Form 1

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2016 Month Day Year	8:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ 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, address and zip code)
City of Gold Bar
RICHARD BAKER/JOHN LIGHT
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL   ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.10 mg/l   Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. 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:

|__S__|___|___|

Unsatisfactory routine collect date:

Public Systems must provide Source Number from (WFI)

Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction   ☐ Repairs   ☐ Private Residence   ☐ Other

LAB USE ONLY   DRINKING WATER RESULTS   LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
☐ E. coli present   ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count ____ / ml. E.coli ____ /100 ml.
Total Coliform <1 /100 ml.   Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 4/6/2016
Date Analyzed: 4/6/2016, 15:00	Date Reported: 4/7/16
06602174 Sample Number (DOH number plus five digits)	Lab Use Only:

DOH Form #331-319 (revised 02/16)

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Form 2

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2016 Month Day Year	7:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ 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, address and zip code)
City of Gold Bar
RICHARD BAKER/JOHN LIGHT
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL   ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.12 mg/l   Free 0.10 mg/l

2. ☐ Repeat Sample (after unsat. 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:

|__S__|___|___|

Unsatisfactory routine collect date:

Public Systems must provide Source Number from (WFI)

Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction   ☐ Repairs   ☐ Private Residence   ☐ Other

LAB USE ONLY   DRINKING WATER RESULTS   LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
☐ E. coli present   ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count ____ / ml. E.coli ____ /100 ml.
Total Coliform <1 /100 ml.   Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 4/6/2016
Date Analyzed: 4/6/2016, 15:00	Date Reported: 4/7/16
06602173 Sample Number (DOH number plus five digits)	Lab Use Only:

DOH Form #331-319 (revised 02/16)

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Form 3

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2016 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ 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, address and zip code)
City of Gold Bar
RICHARD BAKER/JOHN LIGHT
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL   ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
902 TIBER LANE

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.10 mg/l   Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. 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:

|__S__|___|___|

Unsatisfactory routine collect date:

Public Systems must provide Source Number from (WFI)

Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction   ☐ Repairs   ☐ Private Residence   ☐ Other

LAB USE ONLY   DRINKING WATER RESULTS   LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
☐ E. coli present   ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count ____ / ml. E.coli ____ /100 ml.
Total Coliform <1 /100 ml.   Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 4/6/2016
Date Analyzed: 4/6/2016, 15:00	Date Reported: 4/7/16
06602172 Sample Number (DOH number plus five digits)	Lab Use Only:

DOH Form #331-319 (revised 02/16)

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