checkbox"/> B <input type="checkbox"/> 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)		Date Received: 03/07/25 Date Reported: 03/14/25 Comments:
<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)		
Sample Composition: (Check Appropriate Box)		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		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.

µmhos/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



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: 3-6-25 Time Collected: 1:45 p.m. AM PM
- Collected By: Richard Baker Telephone: 425-238-1935
- 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)	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	OTHER ANALYSIS, Please List: <input checked="" type="checkbox"/> X - _____			
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
<i>Richard Baker</i>	3-7-25	10:15 AM	<i>SP</i>	3/7/25	10:15

*****FOR LABORATORY USE ONLY*****

SAMPLE TEMP. 48 °C SATISFACTORY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>AJ5CO170-01</i>	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 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 E. coli: Absent /100mL
		Fecal Coliform: NA /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	E. coli: Absent /100mL	
Fecal Coliform: NA /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	E. coli: Absent /100mL	
Fecal Coliform: NA /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 E. coli: Absent /100mL
		Fecal Coliform: NA /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: 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: 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 <input type="checkbox"/> 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) 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 PI., 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: 6-6-25 Time Collected: 7:15 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)	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	OTHER ANALYSIS, Please List: <input checked="" type="checkbox"/> -
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
			<i>Richard Baker</i>	6/6/25	1045

*****FOR LABORATORY USE ONLY*****

SAMPLE TEMP. 15.6 °C SATISFACTORY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>A25F0154-01</i>	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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(425) 885-1664 www.amtestlab.com

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				



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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	E. coli: Absent /100mL	
Fecal Coliform: NA /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	E. coli: Absent /100mL	
Fecal Coliform: NA /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				



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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 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: 0.58 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		



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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 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: 0.49 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 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: 0.95 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 E. coli: Absent /100mL
Fecal Coliform: NA /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				



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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				



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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 E. coli: Absent /100mL
Fecal Coliform: NA /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 <input type="checkbox"/> B <input type="checkbox"/> 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) <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: 09/05/25 Date Reported: 09/10/25 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) 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: 8:14 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 County: Snohomish ^①
- 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)	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	OTHER ANALYSIS, Please List: <input checked="" type="checkbox"/> -			
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
<i>Richard Baker</i>	9-5-25	11:35 AM	<i>Debbie Shaffer</i>	9/5/25	11:35

*****FOR LABORATORY USE ONLY*****

SAMPLE TEMP. 12.0°C SATISFACTORY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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 DOT 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: 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: 0.63 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: 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 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			



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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: 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: 0.28 Free: 0.23		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: M25J0050-03		
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 <input type="checkbox"/> B <input type="checkbox"/> 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) <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: 10/03/25 Date Reported: 10/21/25 Comments:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> S - Single Source <input 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) 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
	11Cl-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-Perfluorohexane Sulfonic Acid (4.2FTS)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	4,8-Dioxa-3H-Perfluoronoanoic Acid (ADONA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	9Cl-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 (PFEESA)		ND	2	NA	NA	ng/L		10/15/25	EPA 533/ AL
	Perfluoro-3-Methoxypropanoic 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: <i>City of Gold Bar</i>	Bill To: <i>Same</i>
Address: <i>107 5th Street</i>	Address:
City: <i>Gold Bar</i> State: <i>WA</i> Zip: <i>98251</i>	City: _____ State: _____ Zip: _____
Phone: <i>360-793-1101</i>	SEND REPORT BY:
Email: <i>R. Baker @ City of Gold Bar, US</i>	<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: *10/3/2025* Time Collected: *3:10* 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 Bar* System ID #: *28300Y*
6. DOH Source #: *S 04* 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

<u>Organic Compounds</u> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)	<u>Inorganic Compounds</u> <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	<u>OTHER ANALYSIS, Please List:</u> <i>PFAS</i>
<u>Synthetic Organic Compounds (SOC)</u> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<input type="checkbox"/> 531 - Carbamates	

Relinquished By	Date	Time	Received By	Date	Time
<i>RL Baker</i>	<i>10/03/2025</i>	<i>9:55A.</i>	<i>Erin Baker</i>	<i>10/3/25</i>	<i>9:56</i>

FOR LABORATORY USE ONLY

YES NO N/A

SAMPLE TEMP. <i>7.4</i> °C SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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



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 **Work Order:** MFJ0177
Address: 13600 NE 126th Pl, STE C **Project:** A25J0097
 Kirkland, WA 98034 **Reported:** 10/21/2025 10:24
Attn: Seth Farb

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 Perfluorooctanoic 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-Perfluorodecanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0453	NFDHA Nonfluoro-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 **Work Order:** MFJ0177
Address: 13600 NE 126th Pl, STE C **Project:** A25J0097
Kirkland, WA 98034 **Reported:** 10/21/2025 10:24
Attn: Seth Farb

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-methoxybutanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0457	PFMPA Perfluoro-3-methoxypropionic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0458	PPPeA Perfluoropentanoic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0459	PPPeS Perfluoropentanesulfonic acid	ND	ng/L	2.00	2.0	--		10/15/25 13:53	MER	EPA 533	
0460	PFESA 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 relate only to the samples indicated.

