



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/11/2015 Month Day Year	Time Sample Collected 9:30 <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/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 Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.14 mg/l Free 0.13 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
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: _____ 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: 3/11/2015	
Date Analyzed: 3/11/2015, 15:00	Date Reported: 3/12/15	
06601578 Sample Number (DOH number plus five digits)	Lab Use Only:	



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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: 40503 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 Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.20 mg/l Free 0.16 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
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: _____ 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: 3/11/2015	
Date Analyzed: 3/11/2015, 15:00	Date Reported: 3/12/15	
06601579 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/11/2015 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/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 Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.44 mg/l Free 0.39 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
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: _____ 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: 3/11/2015	
Date Analyzed: 3/11/2015, 15:00	Date Reported: 3/12/15	
06601577 Sample Number (DOH number plus five digits)	Lab Use Only:	