



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

COLIFORM BACTERIA ANALYSIS

| | | | |
|--|---|---|-----------|
| Date Sample Collected 10/05/2016 Month Day Year | Time Sample Collected 7:45 | 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): ID# 28300Y | | | |
| 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 | | | |
| Special Instructions or Comments: | | | |
| 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 0.34 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"/> Fecal coliform present | | <input type="checkbox"/> E. coli absent <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"/> Improper Container <input type="checkbox"/> | | | |
| Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> | | | |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml. /100 ml. | | | |
| Total Coliform < 1 /100 ml. Fecal Coliform /100 ml. | | | |
| Method Code: SM 9222B | | Date Received: 10/ 5/2016 | |
| Date Analyzed: 10/ 5/2016, 16:00 | | Date Reported: 10/ 6/16 | |
| Sample Number (DOH number plus five digits) 06606522 | | Lab Use Only: | |
| DOH Form #331-319 (revised 02/16) | | | |

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COLIFORM BACTERIA ANALYSIS

| | | | |
|--|---|---|-----------|
| Date Sample Collected 10/05/2016 Month Day Year | Time Sample Collected 8:10 | 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): ID# 28300Y | | | |
| 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: | | | |
| 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 0.69 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"/> Fecal coliform present | | <input type="checkbox"/> E. coli absent <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"/> Improper Container <input type="checkbox"/> | | | |
| Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> | | | |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml. /100 ml. | | | |
| Total Coliform < 1 /100 ml. Fecal Coliform /100 ml. | | | |
| Method Code: SM 9222B | | Date Received: 10/ 5/2016 | |
| Date Analyzed: 10/ 5/2016, 16:00 | | Date Reported: 10/ 6/16 | |
| Sample Number (DOH number plus five digits) 06606523 | | Lab Use Only: | |
| DOH Form #331-319 (revised 02/16) | | | |

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COLIFORM BACTERIA ANALYSIS

| | | | |
|--|---|---|-----------|
| Date Sample Collected 10/05/2016 Month Day Year | Time Sample Collected 8:35 | 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): ID# 28300Y | | | |
| 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: | | | |
| 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 0.43 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"/> Fecal coliform present | | <input type="checkbox"/> E. coli absent <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"/> Improper Container <input type="checkbox"/> | | | |
| Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> | | | |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml. /100 ml. | | | |
| Total Coliform < 1 /100 ml. Fecal Coliform /100 ml. | | | |
| Method Code: SM 9222B | | Date Received: 10/ 5/2016 | |
| Date Analyzed: 10/ 5/2016, 16:00 | | Date Reported: 10/ 6/16 | |
| Sample Number (DOH number plus five digits) 06606524 | | Lab Use Only: | |
| DOH Form #331-319 (revised 02/16) | | | |

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