

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

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

COLIECDM PACTEDIA ANALYSIS

	PLIFURIN	BAUTE	XIA.	ANALTSIS			
Date Sample Collected 03/11/2015	Time Sample Collected	Ø AN		County:			
Month Day Year	9:30	PN	1	SNOHOMISH			
ype of Water System (check o ☑ Group A Public ☐ Group B Public	□ Private Household □ Other:						
Group A and Group B Systems	Provide from W	ater Facilitie	s in	ventory (WFI):			
ID:	‡ 28300Y	,					
	GOLD B						
Contact Person: RICHARD BAKER/JOHN LIGHT							
Day Phone: 360-793-11	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	FAX:						
iend results to: (Print full name City of Gold Bar RICHARD BAKER/JOI 107 5th St Gold Bar, Wa, 98251		ip code)					
SAN	APLE INFOR	RMATION		-			
sample collected by (name):							
specific location where sample		3007.1					
715 CROFT AVE W							
pecial Instructions or Comment							
ype of Sample (must check o	nly one box of a	T					
. 🗹 Routine Distribution Sar	nple			ample (after unsat, routine)			
hlorinated: ☑ Yes □ No hlorine: Total 0.14 mg/l Free 0.13 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:					
		Unsatisfactory routine collect date:					
S]/.					
ublic Systems must provide Source Num	ber from (WFI)	Chlorinated: YesNo Chlorine Resid: Total Free					
. Sample Collected for Infor Construction Repairs	mation Only □ Private Res) Oth				
	NKING WAT		JLT	S LAB USE ONLY			
☐ Unsatisfactory			Τ.	2 Satisfactory			
otal Coliform Present and	☐ E. coli abser	nt	-				
	☐ Fecal colifor						
☐ Replacement Sample Req iample not lested because ☐ Sample too old (>30 hours) ☐ Improper Container ☐	uíred	Test unsuit TNTC Turbid					
Bacterial Density Results: otal Coliform <1 /10		t / cal Colifor		E.coli /100 ml. <1 /100 ml.			
Method Code: MICR- 2810	-			Received: 11/2015			
Date Analyzed: 3/11/2015, 15:	.00		Date	Reported: 3/12/15			
06601578 Sample Number (DOH number plus five digits)				Use Only:			



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COLIFORM BACTERIA ANALYSIS

County:

Date Sample Collected	Time Sample		County:					
03/11/2015	Collected	⊠ AM						
Month Day Year	9:00	□ PM	SNOHOMISH					
Type of Water System (check of Group A Public ☐ Group B Public		□ Private Household						
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: 360-793-11	01	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):								
Specific location where sample								
40503 SR2								
Special Instructions or Commer	nts:							
Type of Sample (must check		#1 through #	4 listed below)					
1. ☑ Routine Distribution Sa		2. 🗆 Repe	at Sample (after unsat, routine)					
01. 1. 1. 1. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.		☐ Distribution System ☐ Source Groundwater Rule (GWR)						
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.20 mg/l From	ee 0.16 mg/l	(Population of 1,000 or less)						
3. Raw Water Source Sample								
□ E. coli - GWR source sam	ple	Unsatisfactory routine lab number.						
☐ Fecal - Surface, GWI, some springs								
□ Other		Unsatisfact	ory routine collect date:					
S_		,	1					
		Chlorinated						
Public Systems must provide Source Nu	mber from (WFI)	Chlorine Resid: Total Free						
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Residence ☐ Other								
LAB USE ONLY DE	RINKING WA	TER RESI	JLTS LAB USE ONLY					
□ Unsatisfactory			☑ Satisfactory					
Total Coliform Present and	□ E. ∞li abse	nt						
☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent								
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
Bacterial Density Result	s: Plate Coun	nt i	ml. E.coli /100 ml.					
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform <1 /100 ml. Fecal Coliform <1 /100 ml.								
Method Code:		Date Received:						
MICR- 2810			3/11/2015					
Date Analyzed: 3/11/2015, 1	Date Reported: 3/12/15							
06601579			Lab Use Only:					
Sample Number (DOH number plus fr								

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	⊠ AM	County:		
03/11/2015 Month Day Year	8:30	□ PM	SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public	!	□ Private Hou □ Other:			
Group A and Group B Systems	Provide from W	ater Facilities	Inventory (WFI):		
IDa	# 28300Y	,			
System Name: CITY OF	GOLD BA	AR	-		
Contact Person: RICHAR	D BAKER/JO	OHN LIGHT			
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/JO 107 5th St Gold Bar, Wa, 98251		ip code)			
SAI	VIPLE INFOR	RMATION			
Sample collected by (name):	RICHARD BAI	KER			
Specific location where sample	collected:				
505 CROFT AVE Special Instructions or Commen	lar				
Type of Sample (must check o		#1 through #4	listed below)		
1. ☑ Routine Distribution Sa		2. 🗆 Repeat	Sample (after unsat, routine)		
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.44 mg/l Fre	e 0.39 mg/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:			
		Unsatisfactor	y routine collect date:		
<u> _</u> \$_ _		Chlorinate do	Men No		
Public Systems must provide Source Nur	nber from (WFI)	Chlorinated: Yes No Chlorine Resid: Total Free			
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	rmation Only ☐ Private Re	sidence 🗆 (Other		
LAB USE ONLY DR	INKING WA	TER RESUL	TS LAB USE ONLY		
Unsatisfactory Total Coliform Present and	☐ E. coli abser	a.	☑ Satisfactory		
 □ E. coll present □ Fecal coliform present 	☐ Fecal colifor				
☐ Replacement Sample Red Sample not tested because ☐ Sample too old (>30 hours) ☐ Improper Container		Test unsuitat TNTC Turbid Co			
Bacterial Density Results Total Coliform < 1 /10			nl. E.coli /100 m n < 1 /100 ml.		
Method Code: MICR- 2810		D	ate Received: 3/11/2015		
Date Analyzed: 3/11/2015, 15	5:00	D	ate Reported: 3/12/15		
06601577	dicits)	L	ab Use Only:		

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