

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

## COLIFORM BACTERIA ANALYSIS

	7" C		County:				
ate Sample Collected 06/08/2015 Month Day Year	Time Sample Collected 9:30	EŽI AM □ PM	SNOHOMISH				
e of Water System (check only one box)  ☑ Group A Public □ Group B Public □ Other:							
oup A and Group B Systems	s Provide from Wa	iter Facilities In	ventory (WFI):				
	# 28300Y						
stem Name: CITY O	F GOLD BA	R					
ontact Person: RICHA							
ay Phone: 360-793-1		Cell Phone: 425 238 1935					
ve. Phone: 425 238 1		FAX:	FAX:				
end results to: (Print full nam City of Gold Bar RICHARD BAKER/J 107 5th St Gold Bar, Wa, 9825	OHN LIGHT	ip code)					
	AMPLE INFOR	RMATION					
ample collected by (name):							
Specific location where samp	ole collected:						
508 1ST AVE W							
pecial Instructions or Comm Type of Sample (must chec	ents: :k only one box of	#1 through #4	listed below)				
1. ☑ Routine Distribution		2. C Repea	t Sample (after unsat routile)				
Chlorinated: ☑ Yes □ No Chlorine: Total 0.33 mg/l Free 0.24 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		Unsatisfactory routine lab number:					
☐ Other		Unsatisfact	ory routine collect date:				
S Public Systems must provide Source		Chlorinated	:hlorinated: YesNo: :hlorine Resid: Total Free				
4 F3 Comple Collected for			1 Other				
LAB USE ONLY	DRINKING W	ATER RES	JLTS LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	□ E. coli ab	sent iform absent	☑ Satisfactory				
☐ Replacement Sample Sample not tested becaus ☐ Sample loo old (>30 f ☐ Improper Container	e Required se nours)	☐ TNTC ☐ Turbic ☐					
Bacterial Density Re Total Coliform	sults: Plate Co 1 /100 ml.	ount Fecal Colife					
Method Code: MICR- 2810			Date Received: 6/ 8/2015				
Date Analyzed: 6/ 8/2015, 15:00			Date Reported: 6/ 9/15				
06603477	06603477 Lab Use Only:						
Sample Number (DOH number	plus five digits)		1				

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



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample	EZIAM	County:			
06/08/2 <b>015</b> Month Day Year	Collected 7:40	□ PM	SNOHOMISH			
ype of Water System (check o	<u> </u>	- ,	Private Household Other:			
roup A and Group B Systems						
	# 28300Y	_				
	F GOLD BA					
Contact Person: RICHAI	RD BAKER/JC					
Day Phone: 360-793-1101		Cell Phone: 425 238 1935				
		FAX:				
Send results to: (Print full nam City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251	OHN LIGHT	p code)				
	MPLE INFOR	RMATION				
Sample collected by (name):						
Specific location where samp	le collected:	<del></del>				
501 LEWIS						
Special Instructions or Commi	ents:	#4 through #A	listed helmw\			
Type of Sample (must check		Paner	t Sample (after unsat. routine)			
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.21 mg/l Free 0.17 mg/l  3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)  Unsatisfactory routine lab number:				
☐ Other		Unsatisfactory routine collect date:				
<u> </u> S_		,				
, ,		Chlorinated:	Chlorinated: Yes No			
Public Systems must provide Source Number from (WFI) Chlorine Resid: Total Free						
4. ☐ Sample Collected for I ☐ Construction ☐ Repair	nformation Only irs □ Private R	esidence 🗆	Other			
LAB USE ONLY	ORINKING WA	TER RESU	ILTS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present ☐ Fecal coliform absent			☑ Satisfactory			
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □						
Bacterial Density Res Total Coliform < 1	ults: Plate Cou /100 ml. F	int / ecal Colifor	ml. E.coli /100 ml. rm <1 /100 ml.			
Method Code: MICR-2810			Dale Received: 6/ 8/2015			
Date Analyzed: 6/8/2015	Date Reported: 6/ 9/15					
06603476 Sample Number (DOH number plu	Lab Use Only:					
DOH Form #331-319 (revised 8/05			31.0 005			



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected		County:				
06/08/2015 Month Day Year	8:35	□ PM	SNOHOMISH				
Type of Water System (check o ☑ Group A Public ☐ Group B Public	I	☐ Private Hou					
Group A and Group B Systems	Provide from W	ater 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 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)	_				
SAMPLE INFORMATION							
Sample collected by (name):	RICHARD BA	KER					
Specific location where sample							
818 EVERGREEN V			_				
Special Instructions or Commen Type of Sample (must check of		#1 through #4	listed below)				
1. ☑ Routine Distribution Sa		2. 🗆 Repea	t Sample (after unsat, routine)				
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.20 mg/l Fre	ee 0.17 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:					
		Unsatisfactory routine collect date:					
<u> _</u> \$_  _							
Public Systems must provide Source Nur	nber from (WFI)	Chlorinated: YesNo Chlorine Resid: TotalFree					
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs		sidence 🗆	Other				
LAB USE ONLY DR	INKING WA	TER RESU	LTS LAB USE ONL				
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present	□ E. coll abse		☑ Satisfactory				
☐ Fecal coliform present ☐ Replacement Sample Re	☐ Fecal colifor quired						
Sample not tested because  Sample too old (>30 hours Improper Container	)	Test unsuitz  TNTC  Turbid C	uble because: Culture				
Bacterial Density Results Total Coliform < 1 /1	s: Plate Cour 00 ml. Fe	nt / ecal Coliforn	ml. E.coli /100 m m < 1 /100 ml.				
Method Code: MICR- 2810		]	Date Received: 6/ 8/2015				
Date Analyzed: 6/ 8/2015, 15	5:00	1	Date Reported: 6/ 9/15				
06603475 Sample Number (DOH number plus five	e digits)		ab Use Only:				

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