



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/01/2016 Month Day Year	Time Sample Collected 8:10	County: <b>SNOHOMISH</b>
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: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
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 <b>RICHARD BAKER</b> 107 5th St Gold Bar, Wa, 98251		
Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>40507 SR2</b>		
Special Instructions or Comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.18</b> mg/l Fre < 0.1 mg/l	<b>2. <input type="checkbox"/> Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other	Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes ___ No ___ Chlorine Resid: Total ___ Free ___	
Public Systems must provide Source Number from (WFI)		
<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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<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 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.		
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 9/1/2016	
Date Analyzed: 9/1/2016, 16:00	Date Reported: 9/2/16	
Sample Number (DOH number plus five digits) <b>06605677</b>		
Lab Use Only:		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/01/2016 Month Day Year	Time Sample Collected 8:50	County: <b>SNOHOMISH</b>
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: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
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 <b>RICHARD BAKER</b> 107 5th St Gold Bar, Wa, 98251		
Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>715 CROFT AVE W</b>		
Special Instructions or Comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.49</b> mg/l Fre < 0.1 mg/l	<b>2. <input type="checkbox"/> Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other	Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes ___ No ___ Chlorine Resid: Total ___ Free ___	
Public Systems must provide Source Number from (WFI)		
<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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<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 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.		
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 9/1/2016	
Date Analyzed: 9/1/2016, 16:00	Date Reported: 9/2/16	
Sample Number (DOH number plus five digits) <b>06605676</b>		
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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/01/2016 Month Day Year	Time Sample Collected 7:15	County: <b>SNOHOMISH</b>
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: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
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 <b>RICHARD BAKER</b> 107 5th St Gold Bar, Wa, 98251		
Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>505 CROFT AVE</b>		
Special Instructions or Comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.44</b> mg/l Fre < 0.1 mg/l	<b>2. <input type="checkbox"/> Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other	Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes ___ No ___ Chlorine Resid: Total ___ Free ___	
Public Systems must provide Source Number from (WFI)		
<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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<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 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.		
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 9/1/2016	
Date Analyzed: 9/1/2016, 16:00	Date Reported: 9/2/16	
Sample Number (DOH number plus five digits) <b>06605675</b>		
Lab Use Only:		

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