



AmTest Laboratories

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/05/2024 Month Day Year	Time Sample Collected 7:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public	<input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____

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

ID# 28300Y

System Name: **CITY OF GOLD BAR**

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
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Eve. Phone: 425 238 1935	FAX:
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Send results to: (Print full name, address and zip code)

City of Gold Bar

RICHARD BAKER

107 5th St

Gold Bar, Wa, 98251

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

715 CROFT AVE W SAMPLE STATION

Project Name or Comments: TEMP=7.6C

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
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Chlorinated: Yes No
Chlorine: Total 0.74 mg/l Free 0.67 mg/l

3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
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Triggered (A/P)
 Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
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E. coli Fecal Filtered Yes _____ No _____ S _____

5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other

LAB USE ONLY DRINKING WATER RESULTS

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
---	---

Replacement Sample Required

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

Test unsuitable because:
 TNTC
 Turbid Culture

Bacterial Density Results:

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

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

Method Code: SM 9223B	Date Received: 1/5/2024
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Date Analyzed: 1/5/2024, 10:15	Date Reported: 1/8/24
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066-00153

Sample Number (DOH number plus five digits)

Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/05/2024 Month Day Year	Time Sample Collected 6:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public	<input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____

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

ID# 28300Y

System Name: **CITY OF GOLD BAR**

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
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Eve. Phone: 425 238 1935	FAX:
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Send results to: (Print full name, address and zip code)

City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

40507 SR 2 SAMPLE STATION

Project Name or Comments: TEMP=7.6C

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
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Chlorinated: Yes No
Chlorine: Total 0.42 mg/l Free 0.35 mg/l

3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
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Triggered (A/P)
 Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)

<input type="checkbox"/> E. coli	<input type="checkbox"/> Fecal	Filtered Yes _____ No _____	<input type="checkbox"/> S. _____
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5. Sample Collected for Information Only

Construction Repairs Private Residence Other

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

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
---	---

Replacement Sample Required

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

Test unsuitable because:
 TNTC
 Turbid Culture

Bacterial Density Results:

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

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

Method Code: SM 9223B	Date Received: 1/5/2024
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Date Analyzed: 1/5/2024, 10:15	Date Reported: 1/8/24
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066-00151 Sample Number (DOH number plus five digits)	Lab Use Only:
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/05/2024 Month Day Year	Time Sample Collected 6:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public	<input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____

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

ID# 28300Y

System Name: **CITY OF GOLD BAR**

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
-------------------------	--------------------------

Eve. Phone: 425 238 1935	FAX:
--------------------------	------

Send results to: (Print full name, address and zip code)

City of Gold Bar

RICHARD BAKER

107 5th St

Gold Bar, Wa, 98251

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

102 5TH STREET

Project Name or Comments: TEMP=7.6C

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
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Chlorinated: Yes No
Chlorine: Total 0.68 mg/l Free 0.62 mg/l

3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____
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Triggered (A/P)

Assessment (A/P)

Unsatisfactory routine collect date:

Chlorinated: Yes _____ No _____

Chlorine Resid: Total _____ Free _____

4. Surface or GWI Raw Water Sample (Enumeration)
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E. coli Fecal Filtered Yes _____ No _____

5. <input type="checkbox"/> Sample Collected for Information Only

Construction Repairs Private Residence Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
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<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
---	---

Replacement Sample Required

Sample not tested because

<input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
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Bacterial Density Results:

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

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

Method Code: SM 9223B	Date Received: 1/5/2024
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Date Analyzed: 1/5/2024, 10:15	Date Reported: 1/8/24
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066-00152	Lab Use Only:
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Sample Number (DOH number plus five digits)



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/08/2024	Time Sample Collected 7:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public	<input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____

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

ID# 28300Y

System Name: **CITY OF GOLD BAR**

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
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Eve. Phone: 425 238 1935	FAX:
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Send results to: (Print full name, address and zip code)

City of Gold Bar

RICHARD BAKER

107 5th St

Gold Bar, Wa, 98251

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

107 5TH ST

Project Name or Comments: TEMP=7.3C

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
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Chlorinated: Yes No
Chlorine: Total 0.92 mg/l Free 0.81 mg/l

