

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:			
01/15/2014 Month Day Year	Collected 9:00	⊠ AI □ PI		SNOHOMISH			
pe of Water System (check o				SITO I TOWN OF T			
☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:							
oup A and Group B Systems			es Inv	ventory (WFI):			
	# 28300Y			, , , , _T			
011101	GOLD BAKERAK		JT.				
onlact Person: RICHARD BAKER/JOHN LIGHT							
ay Phone: 360-793-1101		Cell Phone: 425 238 1935					
	e. Phone: 425 238 1935						
end results to: (Print full name City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)					
SAMPLE INFORMATION							
imple collected by (name):	RICHARD BA	KER					
ecific location where sample	collected:						
0507 SR 2							
ecial Instructions or Comment ope of Sample (must check of		#1 thmuch t	M liet	ed helow)			
☑ Routine Distribution Sai		1		ample (after unsat, routine)			
lorinated: 2 Yes 1 No lorine: Total 0.10 mg/l Fre< 0.1 mg/l		Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)					
Raw Water Source Sample J. E. coli - GWR source sample J. Fecal - Surface, GWI, some springs Other		Unsatisfactory routine lab number:					
		Unsatisfactory routine collect date:					
S _	_S			1 1			
olic Systems must provide Source Num	Chlorinated: YesNo Chlorine Resid: TotalFree						
☐ Sample Collected for Infor	mation Only ☐ Private Res	sidence [J Oth	er			
AB USE ONLY DR	NKING WAT	TER RES	ULT	S LAB USE ONLY			
Unsatisfactory Ital Coliform Present and			R	I Satisfactory			
	☐ E, coil abser ☐ Fecal colifor						
Replacement Sample Required							
acterial Density Results otal Coliform < 1 /10				E.coli /100 ml. <1 /100 ml.			
thod Code: CR- 2810			Date Received: 1/15/2014				
te Analyzed: 1/15/2014, 15:30			Date Reported: 1/16/14				
06600331 Imple Number (DOH number plus five digits)			Lab	Use Only:			

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



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COLIFORM BACTERIA ANALYSIS

OOLII OIL	M DAO LEM		
Date Sample Collected 01/15/2014 Month Day Year Time Sai Collect 8:20		County: SNOHOMISH	Date Sample Collected 01/15/2014 Month Day Year
Type of Water System (check only one box ☑ Group A Public □ Group B Public	Type of Water System (check only 62 Group A Public ☐ Group B Public		
Group A and Group B Systems Provide fro	Group A and Group B Systems Pro		
ID# 2830			ID# 2
System Name: CITY OF GOLD	System Name: CITY OF C		
Contact Person: RICHARD BAKE	Contact Person: RICHARD 8		
	Day Phone: 360-793-1101		
Day Phone: 360-793-1101	FAX:	425 238 1935	Eve. Phone: 425 238 1935
Eve. Phone: 425 238 1935 Send results to: (Print full name, address a City of Gold Bar RICHARD BAKER/JOHN LIGH 107 5th St Gold Bar, Wa, 98251	and zip code)		Send results to: (Print full name, ad City of Gold Bar RICHARD BAKER/JOHN 107 5th St Gold Bar, Wa, 98251
	FORMATION		SAMPI
Sample collected by (name): RICHAR	Sample collected by (name): RIG		
Specific location where sample collected:	Specific location where sample colli		
715 CROFT AVE W	_ 505 CROFT AVE		
Special Instructions or Comments:	Special Instructions or Comments:		
Type of Sample (must check only one bo	Type of Sample (must check only		
Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.10 mg/l Fre< 0.1 mg/l	☐ Distribut☐ Source (Sample (after unsat. routine) ion System Groundwater Rule (GWR) ion of 1,000 or less)	1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Tota< 0.1 mg/l Free< 0
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other	Unsatisfacto	ry routine lab number:	3. Raw Water Source Sample ☐ E. coli - GWR source sample ☐ Fecal - Surface, GWI, some sp ☐ Other
S _	CHOCALDIAGO.	, , , , , , , , , , , , , , , , , , , ,	
Public Systems must provide Source Number from (WF	Chlorinated: Chlorine Res		Public Systems must provide Source Number In
4. ☐ Sample Collected for Information O ☐ Construction ☐ Repairs ☐ Priva	4. □ Sample Collected for Informat □ Construction □ Repairs □		
LAB USE ONLY DRINKING	WATER RESU	LTS LAB USE ONLY	LAB USE ONLY DRINK
☐ Unsatisfactory Total Coliform Present and		☑ Satisfactory	☐ Unsatisfactory Total Coliform Present and
☐ E. coli present ☐ E. coli ☐ Fecal coliform present ☐ Fecal	absent coliform absent		☐ E. coll present ☐ E ☐ Fecal coliform present ☐ F
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Test unsuita □ TNTC □ Turbid C □		☐ Replacement Sample Require Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐
Bacterial Density Results: Plate 6 Total Coliform < 1 /100 ml.		ml. E.coli /100 ml n < 1 /100 ml.	. Bacterial Density Results: Pla Total Coliform <1 /100 rr
Method Code: MICR- 2810		Pate Received: 1/15/2014	Method Code; MICR- 2810
Date Analyzed: 1/15/2014, 15:30		Date Reported: 1/16/14	Date Analyzed: 1/15/2014, 15:30
06600332 Sample Number (DOH number plus five digits)	_	ab Use Only:	06600330 Sample Number (DOH number plus five digits)

