



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/06/2016 Month Day Year	Time Sample Collected 8:30	County: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other:			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER			
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 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: 501 LEWIS AVE			
Special Instructions or Comments: TEMP = 12.3C			
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Distribution System	
Chlorine: Total 0.35 mg/l Fre< 0.1 mg/l		<input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Raw Water Source Sample		Unsatisfactory routine lab number:	
<input type="checkbox"/> E. coli - GWR source sample		Unsatisfactory routine collect date:	
<input type="checkbox"/> Fecal - Surface, GWI, some springs		Chlorinated: Yes / No	
<input type="checkbox"/> Other		Chlorine Resid: Total / Free	
Public Systems must provide Source Number from (WFI)			
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	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory	
<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 type="checkbox"/> Replacement Sample Required			
Sample not tested because:			
<input type="checkbox"/> Sample too old (>30 hours)			
<input type="checkbox"/> TNTC			
<input type="checkbox"/> Improper Container			
<input type="checkbox"/> 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: 12/6/2016	
Date Analyzed: 12/6/2016, 15:00		Date Reported: 12/7/16	
Sample Number (DOH number plus five digits) 06607910		Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/06/2016 Month Day Year	Time Sample Collected 9:30	County: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other:			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER			
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 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: 508 1ST AVE W			
Special Instructions or Comments: TEMP = 12.3C			
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Distribution System	
Chlorine: Total 0.57 mg/l Fre< 0.1 mg/l		<input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Raw Water Source Sample		Unsatisfactory routine lab number:	
<input type="checkbox"/> E. coli - GWR source sample		Unsatisfactory routine collect date:	
<input type="checkbox"/> Fecal - Surface, GWI, some springs		Chlorinated: Yes / No	
<input type="checkbox"/> Other		Chlorine Resid: Total / Free	
Public Systems must provide Source Number from (WFI)			
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	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory	
<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 type="checkbox"/> Replacement Sample Required			
Sample not tested because:			
<input type="checkbox"/> Sample too old (>30 hours)			
<input type="checkbox"/> TNTC			
<input type="checkbox"/> Improper Container			
<input type="checkbox"/> 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: 12/6/2016	
Date Analyzed: 12/6/2016, 15:00		Date Reported: 12/7/16	
Sample Number (DOH number plus five digits) 06607909		Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/06/2016 Month Day Year	Time Sample Collected 8:00	County: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other:			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER			
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 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: 818 EVERGREEN WAY			
Special Instructions or Comments: TEMP = 12.3C			
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Distribution System	
Chlorine: Total 0.41 mg/l Fre< 0.1 mg/l		<input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Raw Water Source Sample		Unsatisfactory routine lab number:	
<input type="checkbox"/> E. coli - GWR source sample		Unsatisfactory routine collect date:	
<input type="checkbox"/> Fecal - Surface, GWI, some springs		Chlorinated: Yes / No	
<input type="checkbox"/> Other		Chlorine Resid: Total / Free	
Public Systems must provide Source Number from (WFI)			
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	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory	
<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 type="checkbox"/> Replacement Sample Required			
Sample not tested because:			
<input type="checkbox"/> Sample too old (>30 hours)			
<input type="checkbox"/> TNTC			
<input type="checkbox"/> Improper Container			
<input type="checkbox"/> 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: 12/6/2016	
Date Analyzed: 12/6/2016, 15:00		Date Reported: 12/7/16	
Sample Number (DOH number plus five digits) 06607908		Lab Use Only:	

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