



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

COLIFORM BACTERIA ANALYSIS

| | | |
|---|--|---|
| Date Sample Collected 11/04/2015 Month Day Year | Time Sample Collected 8:20 AM 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 | | |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL: | | |
| SAMPLE INFORMATION | | |
| Sample collected by (name): RICHARD BAKER | | |
| Specific location where sample collected: 40507 SR2 | | |
| Special Instructions or Comments: | | |
| Type of Sample (must check only one box of #1 through #4 listed below) | | |
| <input checked="" type="checkbox"/> 1. Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.28 mg/l Fre< 0.1 mg/l | <input type="checkbox"/> 2. 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 _____ | <input type="checkbox"/> 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 |
| 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: 11/ 4/2015 | |
| Date Analyzed: 11/ 4/2015, 15:30 | Date Reported: 11/ 5/15 | |
| 06606944 Sample Number (DOH number plus five digits) | Lab Use Only: | |

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

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COLIFORM BACTERIA ANALYSIS

| | | |
|---|--|---|
| Date Sample Collected 11/04/2015 Month Day Year | Time Sample Collected 8:10 AM 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 | | |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL: | | |
| 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) | | |
| <input checked="" type="checkbox"/> 1. Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.46 mg/l Fre< 0.1 mg/l | <input type="checkbox"/> 2. 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 _____ | <input type="checkbox"/> 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 |
| 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: 11/ 4/2015 | |
| Date Analyzed: 11/ 4/2015, 15:30 | Date Reported: 11/ 5/15 | |
| 06606946 Sample Number (DOH number plus five digits) | Lab Use Only: | |

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

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COLIFORM BACTERIA ANALYSIS

| | | |
|---|--|---|
| Date Sample Collected 11/04/2015 Month Day Year | Time Sample Collected 7:00 AM 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 | | |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL: | | |
| 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) | | |
| <input checked="" type="checkbox"/> 1. Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.78 mg/l Fre< 0.1 mg/l | <input type="checkbox"/> 2. 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 _____ | <input type="checkbox"/> 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 |
| 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: 11/ 4/2015 | |
| Date Analyzed: 11/ 4/2015, 15:30 | Date Reported: 11/ 5/15 | |
| 06606945 Sample Number (DOH number plus five digits) | Lab Use Only: | |

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

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