3. Ground Water Rule Source Sample	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
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Triggered (A/P)
 Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
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E. coli Fecal Filtered Yes _____ No _____ S. _____

5. <input type="checkbox"/> Sample Collected for Information Only

Construction Repairs Private Residence Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
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<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
--	--

Replacement Sample Required

Sample not tested because

<input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
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Bacterial Density Results:

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

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

Method Code: SM 9222B	Date Received: 2/8/2024
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Date Analyzed: 2/8/2024, 15:00	Date Reported: 2/9/24
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066-00834 Sample Number (DOH number plus five digits)	Lab Use Only:
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/08/2024 Month Day Year	Time Sample Collected 8:00	County: SNOHOMISH
Type of Water System (check only one box)		
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):		
ID# 28300Y		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code)		
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected:		
508 1ST AVE W SAMPLE STATION		
Project Name or Comments: TEMP=7.3C		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.91 mg/l Free 0.87 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		Unsatisfactory routine lab number: _____ _____ Unsatisfactory routine collect date: _____ _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
4. Surface or GWI Raw Water Sample (Enumeration)		
<input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		_____
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY		DRINKING WATER RESULTS
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E. coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 2/8/2024
Date Analyzed: 2/8/2024, 15:00		Date Reported: 2/9/24
066-00835 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/07/2024 Month Day Year	Time Sample Collected 8:30	County: SNOHOMISH		
Type of Water System (check only one box)				
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____				
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):				
ID# 28300Y				
System Name: CITY OF GOLD BAR				
Contact Person: RICHARD BAKER				
Day Phone: 360-793-1101	Cell Phone: 425 238 1935			
Eve. Phone: 425 238 1935	FAX:			
Send results to: (Print full name, address and zip code)				
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251				
SAMPLE INFORMATION				
Sample collected by (name): RICHARD BAKER				
Specific location where sample collected:				
LOT 22 EVERGREEN WAY SS				
Project Name or Comments: TEMP= 9.9C				
Type of Sample (select only one type of sample from types 1 through 5 below)				
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.64 mg/l Free 0.58 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)		
3. Ground Water Rule Source Sample _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		Unsatisfactory routine lab number: _____ _____ Unsatisfactory routine collect date: _____ _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____		
4. Surface or GWI Raw Water Sample (Enumeration)				
<input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____		_____		
5. <input type="checkbox"/> Sample Collected for Information Only				
<input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other				
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> E. coli absent		
□ Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____				
Bacterial Density Results: Plate Count / ml. E. coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.				
Method Code: SM 9222B			Date Received: 3/ 7/2024	
Date Analyzed: 3/ 7/2024, 14:20			Date Reported: 3/ 8/2024	
066-01461			Lab Use Only:	
Sample Number (DOH number plus five digits)				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/07/2024	Time Sample Collected 7:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public	<input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____

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

ID# 28300Y

System Name: **CITY OF GOLD BAR**

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
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Eve. Phone: 425 238 1935	FAX:
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Send results to: (Print full name, address and zip code)

City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

40121 145TH PL SE SS

Project Name or Comments: TEMP=2.8C

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.78 mg/l Free 0.69 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____

4. Surface or GWI Raw Water Sample (Enumeration)

<input type="checkbox"/> E. coli	<input type="checkbox"/> Fecal	Filtered Yes _____ No _____	<input type="checkbox"/> S. _____
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5. Sample Collected for Information Only

Construction Repairs Private Residence Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> E. coli absent
---	---

Replacement Sample Required

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

Test unsuitable because:
 TNTC
 Turbid Culture

Bacterial Density Results:

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

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

Method Code: SM 9222B	Date Received: 3/7/2024
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Date Analyzed: 3/7/2024, 14:20	Date Reported: 3/8/24
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066-01463 Sample Number (DOH number plus five digits)	Lab Use Only:
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/07/2024	Time Sample Collected 8:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)	
<input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public	<input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____

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

ID# 28300Y

System Name: **CITY OF GOLD BAR**

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
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Eve. Phone: 425 238 1935	FAX:
--------------------------	------

