



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected 8:35	<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): ID# 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			
SAMPLE INFORMATION			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 507 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		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.35 mg/l Free 0.27 mg/l		<input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
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		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
Public Systems must provide Source Number from (WFI) S		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			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<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			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture			
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: 6/ 5/2014	
Date Analyzed: 6/ 5/2014, 17:00		Date Reported: 6/ 6/14	
06603255 Sample Number (DOH number plus five digits)		Lab Use Only:	



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected 7:45	<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): ID# 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			
SAMPLE INFORMATION			
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		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.31 mg/l Free 0.27 mg/l		<input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
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		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
Public Systems must provide Source Number from (WFI) S		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			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<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			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture			
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: 6/ 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:	



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected 8:45	<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): ID# 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			
SAMPLE INFORMATION			
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		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.28 mg/l Free 0.24 mg/l		<input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
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		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
Public Systems must provide Source Number from (WFI) S		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			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<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			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture			
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: 6/ 5/2014	
Date Analyzed: 6/ 5/2014, 17:00		Date Reported: 6/ 6/14	
06603254 Sample Number (DOH number plus five digits)		Lab Use Only:	

RECEIVED JUN 20 2014

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

RECEIVED JUN 20 2014

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

RECEIVED JUN 20 2014