

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/08/2014 Month Day Year	Time Sample Collected 8:00	☑ AM □ PM		county: SNOHOMISH			
Type of Water System (check only one box) ☑ Group A Public □ Private Household □ Group B Public □ Other:							
Group A and Group B Systems	Provide from W	ater Facilitie	s Inver	itory (WFI):			
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER/JOHN LIGHT							
Day Phone: 360-793-11	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 1935		FAX:					
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)					
SAMPLE INFORMATION							
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected:							
501 LEWIS AVE							
Special Instructions or Comments:							
Type of Sample (must check only one box of #1 through #4 listed below)							
Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine. Tota< 0.1 mg/l Free< 0.1 mg/l		Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other		Unsatisfactory routine lab number:					
		Unsatisfactory routine collect date					
S _	<u></u> .		J				
Public Systems must provide Source Nurt	nber from (WFI)	Chlorinated: YesNo Chlorine Resid: Total Free					
4. □ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other							
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
Unsatisfactory Total Coliform Present and	☐ E. coli abser	11	₩ 8	Satisfactory			
☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent							
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform <1 /100 ml. Fecal Coliform <1 /100 ml.							
Method Code: MICR- 2810			Date Received: 8/ 8/2014				
Date Analyzed: 8/ 8/2014, 14:00			Date Reported: 8/ 9/14				
06604547 Sample Number (DOH number plus five digits)			Lab Use Only:				
DOH Form #331-319 (revised 8/05) RECEIVED AUG 2 7 2014							



Time Sample

Collected

8:40

Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 28300Y

Date Sample Collected

Type of Water System (check only one box) ☑ Group A Public

Group B Public

Day Phone: 360-793-1101

Eve. Phone: 425 238 1935

Gold Bar, Wa, 98251

City of Gold Bar

508 1ST AVE W Special Instructions or Comments:

Chlorinated: ☑ Yes ☐ No

3. Raw Water Source Sample

☐ Other

LAB USE ONLY

Total Coliform Present and ☐ E. coli present

☐ Fecal coliform present

☐ Replacement Sample Required Sample not tested because

Bacterial Density Results: Plate Count _

☐ Sample too old (>30 hours)

Date Analyzed: 8/ 8/2014, 14:00

DOH Form #331-319 (revised 8/05)

06604546 Sample Number (DOH number plus five digits)

☐ Improper Container

Method Code:

MICR- 2810

☐ Unsatisfactory

☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some springs

1. ☑ Routine Distribution Sample

Chlorine: Total 0.29 mg/l Free 0.28 mg/l

Public Systems must provide Source Number from (WFI)

4.

Sample Collected for Information Only

☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

DRINKING WATER RESULTS

☐ E. coli absent

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

□ Fecal coliform absent

107 5th St

System Name: CITY OF GOLD BAR

RICHARD BAKER/JOHN LIGHT

Sample collected by (name): RICHARD BAKER Specific location where sample collected:

Contact Person: RICHARD BAKER/JOHN LIGHT

08/08/2014

Month Day Year

AmTest Laboratories

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☐ Other.

FAX:

SAMPLE INFORMATION

Type of Sample (must check only one box of #1 through #4 listed below)

COLIFORM BACTERIA ANALYSIS

MA 🖾

□ PM

□ Private Household

Cell Phone: 425 238 1935

2. Repeat Sample (after unsat, routine)

☐ Source Groundwater Rule (GWR)

(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

☑ Satisfactory

Free_

LAB USE ONLY

Chlorinated: Yes_

Chlorine Resid: Total_

Test unsuitable because:

/ ml. E.coli

Date Received:

8/ 8/2014

Lab Use Only:

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Date Reported: 8/9/14

☐ TNTC

☐ Turbid Culture

□ Distribution System

County

SNOHOMISH

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

425 000 1004	44 44 41 (211)	icolau.com				
COLIFORM	BACTE	RIA ANAL	YSIS.			
Date Sample Collected Time Sample Collected Collected Collected Month Day Year 9:00			NOHOMISH			
Type of Water System (check only one box) ☑ Group A Public □ Group B Public		□ Private Household □ 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/JOHN LIGHT						
Day Phone: 360-793-1101	Cell Pho	Cell Phone: 425 238 1935				
Eve. Phone: 425 238 1935	FAX:	FAX:				
Send results to: (Print full name, address and City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251	zip code)					
SAMPLE INFO	RMATION	l				
Sample collected by (name): R!CHARD BAKER						
Specific location where sample collected: 818 EVERGREEN WAY Special Instructions or Comments:						
Type of Sample (must check only one box of #1 through #4 listed below)						
⊠ Routine Distribution Sample Chlonnated: ☑ Yes □ No Chlorine: Total 0.10 mg/l Fre< 0.1 mg/l	☐ Distri	Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other		Unsatisfactory routine lab number:				
	Unsatisfac	Unsatisfactory routine collect date:				
Public Systems must provide Source Number from (WFI)		/ / / / / / / / Chlorinated: Yes No / Chlorine Resid: Total Free				
4. □ Sample Collected for Information Only						
□ Construction □ Repairs □ Private Residence □ Other						
LAB USE ONLY DRINKING WA	TER RES	1	AB USE ONLY			
☐ Unsatisfactory Total Coliform Present and		☑ Satisfact	lory			
☐ E. coll present ☐ E. coli abse ☐ Fecal coliform present ☐ Fecal colifo						
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □	☐ TNTC	☐ Turbid Cutture				
Bacterial Density Results: Plate Cour Total Coliform <1 /100 ml. Fe	it /	ml. E.coli				
Method Code: MICR- 2810		Date Received: 8/ 8/2014				
Date Analyzed: 8/ 8/2014, 14:00		Date Reported: 8/ 9/14				
06604545		Lab Use Only:				

Sample Number (DOH number plus five digits) DCH Form #331-319 (revised 8/05)

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