Send results to: (Print full name, address and zip code)

City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

40721 MAY CREEK RD SS

Project Name or Comments: TEMP=4.4C

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.90 mg/l Free 0.44 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)
3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____

4. Surface or GWI Raw Water Sample (Enumeration)

<input type="checkbox"/> E. coli	<input type="checkbox"/> Fecal	Filtered Yes _____ No _____	<input type="checkbox"/> S. _____
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5. Sample Collected for Information Only

Construction Repairs Private Residence Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> E. coli absent
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Replacement Sample Required

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

Test unsuitable because:
 TNTC
 Turbid Culture

Bacterial Density Results:

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

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

Method Code: SM 9222B	Date Received: 3/7/2024
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Date Analyzed: 3/7/2024, 14:20	Date Reported: 3/8/24
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066-01464

Sample Number (DOH number plus five digits)

Lab Use Only:

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



**Professional
 Analytical
 Services**

**Nitrate/Nitrite
 Report of Analysis**

Date Collected: 03/07/24		System Group Type: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other:	
Water System ID Number: 28300Y		System Name: City of Gold Bar	
Lab-Sample No: 066-04930		County: Snohomish	
Sample Location: PINE SAMPLE STATION		Source Number(s): S03 & S04	
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)		Date Received: 03/07/24 Date Analyzed: 3/ 7/24 Date Reported: 3/20/24 Comments:	
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input checked="" type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input type="checkbox"/> Distribution Sample		Sample Type: (Check One) <input type="checkbox"/> Pre-Treatment/Raw <input checked="" type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: RICHARD BAKER Phone Number: 425-238-1935	
Send Report To: City of Gold Bar 107 5th Street Gold Bar, WA 98251		Bill To: Richard Baker 107 5th Street Gold Bar, WA 98251	

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	trigger	MCL	UNITS	EXCEEDS MCL (X if Yes)	METHOD /INITIALS
0020	Nitrate		0.22	0.2	5	10	mg/l		EPA 300.0 /EZ
0114	Nitrite		ND	0.1	0.5	1	mg/l		EPA 300.0 /EZ
0161	Total Nitrate + Nitrite		ND	0.3	--	10	mg/l		EPA 300.0 /

NOTES:

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

-No trigger value for combined nitrate plus nitrite.

ANALYTE: The name of the analyte being tested for.

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

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

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

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

RESULT: The laboratory reported result.

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

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

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

Seth Farb
 AmTest Inc.

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

AMTEST
LABORATORIES

DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

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

Sampling Information REQUIRED

1. Investigative Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)

2. Date Collected: 3-7-24 Time Collected: 7:30 AM PM

3. Collected By: Richard Baker Telephone: 425-238-1935

4. Specific Location where sample was taken: Pine Sample Station

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: Snohomish

9. Source Type: Surface Well/Ground Water Well Field Spring Purchased

10. Sample Taken: Before Treatment After Treatment No Treatment In Distribution

11. Treatment Type: None Aeration Filtration Chlorination Softener Other:

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

Organic Compounds <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input type="checkbox"/> Arsenic <input checked="" 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>	3-7-24	11:45	<i>KH</i>	3/7/24	1142

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

SAMPLE TEMP. 69 °C SATISFACTORY	YES	NO	N/A
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>4930</i>	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 5-DAY	PAYMENT: <input type="checkbox"/> 2-DAY <input type="checkbox"/> 24-HOURS	

