



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

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>01/05/2024</b> Month Day Year	Time Sample Collected <b>7:20</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>715 CROFT AVE W SAMPLE STATION</b>		
Project Name or Comments: <b>TEMP=7.6C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.74</b> mg/l Free <b>0.67</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9223B</b>		Date Received: <b>1/ 5/2024</b>
Date Analyzed: <b>1/ 5/2024, 10:15</b>		Date Reported: <b>1/ 8/24</b>
<b>066-00153</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>01/05/2024</b> Month Day Year	Time Sample Collected <b>6:50</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>40507 SR 2 SAMPLE STATION</b>		
Project Name or Comments: <b>TEMP=7.6C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.42</b> mg/l Free <b>0.35</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9223B</b>		Date Received: <b>1/ 5/2024</b>
Date Analyzed: <b>1/ 5/2024, 10:15</b>		Date Reported: <b>1/ 8/24</b>
<b>066-00151</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>01/05/2024</b> Month Day Year	Time Sample Collected <b>6:10</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>102 5TH STREET</b>		
Project Name or Comments: <b>TEMP=7.6C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.68</b> mg/l Free <b>0.62</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9223B</b>		Date Received: <b>1/ 5/2024</b>
Date Analyzed: <b>1/ 5/2024, 10:15</b>		Date Reported: <b>1/ 8/24</b>
<b>066-00152</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>02/08/2024</b> Month Day Year	Time Sample Collected <b>7:15</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>107 5TH ST</b>		
Project Name or Comments: <b>TEMP=7.3C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.92</b> mg/l Free <b>0.81</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform <b>&lt; 1</b> /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9222B</b>		Date Received: <b>2/ 8/2024</b>
Date Analyzed: <b>2/ 8/2024, 15:00</b>		Date Reported: <b>2/ 9/24</b>
<b>066-00834</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>02/08/2024</b> Month Day Year	Time Sample Collected <b>8:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>508 1ST AVE W SAMPLE STATION</b>		
Project Name or Comments: <b>TEMP=7.3C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.91</b> mg/l Free <b>0.87</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform <b>&lt; 1</b> /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9222B</b>		Date Received: <b>2/ 8/2024</b>
Date Analyzed: <b>2/ 8/2024, 15:00</b>		Date Reported: <b>2/ 9/24</b>
<b>066-00835</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>02/08/2024</b> Month Day Year	Time Sample Collected <b>8:45</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>803 ORCHARD SAMPLE STATION</b>		
Project Name or Comments: <b>TEMP=7.3C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.85</b> mg/l Free <b>0.80</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform <b>&lt; 1</b> /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9222B</b>		Date Received: <b>2/ 8/2024</b>
Date Analyzed: <b>2/ 8/2024, 15:00</b>		Date Reported: <b>2/ 9/24</b>
<b>066-00836</b> Sample Number (DOH number plus five digits)		Lab Use Only:





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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>03/07/2024</b> Month Day Year	Time Sample Collected <b>8:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>LOT 22 EVERGREEN WAY SS</b>		
Project Name or Comments: <b>TEMP= 9.9C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.64</b> mg/l Free <b>0.58</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform <b>&lt; 1</b> /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9222B</b>		Date Received: <b>3/ 7/2024</b>
Date Analyzed: <b>3/ 7/2024, 14:20</b>		Date Reported: <b>3/ 8/24</b>
<b>066-01461</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>03/07/2024</b> Month Day Year	Time Sample Collected <b>7:50</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>40121 145TH PL SE SS</b>		
Project Name or Comments: <b>TEMP=2.8C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.78</b> mg/l Free <b>0.69</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS</b>		<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform <b>&lt; 1</b> /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9222B</b>		Date Received: <b>3/ 7/2024</b>
Date Analyzed: <b>3/ 7/2024, 14:20</b>		Date Reported: <b>3/ 8/24</b>
<b>066-01463</b> Sample Number (DOH number plus five digits)		Lab Use Only:





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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>03/07/2024</b> Month Day Year	Time Sample Collected <b>8:10</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>40721 MAY CREEK RD SS</b>		
Project Name or Comments: <b>TEMP=4.4C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.90</b> mg/l Free <b>0.44</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform <b>&lt; 1</b> /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9222B</b>		Date Received: <b>3/ 7/2024</b>
Date Analyzed: <b>3/ 7/2024, 14:20</b>		Date Reported: <b>3/ 8/24</b>
<b>066-01464</b> Sample Number (DOH number plus five digits)		Lab Use Only:

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Suite C  
Kirkland, WA 98034  
(425) 885-1664  
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## 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: <b>28300Y</b>	System Name: City of Gold Bar
Lab--Sample No: <b>066--04930</b>	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 126<sup>th</sup> 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: 3-7-24 Time Collected: 7:30 AM ☒ PM ☐
- Collected By: Richard Baker Telephone: 425-238-1935
- Specific Location where sample was taken: Pine Sample Station

## Water System Information REQUIRED

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

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

### Organic Compounds

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

### Synthetic Organic Compounds (SOC)

- ☐ 515 - Herbicides  
☐ 525 - Insecticides/Pesticides

### Inorganic Compounds

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

### OTHER ANALYSIS, Please List:

X - \_\_\_\_\_

Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Baker</i>	3-7-24	11:45	<i>KH</i>	3/7/24	1142

