

RECEIVED JUL 2 5 2016 Am Test Laboratories 13600 NE 126th PL STE C, Kirkland, WA 98034 425-885-1664 www.amtestlab.com

C	OLIFORM I	BACTER	IA ANALYSIS						
Date Sample Collected	Time Sample		County:						
07/13/2016 Month Day Year	Collected 7:00	⊠ AM □ PM	SNOHOMIS	я I					
Type of Water System (check only one box) ☑ Group A Public ☐ Group B Public ☐ Other:									
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):									
•	# 28300Y								
1511 20000									
System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER									
		Cell Phone: 425 238 1935							
Day Phone: 360-793-11									
Eve. Phone: 425 238 1		FAX:							
Send results to: (Print full nam City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251									
	Data Delivery: MAIL EMAIL:								
	MPLE INFO								
Sample collected by (name): Specific location where sample		KEK							
505 CROFT AVE	3 55,145,041								
Special Instructions or Comme									
Type of Sample (must check	only one box of	#1 through #4	listed below)						
1. ☑ Routine Distribution Sa Chlorinated: ☑ Yes ☑ No Chlorine: Total 0.77 mg/l Fr 3. Raw Water Source Sampl ☐ E. coli - GWR source sam ☐ Fecal - Surface, GWI, sol	ee 0.10 mg/l e ple	Repeat Sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number:							
1 8 1 1	1	Unsatisfact	ory routine collect date:	1					
S	/ :YesNo								
Public Systems must provide Source No	imber from (WFI)	Chlorine Resid: Total Free							
4. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs		sidence 🗆	Other						
	RINKING WA	TER RESL	ILTS LABUSE C	NLY					
☐ Unsatisfactory Total Coliform Present and ☐ E. coli present	□ E. coli abse		☑ Satisfactory						
☐ Fecal coliform present	☐ Fecal colifo	rm absent							
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □									
Bacterial Density Result Total Coliform < 1 /1	s: Plate Cour	nt / ml ecal Colifor	, E.coli /100 ml. m /100 ml.						
Method Code: SM 9222B			Date Received: 7/13/2016						
Date Analyzed: 7/13/2016, 1	6:30		Date Reported: 7/14/16						
06604506 Sample Number (DOH number plus fin	Lab Use Only:								
DOH Form #331-319 (revised 02/16)									



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

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COLIF		DAGIE	:KIA	ANALYSIS				
	Sample			County:				
07/13/2016 Co Month Day Year 7:	llected 35			SNOHOMISH				
Type of Water System (check only one								
☑ Group A Public ☑ Group B Public	□ Private□ Other:							
Group A and Group B Systems Provide	e from V	/ater Facili	ties In	ventory (WFI):				
ID# 28	300Y	,						
System Name: CITY OF GO								
Contact Person: RICHARD BA	KER		_					
Day Phone: 360-793-1101	Cell Pho							
Eve. Phone: 425 238 1935		FAX:						
Send results to: (Print full name, address City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	ss and z	ip code)						
Data Delivery:	L:				Ī			
SAMPLE	INFOR	MATION	N					
Sample collected by (name): RICHA		KER			3			
Specific location where sample collecte	d:							
715 CROFT AVE W					S			
Type of Sample (must check only one	box of #	1 through	#4 list	ed below)	[7			
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsal. routine)								
Chlorinated: ☑ Yes ☑ No Chlorine: Total 0.19 mg/l Fre< 0.1 mg	☐ 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 spring ☐ Other	Unsatisfactory routine lab number:							
		Unsatisfac	outine collect date;					
S	_\$_							
Public Systems must provide Source Number from (V	VFI)	Chlorinated: YesNo Chlorine Resid: Total Free						
4. ☐ Sample Collected for Information ©	Only ate Resi	idence [⊐ Oth	er	4			
LAB USE ONLY DRINKING	WAT	ER RES	ULTS	LAB USE ONLY				
☐ Unsatisfactory				Satisfactory	i T			
Total Coliform Present and □ E. coli present □ Fecal coliform present □ Fecal coliform absent								
☐ Replacement Sample Required		T 1			I			
Sample not tested because Test unsuitable because: ☐ Sample too old (>30 hours) ☐ TNTC								
□ Improper Container □ Turbid Culture								
Bacterial Density Results: Plate Fotal Coliform <1 /100 ml.			I. E.c m	oli /100 ml. /100 ml.	E			
Method Code: SM 9222B			Date I	Received: 7/13/2016	N			
Date Analyzed: 7/13/2016, 16:30		Date Reported: 7/14/16						
06604505 Sample Number (DOH number plus five digits)		Lab U	se Only:	5				

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COLIFORM BACTERIA ANALYSIS

			- 1	ANALIOIO				
Date Sample Collected	Time Sample Collected			County:				
07/13/2016 Month Day Year	8:05			SNOHOMISH				
Type of Water System (check o ☑ Group A Public ☐ Group B Public	☐ Private Household ☐ Other:							
Group A and Group B Systems	Provide from V	/ater Facili	ties In	ventory (WFI):				
ID# 28300Y								
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-793-11	01	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	35	FAX:						
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251								
Data Delivery: MAIL EMAIL:								
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER								
Specific location where sample collected: 40507 SR 2								
Special Instructions or Comment	9,	_						
Type of Sample (must check or		1 through	#4 liste	ed below)				
1. ☑ Routine Distribution Sam				imple (after unsat, routine				
Chlorinated: ☑ Yes □ No Chlorine Resid.: Fre< 0.1 rng/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:						
		Chlorinated: YesNo						
Public Systems must provide Source Numb	Chlorinated: YesNo Chlorine Resid: Total Free							
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private Residence ☐ Other								
LAB USE ONLY DRIN	IKING WAT	ER RES	ULTS	LAB USE ONL				
☐ Unsatisfactory Total Coliform Present and				Satisfactory				
□ 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 Results: Plate Count / ml. E.coli /100 ml. Total Coliform <1 /100 ml. Fecal Coliform /100 ml.								
Method Code: SM 9222B			Date F	Received: 7/13/2016				
Date Analyzed: 7/13/2016, 16:3	0	Date Reported: 7/14/16						
06604504 Sample Number (DOH number plus five dig		Lab U	se Only:					

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