*****Helpful Hints to fill out form on reverse*****



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 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: 360-793-1101	
Email:	Eve. Phone: 360-793-1101	
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: 0.67 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		
Unsatisfactory Total Coliform ABSENT and 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: 4/4/2024 10:51:00AM		Lab Reference Number: M24D0033-01
Receipt Temp (C): 0.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,
Date Reported to DOH: 04/05/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24D0033-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 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: 360-793-1101			
Email:	Eve. Phone: 360-793-1101			
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: 0.81 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	
Unsatisfactory Total Coliform ABSENT and 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: 4/4/2024 10:51:00AM		Lab Reference Number: M24D0033-02		
Receipt Temp (C): 0.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,		
Date Reported to DOH: 04/05/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24D0033-02				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 Month Day Year	Time Sample Collected 7:45 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#: 06630X System Name: Big Bend Landowners Association				
Contact Person: Richard Baker				
Day Phone: 360-793-1101	Cell Phone: 360-793-1101			
Email:	Eve. Phone: 360-793-1101			
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 SR2 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: 0.63 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	
Unsatisfactory Total Coliform ABSENT and 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: 4/4/2024 10:51:00AM		Lab Reference Number: M24D0033-03		
Receipt Temp (C): 0.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,		
Date Reported to DOH: 04/05/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24D0033-03				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 Month Day Year	Time Sample Collected 9:30 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: 360-793-1101		
Email:	Eve. Phone: 360-793-1101		
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 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: 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
Unsatisfactory Total Coliform ABSENT and 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: 4/4/2024 10:51:00AM		Lab Reference Number: M24D0033-04	
Receipt Temp (C): 0.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported to DOH: 04/05/2024		Lab Use Only:	
DOH Lab- Sample# 0660-M24D0033-04			



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 05/13/2024 Month Day Year	Time Sample Collected 8:35 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: 360-793-1101		
Email: R.BAKER@CITYOFGOLDBAR.US	Eve. Phone: 360-793-1101		
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): Rich Norris			
Specific location where sample collected: Fall View - Alder		Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)			
1. 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 : <input checked="" type="checkbox"/>			
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY
Unsatisfactory Total Coliform ABSENT and 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: 5/13/2024 11:06:00AM		Lab Reference Number: M24E0117-01	
Receipt Temp (C): 12.5 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported to DOH: 05/15/2024		Lab Use Only:	
DOH Lab- Sample# 0660-M24E0117-01			

Complete Inorganic Chemistry
 ANALYSIS REPORT

Date Collected: 06/05/24		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-A24F0110-01		County: Snohomish
Sample Location: Tank Road		Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box)		Date Received: 06/06/24 Date Reported: 06/13/24 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		0.0073	0.0014	0.01	0.01	mg/L		06/12/24	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).

LAB COMMENTS



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: <input checked="" type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL
Email: r.baker@cityofgoldbar.us	

Sampling Information REQUIRED

- Investigative Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: 6-6-24 Time Collected: 3:00 P.M. AM PM
- Collected By: Richard Baker Telephone: 425-288-1835
- Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

- System Name: City of Gold Bar System ID #: 28300
- DOH Source #: SO3 & SO4 Check here if this is a New Source
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
- Group: A B 8. County:
- Source Type: Surface Well/Ground Water Well Field Spring Purchased
- Sample Taken: Before Treatment After Treatment No Treatment In Distribution
- Treatment Type: None Aeration Filtration Chlorination Softener Other:

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

Organic Compounds <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 <i>Richard Baker</i>	Date 6-6-24	Time 10:20 AM	Received By SF	Date 6/6/24	Time 10:20

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

SAMPLE TEMP. 67 °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>A24F0110-01</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*****



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/05/2024 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 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: 0.23 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	
Unsatisfactory Total Coliform ABSENT and 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: 6/6/2024 10:20:00AM		Lab Reference Number: M24F0033-01		
Receipt Temp (C): 6.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,		
Date Reported to DOH: 06/10/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24F0033-01				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/05/2024 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: 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: 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		
Unsatisfactory Total Coliform ABSENT and 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: 6/6/2024 10:20:00AM		Lab Reference Number: M24F0033-03
Receipt Temp (C): 6.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,
Date Reported to DOH: 06/10/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24F0033-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/05/2024 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: 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: Free: 0.52	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		
Unsatisfactory Total Coliform ABSENT and 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: 6/6/2024 10:20:00AM		Lab Reference Number: M24F0033-04
Receipt Temp (C): 6.7 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,
Date Reported to DOH: 06/10/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24F0033-04		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/16/2024 Month Day Year	Time Sample Collected 8:45 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: 40507 SR2	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: 0.44 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	
Unsatisfactory Total Coliform ABSENT and 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: 7/16/2024 10:46:00AM		Lab Reference Number: M24G0142-02		
Receipt Temp (C): 12.9 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,		
Date Reported to DOH: 07/17/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24G0142-02				



