

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

COLIECDM BACTEDIA ANALYSIS

	OLII OKW	DACIER	IIA ANALTSIS				
Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected	E					
SAMPONE STREET	8:35	U PM	SNOHOMISH				
Type of Water System (check ☑ Group A Public ☐ Group B Public	ousehold						
Group A and Group B System	s Provide from V	later Facilities	s Inventory (WFI):				
ID	# 28300Y	•					
and a sandif	F GOLD B						
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 nam City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		ip code)					
	MPLE INFOR	MATION					
Sample collected by (name):							
Specific location where sample		NEN					
507 1ST AVE W							
Special Instructions or Comme	nts:						
Type of Sample (must check		#1 through #4	listed below)				
1. ☑ Routine Distribution Sa	ample	2. ☐ Repea	t Sample (after unsal, routine)				
Chlorinated: ☑ Yes ☐ No Chlorine: Tolal 0.35 mg/l Free 0.27 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 ☐ Gither		Unsatisfactory routine lab number:					
_S_i	1	Unsatisfactory routine collect date:					
,,	,	Chlorinated: YesNo					
Public Systems must provide Source Nu	mber mam (WHI)	Chlorine Resid: Tolal Free					
 □ Sample Collected for Info □ Construction □ Repairs 		sidence 🗆	Other				
LAB USE ONLY DE	RINKING WAT	TER RESU	LTS LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			☑ Satisfactory				
☐ E. cuil prosent ☐ Fecal coliform present	nt m absent						
☐ Replacement Sample Required Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐ ☐ Turbid Culture ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
Bacterial Density Result		t/ I	ml. E.coli /100 ml n < 1 /100 ml.				
Method Code: MICR- 2810			Date Received: 6/ 5/2014				
Date Analyzed: 6/ 5/2014, 17:00			Date Reported: 6/6/14				
06603255 Sample Number (DOH number plus fiv			ab Use Only:				

DOH Form #331-319 (revised 8/05) RECEIVED JUN 2 0 2014



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/05/2014	Time Sample Collected	Collected 🖾 .		County:				
Month Day Year	7:45		-M 	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 Water Facilities Inventory (WFI):								
Jn:	# 28300Y	,						
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								
SAN	IPLE INFOR	MATIO	V					
Sample collected by (name):	RICHARD BAI	KER						
Specific location where sample								
501 LEWIS								
Special Instructions or Comment		H Home	## 11-4	ad halaw)				
Type of Sample (must check or 1. ☑ Routine Distribution San			_					
1. 62 Koutine Distribution San	npie	☐ Distr	2. Repeat Sample (after unsat, routine) Distribution System					
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.31 mg/l Free	e 0.27 mg/l	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:						
		,						
Public Systems must provide Source Numb	per from (WFI)		ted: YesNo Resid: Total Free					
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Residence ☐ Other								
LAB USE ONLY DRII	NKING WAT	ER RES	ULT	S LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present		☑ 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: Total Coliform < 1 /100		al Colifo						
Method Code: MICR- 2810				Received: 5/2014				
Date Analyzed: 6/ 5/2014, 17:00			Date Reported: 6/6/14					
06603256 Sample Number (DOH number plus five digits)				Lab Use Only:				
DOH Form #331-319 (revised 8/05) RECEIVED JUN 2 0 2014								
				R				



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

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	OLIFORM	I BACT	ΓERIA	ANALYSIS					
Date Sample Collected 06/05/2014 Month Day Year	Time Samp Collected 8:45	₩.	AM DPM	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 Water Facilities Inventory (WFI):									
ID# 28300Y									
System Name: CITY OF GOLD BAR									
Contact Person: RICHARD BAKER/JOHN LIGHT									
Day Phone: 360-793-116	01	Cell P	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	35	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									
SAMPLE INFORMATION									
Sample collected by (name):		KER							
Specific location where sample of 818 EVERGREEN W									
Special Instructions or Comments									
Type of Sample (must check on		#1 througi	h #4 liste	ed below)					
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.28 mg/l Free 0.24 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:							
1811	1	Unsatisfa	ictory ro	utine collect date:					
	Chlorinal	/							
Public Systems must provide Source Numbe	Chlorinated: YesNo Chlorine Resid: TotalFree								
	ation Only □ Private Res	idence	☐ Othe	ſ					
LAB USE ONLY DRIN	KING WAT	ER RES	SULTS	LAB USE ONLY					
☐ Unsatisfactory Total Coliform Present and ☐ E. coll present ☐	C E - b - c - c		Ø	Satisfactory					
	E. coli absen Fecal coliforn								
Replacement Sample Required ample not tested because Sample too old (>30 hours) Improper Container Test unsuitable because: TNTC Turbid Culture									
acterial Density Results: Plate Count / ml. E.coli /100 ml. otal Coliform <1 /100 ml. Fecal Coliform <1 /100 ml.									
elhod Code: AICR- 2810			Date Received: 6/ 5/2014						
ate Analyzed: 6/5/2014, 17:00		Date Reported: 6/6/14							
06603254			Lab Use Only:						

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