



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 02/04/2014 Month Day Year	Time Sample Collected 8:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
Day Phone: 360-793-1101	Cell Phone: 425 238 1935		
Eve. Phone: 425 238 1935	FAX: _____		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 501 LEWIS			
Special Instructions or Comments:			
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 mg/l Free 0.24 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other		Public Systems must provide Source Number from (WFI) Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other			
<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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/>			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 2/ 4/2014		
Date Analyzed: 2/ 4/2014, 15:00	Date Reported: 2/ 5/14		
06600734 Sample Number (DOH number plus five digits)	Lab Use Only:		



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Date Sample Collected 02/04/2014 Month Day Year	Time Sample Collected 9:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
Day Phone: 360-793-1101	Cell Phone: 425 238 1935		
Eve. Phone: 425 238 1935	FAX: _____		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 508 1ST AVE W.			
Special Instructions or Comments:			
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.35 mg/l Free 0.32 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other		Public Systems must provide Source Number from (WFI) Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other			
<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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/>			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 2/ 4/2014		
Date Analyzed: 2/ 4/2014, 15:00	Date Reported: 2/ 5/14		
06600733 Sample Number (DOH number plus five digits)	Lab Use Only:		



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 02/04/2014 Month Day Year	Time Sample Collected 8:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
Day Phone: 360-793-1101	Cell Phone: 425 238 1935		
Eve. Phone: 425 238 1935	FAX: _____		
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD 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)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.39 mg/l Free 0.35 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other		Public Systems must provide Source Number from (WFI) Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other			
<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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/>			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 2/ 4/2014		
Date Analyzed: 2/ 4/2014, 15:00	Date Reported: 2/ 5/14		
06600732 Sample Number (DOH number plus five digits)	Lab Use Only:		

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