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(425) 885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/16/2024 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 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: 0.41 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		
Unsatisfactory Total Coliform ABSENT and 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: 7/16/2024 10:46:00AM		Lab Reference Number: M24G0142-03
Receipt Temp (C): 12.9 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
Date Reported to DOH: 07/17/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24G0142-03		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/16/2024 Month Day Year	Time Sample Collected 8:30 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: 715 Croft Ave W	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: 0.44 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	
Unsatisfactory Total Coliform ABSENT and 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: 7/16/2024 10:46:00AM		Lab Reference Number: M24G0142-04		
Receipt Temp (C): 12.9 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,		
Date Reported to DOH: 07/17/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24G0142-04				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/02/2024 Month Day Year	Time Sample Collected 8:30 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: 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: 0.66 Free: 0.55	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	
Unsatisfactory Total Coliform ABSENT and 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: 8/2/2024 11:50:00AM		Lab Reference Number: M24H0025-01		
Receipt Temp (C): 16 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,		
Date Reported to DOH: 08/05/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24H0025-01				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/02/2024 Month Day Year	Time Sample Collected 7:15 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: 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: 0.60 Free: 0.54	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	
Unsatisfactory Total Coliform ABSENT and 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: 8/2/2024 11:50:00AM		Lab Reference Number: M24H0025-02		
Receipt Temp (C): 16 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,		
Date Reported to DOH: 08/05/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24H0025-02				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/02/2024 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: 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: 0.80 Free: 0.74	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	
Unsatisfactory Total Coliform ABSENT and 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: 8/2/2024 11:50:00AM		Lab Reference Number: M24H0025-03		
Receipt Temp (C): 16 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,		
Date Reported to DOH: 08/05/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24H0025-03				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/13/2024 Month Day Year	Time Sample Collected 9:45 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: 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: 0.41 Free: 0.39	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: 9/13/2024 12:04:00PM		Lab Reference Number: M24I0138-01
Receipt Temp (C): 10.3 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
Date Reported to DOH: 09/16/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24I0138-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/13/2024 Month Day Year	Time Sample Collected 9:15 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: 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: 0.26 Free: 0.22	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: 9/13/2024 12:04:00PM		Lab Reference Number: M24I0138-02
Receipt Temp (C): 10.3 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
Date Reported to DOH: 09/16/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24I0138-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/13/2024 Month Day Year	Time Sample Collected 8:50 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 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: 0.70 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 E. coli: Absent /100mL
Fecal Coliform: NA /100mL		HPC: NA /1mL
Date/Time Received: 9/13/2024 12:04:00PM		Lab Reference Number: M24I0138-03
Receipt Temp (C): 10.3 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
Date Reported to DOH: 09/16/2024		Lab Use Only:
DOH Lab- Sample# 0660-M24I0138-03		

**Complete Inorganic Chemistry
 ANALYSIS REPORT**

Date Collected: 09/13/24		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-A24I0257-01		County: Snohomish
Sample Location: Tank Road		Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box)		Date Received: 09/13/24 Date Reported: 09/17/24 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		0.006	0.001	0.01	0.01	mg/L		09/16/24	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

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: 9-13-24 Time Collected: ~~8:00~~ 8:00 AM PM
- Collected By: Richard Baker Telephone: 425-238-1935
- Specific Location where sample was taken: Tank Road

Water System Information REQUIRED

- System Name: City of Gold Bar System ID #: 28300
- DOH Source #: SO3 & SO4 Check here if this is a New Source
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
- Group: A B 8. County:
- Source Type: Surface Well/Ground Water Well Field Spring Purchased
- Sample Taken: Before Treatment After Treatment No Treatment In Distribution
- Treatment Type: None Aeration Filtration Chlorination Softener Other:

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

Organic Compounds <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>	9-13-24	12:00pm	<i>KN</i>	9/13/24	1204

FOR LABORATORY USE ONLY

SAMPLE TEMP. 11.4 °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>A24J0257-01</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



