

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

CC	DLIFORM	BACIE	KIA /	ANALYSIS				
Date Sample Collected	Time Sample			County:				
11/04/2014 Month Day Year	Collected 8:15	Ø AN □ PN		SNOHOMISH				
Type of Water System (check o ☑ Group A Public ☐ Group B Public		☐ Private H	☐ Private Household					
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
	# 28300Y							
	F GOLD B							
Contact Person: RICHAR	D BAKER							
Day Phone: 360-793-11	Cell Phone: 425 238 1935							
Eve. Phone: 425 238 19		FAX:						
Send results to: (Print full name		1						
City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	i, dumess and z	2p acce,						
	MPLE INFOR	RMATION						
Sample collected by (name):								
Specific location where sample		_						
715 CROFT AVE W								
pecial Instructions or Commen		#4 then was #	- Lieta	d holow)				
Type of Sample (must check of								
1. ☑ Routine Distribution Sa Chlorinated: ☐ Yes ☐ No Chlorine: Total 0.17 mg/l Fre	2. □ 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 samp ☐ Fecal - Surface, GWI, sorr ☐ Other	Unsatisfactory routine lab number: Unsatisfactory routine collect date:							
_S_		,		ı				
Public Systems must provide Source Num	oher from (WFI)		Chlorinated: YesNo					
		Chlorine R	esid: T	otalFree				
<ol> <li>Sample Collected for Info</li> <li>Construction</li> <li>Repairs</li> </ol>	rmation Only  ☐ Private Re	sidence E	] Othe	r				
LAB USE ONLY DR	INKING WA	TER RESI	JLTS	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and				Satisfactory				
☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse							
☐ Replacement Sample Rec Sample not tested because ☐ Sample loo old (>30 hours) ☐ Improper Container		Test unsuitable because:  ☐ TNTC  ☐ Turbid Culture  ☐						
Bacterial Density Results Total Coliform < 1 /10		it / ecal Colifor		E.coli /100 ml. <1 /100 ml.				
Method Code: MICR- 2810				Received; 5/2014				
Dale Analyzed: 11/5/2014, 15	:25		Date F	Reported: 11/6/14				
06606589				Lab Use Only:				
Committee the section of the committee o	citionins)							

RECEIVED NOV 17 2014

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



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## COLIFORM BACTERIA ANALYSIS

	OLII OIGII I	יאסובוי	<u> </u>	AIMAL I DID					
Date Sample Collected 11/05/2014	Time Sample Collected	⊠ AM		County:					
Month Day Year	7:15	□ PM	1	SNOHOMISH					
Type of Water System (check of ☑ Group A Public ☐ Group B Public		□ Private Household □ Other:							
Group A and Group B Systems	Provide from W	ater Facilitie	s inve	entory (WFI):					
ID	# 28300Y	•							
System Name: CITY O	F GOLD BA	<u>A</u> R							
Contact Person: RICHARD BAKER									
Day Phone: 360-793-11	101	Cell Phone: 425 238 1935							
Eve. Phone: 425 238 19	935	FAX:							
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	e, address and z	ip code)							
SA	SAMPLE INFORMATION								
Sample collected by (name):	RICHARD BA	KER							
Specific location where sample	collected:								
505 CROFT AVE									
Special Instructions or Commer Type of Sample (must check)		#1 through #	4 liste	ed below)					
1. ☑ Routine Distribution Sa				mple (after unsat, routine)					
Chlorinated: ☐ Yes ☐ No Chlorine: Total 0.18 mg/l Fro	☐ 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		Unsatisfactory routine lab number:							
☐ Other		Unsatisfactory routine collect date:							
<u> </u>									
Public Systems must provide Source Nu	mber from (WFI)	Chlorinated: Yes No Chlorine Resid: Total Free							
Sample Collected for Info		Omonine N	outu.						
	☐ Private Re	sidence 🗆	Oth	er					
LAB USE ONLY DR	RINKING WA	TER RESI	JLT	S LAB USE ONLY					
☐ Unsatisfactory			2	Satisfactory					
Total Coliform Present and  □ E. coli present  □ Fecal coliform present  □ Fecal coliform absent									
□ Replacement Sample Required Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbid Culture □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □									
Bacterial Density Results	s: Plate Coun	t / ecal Colifor	ml. m	E.coli /100 ml <1 /100 ml.					
Method Code: MICR-2810		Date Received: 11/ 5/2014							
Date Analyzed: 11/5/2014, 1	5:25	-	Date	Reported: 11/6/14					
06606588 Sample Number (DOH number plus live		Lab	Jse Only:						

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

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# COLIFORM BACTERIA ANALYSIS

	OLIFORM	DVC I LI	ערט כוו	AL I OIO		
Date Sample Collected 11/04/2014	Time Sample	EZIAM	Cour	nty:		
Month Day Year	9:00	□ PM		SNOHOMISH		
Fype of Water System ( <b>chec)</b> ☑ Group A Publ ☑ Group B Publ	íc -	□ Private He				
Group A and Group B Syster	ns Provide from V	ater Facilitie	s inventory	(WFI):		
10	O# 28300Y	•				
System Name: CITY (	OF GOLD B	A <u>R</u>				
Contact Person: RICHA	ARD BAKER					
Day Phone: 360-793-	Cell Phone: 425 238 1935					
Eve. Phone: 425 238	1935	FAX:				
Send results to: (Print full nar City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 9825		<b>.</b>				
S	AMPLE INFO	RMATION				
Sample collected by (name):	RICHARD BA	KER				
Specific location where samp 40507 SR 2	ole collected:					
Special Instructions or Comm				·		
Type of Sample (must chec		1				
1. ☑ Routine Distribution S  Chlorinated: ☐ Yes ☐ No Chlorine: Total 0.11 mg/l	Repeat Sample (after unsat. routine)     Distribution System     Source Groundwater Rule (GWR)     (Population of 1,000 or less)					
3. Raw Water Source Same □ E. coli - GWR source sa □ Fecal - Surface, GWI, s □ Other	Unsattsfactory routine lab number:					
S <b> </b>	<u> </u>	Unsatisfactory routine collect date:				
Public Systems must provide Source I		Chlorinated: YesNo				
		Chlonne R	Chlonne Resid: Total Free			
4 ☐ Sample Collected for II ☐ Construction ☐ Repair		sidence C	Other			
LAB USE ONLY	RINKING WA	TER RES	JLTS	LAB USE ONL		
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present	☐ E. coli abse	nl	Ø Sati	sfactory		
☐ Fecal coliform present	☐ Fecal colifo	rm absent		,		
☐ Replacement Sample F Sample not tested because ☐ Sample too old (>30 hou ☐ Improper Container ☐	-	Test unsui		use:		
Bacterial Density Resu Total Coliform < 1		nt ecal Colifo	ml. E.co	oli /100 m 1_/100 mJ.		
Method Code: MICR- 2810			Date Reco 11/ 5/20			
Date Analyzed: 11/5/2014,	15:25		Date Repo	orted: 11/6/14		
06606587	from (times)		Lab Use (	Only:		

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