

AmTest Laboratories

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/21/2015	Time Sample Collected	⊠ AM	County:					
Month Day Year	9:20	PM	SNOHOMISH					
ype of Water System (check only one box) ☑ Group A Public □ Private Household □ Group B Public □ Other:								
roup A and Group B Systems Provide from Water Facilities Inventory (WFI):								
ID	# 28300Y	,						
ystem Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER/JOHN LIGHT								
ay Phone: 360-793-11	101	Cell Phone: 425 238 1935						
ve. Phone: 425 238 19	935	FAX:						
end results to: (Print full nam City of Gold Bar RICHARD BAKER/JC 107 5th St Gold Bar, Wa, 98251		ip code)						
ata Delivery: MAIL EMAIL:								
SAMPLE INFORMATION								
Sample collected by (name):		KER						
Specific location where sample	e collected:							
508 1ST AVE W pecial Instructions or Comme	nis:							
ype of Sample (must check	only one box of	#1 through #4	listed below)					
. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)								
Chlorinated: Ø Yes □ No Chlorine: Total 0.14 mg/l Fre< 0.1 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
B. Raw Water Source Sample E. coti - GWR source sample Fecal - Surface, GWI, some springs Other		Unsatisfactory routine lab number: Unsatisfactory routine collect date:						
			Holy localite collect date.					
		Chlorinated: Yes No						
Public Systems must provide Source Number from (WFI) Chlorine Resid: TotalFree								
 □ Sample Collected for Inl □ Construction □ Repairs 		esidence 🗆	l Other					
	RINKING WA	TER RESI	JLTS LAB USE ONLY					
☐ Unsatisfactory		1111	☑ Satisfactory					
Total Coliform Present and E. coli present	enl							
☐ Fecal coliform present	☐ E. coli abse							
☐ Replacement Sample Re Sample not tested because ☐ Sample too old (>30 hour ☐ Improper Container		Test unsuit	able because:					
	ts: Plate Cour 100 ml. F	nt / ecal Colifor	mi. E.coli /100 ml. m <1 /100 ml.					
Method Code: MICR- 2810			Date Received: 10/21/2015					
Date Analyzed: 10/21/2015,	16:00		Date Reported: 10/22/15					
06606540		Lab Use Only:						
Sample Number (DOH number plus I	ive digits)		ED OCT 30 705					
DOH Form #331-319 (revised 8/05)		RECEIV	ED OCT 3 0 2015					



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COLIFORM BACTERIA ANALYSIS

	FILOURIN D						
Date Sample Collected 10/21/2015	Time Sample Collected	Ø AM □ PM	County: SNOHOMISH				
Month Day Year 8:45 PM SNOHOMISH Type of Water System (check only one box) Ø Group A Public Private Household							
☐ Group B Public ☐ 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 City of Gold Bar RICHARD BAKER/JO 107 5th St Gold Bar, Wa, 98251		o code)					
Data Delivery: 🗆 MAIL 🛭							
SAI	MPLE INFOR	MATION					
Sample collected by (name): Specific location where sample		KER					
Specific location where sample 818 EVERGREEN V							
pecial Instructions or Commen	ts:		-1- + b-1				
Type of Sample (must check o							
1. ☑ Routine Distribution Sa	Distribut	2. Repeat Sample (after unsat. routine) Distribution System					
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.12 mg/l Fre< 0.1 mg/l		Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Raw Water Source Sample D. E. coli - GWR source sample D. Fecal - Surface, GWI, some springs Other		Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:					
, .		Chlorinaled: YesNo					
Public Systems must provide Source Number from (WFI) Chlorine Resid: TotalFree							
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs		sidence 🗆 (Other				
LAB USE ONLY DE	NKING WA	TER RESUI	TS LAB USE ONLY				
☐ Unsatisfactory			☑ Satisfactory				
Total Coliform Present and ☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent							
☐ Replacement Sample Re	quired	T *	ble beening.				
Sample not tested because Sample too old (>30 hours) Improper Container Test unsuitable because: TNTC TNTC Turbid Culture							
Describe Describe Describe	n. Dieta Carra						
Total Coliform < 1 /1	s: Plate Cour 00 ml. Fe	ecal Coliforn					
Method Code: MICR- 2810		Date Received: 10/21/2015					
Date Analyzed: 10/21/2015,	16:00		Date Reported: 10/22/15				
06606539 Sample Number (DOH number plus five digits)			Lab Use Only:				
			o . 004T				



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COLIFORM BACTERIA ANALYSIS

		-, ,				
Date Sample Collected 10/21/2015	Time Sample Collected	EZÍ AM	County:			
Month Day Year	8:30	□ PM	SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group B Public		□ Private Hous □ Other:	sehoki			
Group A and Group B Systems	Provide from W	ater Facilities I	nventory (WFI):			
ID	# 28300Y					
	F GOLD BA					
Contact Person: RICHARD BAKER/JOHN LIGHT						
Day Phone: 360-793-1101		Cell Phone: 425 238 1935				
Eve. Phone: 425 238 19	935	FAX:				
Send results to: (Print full name City of Gold Bar RICHARD BAKER/JC 107 5th St Gold Bar, Wa, 98251	OHN LIGHT					
Data Delivery: MAIL		MATION				
	MPLE INFO					
Sample collected by (name): RICHARD BAKER Specific location where sample collected:						
501 LEWIS						
Special Instructions or Comme	nts:					
Type of Sample (must check						
1. 전 Routine Distribution Sample Chlorinated: 전 Yes 디 No Chlorine: Total 0.15 mg/l Fre< 0.1 mg/l		2. Repeat Sample (after unsal. routine) 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:				
[_S_	. 1	O'ISGLE IGORO	,			
Public Systems must provide Source Number from (WFI)		Chlorinated: YesNo Chlorine Resid: Total Free				
4. ☐ Sample Collected for Inf		esidence 🗆 (Other			
LAB USE ONLY DE	RINKING WA	TER RESUL	TS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present ☐ Fecal coliform present	☐ E. coli abse		⊠ Satisfactory			
☐ Replacement Sample Resident Sample not tested because ☐ Sample too old (>30 hour ☐ Improper Container ☐ ☐		Test unsuital TNTC Turbid Co	ulture			
Bacterial Density Result Total Coliform < 1 If	ts: Plate Cour	nt / r ecal Coliforn	ml. E.coli /100 m n < 1 /100 ml.			
Method Code: MICR- 2810		D	ate Received: 10/21/2015			
Date Analyzed: 10/21/2015,	16:00	D	ate Reported: 10/22/15			
06606538	an allaite)	L	ab Use Only:			

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