AmTest Chain of Custody Record

 13600 NE 126th PL, Suite C, Kirkland, WA 98034

Ph (425) 885-1664 Fx (425) 885-1665

www.amtestlab.com

ANATEK

MFJ0177



No. 46510

Due: 10/21/25

Client Name & Address: AmTest Laboratories, Inc.				Invo										
Contact Person: Seth Farb				Invoice Contact:										
Phone No: (425) 885-1664				PO Number: 25-4602										
Fax No:				Invoice Ph/Fax:										
E-mail: sethf@amtestlab.com				Invoice E-mail:										
Report Delivery: (Choose all that apply) Mail / Fax / Email / Posted Online				Data posted to online account: YES / NO Web Login ID:										
Special Instructions:														
Requested TAT: (Rush must be pre-approved by lab) Standard RUSH (5 Day / 3 Day / 48 HR / 24 HR)										Temperature upon Receipt:				
Project Name:				Date Sampled	Time Sampled	Matrix	No. of containers	Analysis Requested						
Project Number:														
AmTest ID	Client ID (35 characters max)													
A25J0097-01				10/2/25	1510	DW	3	X						QA/QC
Collected/Relinquished By:				Date	Time	Received By:					Date		Time	
Debby Sheffu				10/6/25	10:20	Debby Sheffu					10/7/25		0930	
Relinquished By:				Date	Time	Received By:					Date		Time	
COMMENTS:														

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

Sampling Information REQUIRED

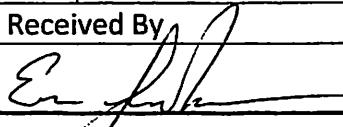
- Investigative Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: 10/3/2025 Time Collected: 3:10 AM PM
- Collected By: Richard Baker Telephone: 425-238-1935
- Specific Location where sample was taken: 40501 US-2

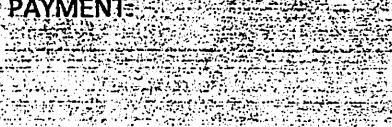
Water System Information REQUIRED

- System Name: City of Gold Bar System ID #: 28300Y
- 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)
- Group: A B 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)	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: PFAS
Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<input type="checkbox"/> 531 - Carbamates	

Relinquished By 	Date 10/03/2025	Time 9:55A.	Received By 	Date 10/3/25	Time 9:56
---	--------------------	----------------	---	-----------------	--------------

FOR LABORATORY USE ONLY					
SAMPLE TEMP. 7.4 °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

Client Name: AmTest: City of Gold Bar

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

TAT: Normal RUSH: daysSamples Received From: FedEx UPS USPS Client Courier Other: _____Custody Seal on Cooler/Box: Yes No Custody Seals Intact: Yes No N/ANumber of Coolers/Boxes: 3 Type of Ice: Wet Ice Ice Packs Dry Ice NonePacking Material: Bubble Wrap Bags Foam/Peanuts Paper None Other: _____

Comments:

Samples Received Intact? Yes No N/AChain of Custody Present/Complete? Yes No N/ALabels and Chains Agree? Yes No N/ASamples Received Within Hold Time? Yes No N/ACorrect Containers Received? Yes No N/AAnatek Bottles Used? Yes No UnknownTotal Number of Sample Bottles Received: 3Samples Properly Preserved? Yes No N/A

If No, record preservation and pH-after details

VOC Vials Free of Headspace (<6mm)? Yes No N/AVOC Trip Blanks Present? Yes No N/A

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

D250 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



AmTest Laboratories
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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	E. coli: Absent /100mL
		Fecal Coliform: NA /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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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	E. coli: Absent /100mL
		Fecal Coliform: NA /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	E. coli: Absent /100mL	
Fecal Coliform: NA /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 Fecal Coliform: NA /100mL	E. coli: Absent /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 <input type="checkbox"/> B <input type="checkbox"/> 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) <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: 12/05/25 Date Reported: 12/09/25 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		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

<u>Organic Compounds</u> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)	<u>Inorganic Compounds</u> <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 <u>Synthetic Organic Compounds (SOC)</u> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides <input type="checkbox"/> 531 - Carbamates	<u>OTHER ANALYSIS, Please List:</u> <input checked="" type="checkbox"/> -
---	---	--

Relinquished By	Date	Time	Received By	Date	Time
Richard Baker	12-5-25	11:00 AM	<i>Debby Smith</i>	12/5/25	11:00

FOR LABORATORY USE ONLY

YES NO N/A

SAMPLE TEMP. 11.7 °C SATISFACTORY

CHAIN OF CUSTODY & LABELS AGREE

LABORATORY ID#

REQUESTED TAT:

A25LB151-01

NORM 2-DAY
 5-DAY 24-HOURS

PAYMENT:

④ Client left blank filled in using ***Helpful Hints to fill out form on reverse*** DOH website 11/25/25