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/04/2024 Month Day Year	Time Sample Collected 5:50 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: 0.44 Free: 0.39		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: 10/4/2024 9:15:00AM		Lab Reference Number: M24J0047-01		
Receipt Temp (C): 7 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,		
Date Reported to DOH: 10/07/2024		Lab Use Only:		
DOH Lab- Sample# 0660-M24J0047-01				



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/04/2024 Month Day Year	Time Sample Collected 6:50 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#: 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: 40507 SR2 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: 0.39 Free: 0.35		2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample __ Triggered (A/P) Assessment (A/P)			
4. Surface or GWI Raw Water Sample (Enumeration) E. Coli Fecal Filtered: Yes No			
5. Sample collected for Information Only :			
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL	
Date/Time Received: 10/4/2024 9:15:00AM		Lab Reference Number: M24J0047-02	
Receipt Temp (C): 7 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported to DOH: 10/07/2024		Lab Use Only:	
DOH Lab- Sample# 0660-M24J0047-02			



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/04/2024 Month Day Year	Time Sample Collected 6:15 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: 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: 0.54 Free: 0.47		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: 10/4/2024 9:15:00AM		Lab Reference Number: M24J0047-03	
Receipt Temp (C): 7 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported to DOH: 10/07/2024		Lab Use Only:	
DOH Lab- Sample# 0660-M24J0047-03			



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/08/2024 Month Day Year	Time Sample Collected 8:10 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: 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: 0.25 Free: 0.24	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample __ Triggered (A/P) Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) E. Coli Fecal Filtered: Yes No		
5. Sample collected for Information Only :		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 11/8/2024 11:14:00AM	Lab Reference Number: M24K0075-01	
Receipt Temp (C): 11.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 11/11/2024	Lab Use Only:	
DOH Lab- Sample# 0660-M24K0075-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/08/2024 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: 508 2st 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: 0.58 Free: 0.53	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:	
3. Ground Water Rule Source Sample __ Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
4. Surface or GWI Raw Water Sample (Enumeration) E. Coli Fecal Filtered: Yes No		
5. Sample collected for Information Only :		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
Date/Time Received: 11/8/2024 11:14:00AM	Lab Reference Number: M24K0075-02	
Receipt Temp (C): 11.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 11/11/2024	Lab Use Only:	
DOH Lab- Sample# 0660-M24K0075-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/08/2024 Month Day Year	Time Sample Collected 8:30 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: 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: 0.27 Free: 0.22		2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample __ Triggered (A/P) Assessment (A/P)			
4. Surface or GWI Raw Water Sample (Enumeration) E. Coli Fecal Filtered: Yes No			
5. Sample collected for Information Only :			
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL		E. coli: Absent /100mL HPC: NA /1mL	
Date/Time Received: 11/8/2024 11:14:00AM		Lab Reference Number: M24K0075-03	
Receipt Temp (C): 11.4 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 11/11/2024		Lab Use Only:	
DOH Lab- Sample# 0660-M24K0075-03			

**Complete Inorganic Chemistry
 ANALYSIS REPORT**

Date Collected: 12/06/24		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-A24L0118-01		County: Snohomish
Sample Location: Tank Road		Source Number (s): S03 & S04
Sample Purpose: (Check Appropriate Box)		Date Received: 12/06/24 Date Reported: 12/09/24 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: Rich Norris 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		0.005	0.001	0.01	0.01	mg/L		12/06/24	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

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: *Dec 12-5-24* Time Collected: *3:00* AM PM
- Collected By: *Rich Norris* Telephone: *425 238 4649*
- 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
- 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: <i>X -</i>
Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<input type="checkbox"/> 531 - Carbamates	

Relinquished By <i>Rich Norris</i>	Date <i>12-6-24</i>	Time <i>9:08</i>	Received By <i>KH</i>	Date <i>12/6/24</i>	Time <i>9:11</i>
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FOR LABORATORY USE ONLY			YES	NO	N/A
SAMPLE TEMP. <i>73</i> °C SATISFACTORY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>A24L0118-01</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