



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

COLIFORM BACTERIA ANALYSIS

| | | | |
|---|-------------------------------|---|----------------------|
| Date Sample Collected 05/06/2014 Month Day Year | Time Sample Collected 7:15 | <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: 505 CROFT AVE | | | |
| 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 0.59 mg/l Free 0.51 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) | | 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: 5/ 6/2014 | | |
| Date Analyzed: 5/ 6/2014, 16:00 | Date Reported: 5/ 7/14 | | |
| 06602635 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 05/06/2014 Month Day Year | Time Sample Collected 8:30 | <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 | | | |
| 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 107 5th St Gold Bar, Wa, 98251 | | | |
| SAMPLE INFORMATION | | | |
| Sample collected by (name): RICHARD BAKER | | | |
| Specific location where sample collected: 40507 SR2 | | | |
| 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 < 0.1 mg/l Free < 0.1 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) | | 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: 5/ 6/2014 | | |
| Date Analyzed: 5/ 6/2014, 16:00 | Date Reported: 5/ 7/14 | | |
| 06602633 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 05/06/2014 Month Day Year | Time Sample Collected 7:50 | <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: 715 CROFT 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 0.24 mg/l Free 0.18 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) | | 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: 5/ 6/2014 | | |
| Date Analyzed: 5/ 6/2014, 16:00 | Date Reported: 5/ 7/14 | | |
| 06602636 Sample Number (DOH number plus five digits) | Lab Use Only: | | |

RECEIVED MAY 15 2014