### \*\*\*FOR LABORATORY USE ONLY\*\*\*

	YES	NO	N/A
SAMPLE TEMP. 6.9 °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# 4930	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 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:	
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 <b>Information Only</b> :		
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		



## 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 <b>Information Only</b> :		
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		



## 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 <b>Information Only</b> :		
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		





## 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 <b>Information Only</b> :		
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 <b>Information Only</b> : <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 Fecal Coliform: NA/100mL		E. coli: <1/100mL 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 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) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 06/06/24 Date Reported: 06/13/24 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other  Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street, Gold Bar, WA 98251	Bill To: Richard Baker

**ANALYTICAL RESULTS**

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		0.0073	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 126<sup>th</sup> Pl., Suite C  
Kirkland, WA 98034  
425-885-1664

# AMTEST

LABORATORIES

DRINKING WATER SAMPLE  
INFORMATION (WSI)  
For Chemical Analysis

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

## Sampling Information REQUIRED

- ☐ Investigative ☒ Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
- Date Collected: 6-5-24 Time Collected: 3:00 P.M. 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

<b>Organic Compounds</b> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)  <b>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<b>Inorganic Compounds</b> <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List  <input type="checkbox"/> 531 - Carbamates	<b>OTHER ANALYSIS, Please List:</b>  <b>X -</b> _____
--	--	---

Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Baker</i>	6-6-24	10:20 AM	SE	6/6/24	10:20

### \*\*\*FOR LABORATORY USE ONLY\*\*\*

	YES	NO	N/A
SAMPLE TEMP. 6.7 °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# A24F0110-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT:

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



## 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 <b>Information Only</b> :		
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		



## 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 <b>Information Only</b> :		
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: M24F0033-03	
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		





## 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 <b>Information Only</b> :		
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: M24F0033-04	
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		



## 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 <b>Information Only</b> :		
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: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
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: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
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: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
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: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
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: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		





## 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 <b>Information Only</b> :		
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: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



## 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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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    B    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) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 09/13/24 Date Reported: 09/17/24 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other  Sample Collected by: Richard Baker Phone Number: 360-793-1101
Send Report To: City of Gold Bar 107 5th Street, Gold Bar, WA 98251	Bill To: Richard Baker

**ANALYTICAL RESULTS**

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		0.006	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.

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



**ElementStationManager For Seth Farb**

Vice President

13600 NE 126<sup>th</sup> 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: 9-13-2011 Time Collected: ~~8:00~~ 8:00 AM ☒ PM ☐
3. Collected By: Richard Baker Telephone: 425-238-1935
4. Specific Location where sample was taken: Tank Road

**Water System Information REQUIRED**

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

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

<b>Organic Compounds</b> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)  <b>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<b>Inorganic Compounds</b> <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List  <input type="checkbox"/> 531 - Carbamates	<b>OTHER ANALYSIS, Please List:</b>  <b>X -</b> _____
--	--	---

Relinquished By	Date	Time	Received By	Date	Time
<i>Richard Baker</i>	9-13-2011	12:00 PM	<i>KH</i>	9/13/2011	1204

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

SAMPLE TEMP. 11.4 °C SATISFACTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# A2410257-01	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS	PAYMENT:	

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





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

## 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:	
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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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		



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## 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:	
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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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:	
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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /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   B   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) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 12/06/24 Date Reported: 12/09/24 Comments:
Sample Composition: (Check Appropriate Box) S - Single Source <input checked="" type="checkbox"/> B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) Pre-treatment/Untreated (Raw) <input checked="" type="checkbox"/> Post-treatment (Finished) Unknown or Other  Sample Collected by: 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.

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



**ElementStationManager For Seth Farb**

Vice President

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

# AMTEST

LABORATORIES

## DRINKING WATER SAMPLE INFORMATION (WSI) For Chemical Analysis

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

### Sampling Information REQUIRED

1. ☐ Investigative ☒ Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)
2. Date Collected: *12-5-24* Time Collected: *3:00* AM ☐ PM ☒
3. Collected By: *Rich Norris* Telephone: *425 238 4649*
4. Specific Location where sample was taken: Tank Road

### Water System Information REQUIRED

5. System Name: City of Gold Bar System ID #: 28300
6. DOH Source #: SO3 & SO4 ☐ Check here if this is a New Source  
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)
7. Group: ☒ A ☐ B 8. County: *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

<b>Organic Compounds</b> <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM)  <b>Synthetic Organic Compounds (SOC)</b> <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	<b>Inorganic Compounds</b> <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List  <input type="checkbox"/> 531 - Carbamates	<b>OTHER ANALYSIS, Please List:</b>  <b>X -</b> _____
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Relinquished By	Date	Time	Received By	Date	Time
<i>Rich Norris</i>	<i>12-6-24</i>	<i>9:08</i>	<i>KH</i>	<i>12/6/24</i>	<i>911</i>

***FOR LABORATORY USE ONLY***		YES	NO	N/A
SAMPLE TEMP. <i>7.3</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\*\*\*