

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

#### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp	in.		Country			
12/09/2014	Collected	₫,		County:			
Month Day Year	8:30		PM	SNOHOMISH			
Type of Water System (check of Group A Public ☐ Group B Public	nly one box)	☐ Private ☐ Other:	Hous	ehold			
Group A and Group B Systems	Provide from \	Nater Facili	ties in	ventory (WFI):			
ID:	# 28300\	1					
System Name: CITY OF	GOLD B	AR					
Contact Person: RICHAR	D BAKER/J	OHN LIG	НТ				
Day Phone: 360-793-11	01	Cell Phone: 425 238 1935					
Eve. Phone: 425 238 19	35	FAX:					
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		zip code)	•				
SAN	IPLE INFO	RMATION	1				
Sample collected by (name):		KER					
Specific location where sample 501 LEWIS AVE							
Special Instructions or Comment Type of Sample (must check or		#1 through	#4 list	ed below)			
Routine Distribution San	•			ample (after unsat, routine)			
Chlorinated: ☑ Yes □ No Chlorine: Total 0.16 mg/l Free 0.15 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other		Unsatisfactory routine lab number:					
<u>  S     </u>	1	Unsatisfactory routine collect date:					
I—º—I-——I—	'	Chlorinated: Yes No					
Public Systems must provide Source Numb	er from (WFI)	Chlorine Resid: Total Free					
<ol> <li>□ Sample Collected for Inform</li> <li>□ Construction</li> <li>□ Repairs</li> </ol>	nation Only  Private Res	sidence [	⊒ Oth	er			
	NKING WAT						
☐ Unsatisfactory			$\overline{}$	Satisfactory			
	J E. coli absen			-			
☐ Fecal coliform present ☐ ☐ Replacement Sample Requise ☐ Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	Tecal colifon	Test unsui	Cultu	<del></del>			
Bacterial Density Results:  Total Coliform < 1 /100		cal Colifor					
Method Code: MICR- 2810		Date Received: 12/ 9/2014					
Pale Analyzed: 12/ 9/2014, 11:05				Date Reported: 12/10/14			
06607314 Sample Number (DOH number plus five digits)				Lab Use Only:			

DOH Form #331-319 (revision ECEIVED DEC 18 2014



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### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:							
12/09/2014 Month Day Year				SNOHOMISH							
Type of Water System (check o ☑ Group A Public ☑ Group B Public		☐ Private Household ☐ Other:									
Group A and Group B Systems	Provide from V	Valer Facilit	ies Inv	ventory (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 19	35	FAX:									
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		rip code)									
SAMPLE INFORMATION											
Sample collected by (name):	RICHARD BA	KER _									
Specific location where sample	collected:										
508 1ST AVE W											
Special Instructions or Comment Type of Sample (must check or		£1 Ihmuah :	£4 lists	ed helm/)							
1. ☑ Routine Distribution Sar	-	1		ample (after unsat, routine)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.22 mg/l Free	□ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)										
3. Raw Water Source Sample  E. coli - GWR source sampl  Fecal - Surface, GWI, som	ource Sample R source sample Unsatis			actory routine lab number:							
☐ Other		Unsatisfactory routine collect date:									
<u> _\$_  </u>	[_S_			1							
Public Systems must provide Source Numb	ber from (WFI)	Chlorinate Chlorine R		sNo TotalFree							
4. ☐ Sample Collected for Infor ☐ Construction ☐ Repairs	mation Only  ☐ Private Res	sidence D	Oth	er							
LAB USE ONLY DRI	NKING WAT	ER RES	ULT	S LAB USE ONLY							
Unsatisfactory Total Coliform Present and			8	I Satisfactory							
	it m absent										
□ Replacement Sample Required Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC □ Improper Container □ Turbld Culture □ □ □ □											
Bacterial Density Results: Total Coliform <1 /100		i cal Colifor		E.coli /100 ml. <1 /100 ml.							
Method Code: MICR- 2810				Date Received: 12/ 9/2014							
Date Analyzed: 12/ 9/2014, 11:	Date Reported: 12/10/14										
06607315 Sample Number (DOH number plus live d	Lab Use Only:										

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

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#### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 12/09/2014	Time Sampl Collected		⊠AM		y:		
Month Day Year	8:15	□ PM			SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public	niy one box)	☐ Private ☐ Other: _		hold			
Group A and Group B Systems	Provide from V	Vater Facilit	iles In	ventory (	WFI):		
ID#	# 28300Y	•					
System Name: CITY OF	GOLD B	AR					
Contact Person: RICHAR	D BAKER/J	JOHN LIGHT					
Day Phone: 360-793-110	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	35	FAX:					
Send results to: (Print full name, City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		tip code)					
SAN	IPLE INFOR	MATION					
Sample collected by (name):	RICHARD BA	KER		_			
Specific location where sample							
818 EVERGREEN W							
Special Instructions or Comments Type of Sample (must check or		f1 through t	#A liete	nd holous	A		
1. ☑ Routine Distribution San					fter unsaL routine)		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.20 rng/l Free 0.14 rng/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.					
	,	Unsatisfac	tory ro	outine co	llect date:		
<u> S  </u>		<u></u>	1	/			
Oublic Systems must provide Source Numb	er Irom (WFI)	Chlorinated: YesNo Chlorine Resid: Total Free					
□ Sample Collected for Inform     □ Construction □ Repairs	nation Only  Private Res	idence [	Othe	er			
LAB USE ONLY DRIN	IKING WAT	ER RESI	ULTS	3	LAB USE ONLY		
☐ Unsatisfactory  Total Coliform Present and  ☐ E. coli present	D E. coli absen	ı		Satisfa	ctory		
☐ Fecal coliform present ☐							
☐ Replacement Sample Requisample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container	Test unsuitable because:  TNTC Turbid Culture						
Bacterial Density Results: I Total Coliform <1 /100				_	/100 ml 100 ml.		
Method Code: MICR-2810				Received 9/2014	d:		
Date Analyzed: 12/ 9/2014, 11:0	5		Date I	Reported	i: 12/10/14		
06607313 Sample Number (DOH number plus five dig		Lab Use Only:					

DOH Form #331-319 (revised 6/05)