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COLIFORM BACTERIA ANALYSIS

	LII OIGH	DAOILI	IN AIMAE I OIO	
Date Sample Collected 01/15/2014	Time Sample Collected	e ⊠ AM	County:	
Month Day Year	8:30	□ PM	SNOHOMISH	
Type of Water System (check of ☑ Group A Public ☐ Group B Public		☐ Private Ho	usehold	
Group A and Group B Systems	Provide from V	Vater Facilities	Inventory (WFI):	
ID#	28300Y	r		
System Name: CITY OF	GOLD B	AR		
Contact Person: RICHARI	D BAKER/J	OHN LIGHT		
Day Phone: 360-793-1101		Cell Phone: 425 238 1935		
Eve. Phone: 425 238 1935		FAX:		
Send results to: (Print full name, City of Gold Bar RICHARD BAKER/JOH 107 5th St Gold Bar, Wa, 98251		ab code)		
	IPLE INFOR	RMATION		
Sample collected by (name):	RICHARD BA	KER		
Specific location where sample of	collected:			
505 CROFT AVE Special Instructions or Comments	2,			
Type of Sample (must check or		#1 through #4	listed below)	
1. ☑ Routine Distribution Sam	nple	2. D Repeat	Sample (after unsat routine	
Chlorinated: ☑ Yes ☐ No Chlorine: Tota< 0.1 mg/l Free< 0.1 mg/l		☐ 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 _		,	,	
Dublic Curtage must aguide Carene Numb	or from (MEI)	Chlorinated: YesNo		
Public Systems must provide Source Numb		Chiorine Res	id: Total Free	
 □ Sample Collected for Inform □ Construction □ Repairs 	mation Only ☐ Private Res	sidence 🗆 (Other	
LAB USE ONLY DRIF	NKING WAT	TER RESUL	TS LABUSE ONL	
☐ Unsatisfactory		-	☑ Satisfactory	
	□ E. coli abser □ Fecal colifor			
☐ Replacement Sample Requ Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ _	ired	Test unsuitab		
Bacterial Density Results: Total Coliform < 1 /100		: / n	nl. E.coli /100 ml.	
Method Code: MICR- 2810		Da	ate Received: 1/15/2014	
Date Analyzed: 1/15/2014, 15:3	30	Da	ate Reported: 1/16/14	
06600330		La	ib Use Only:	

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

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