



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/12/2017 Month Day Year	Time Sample Collected 7:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <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: 505 CROFT AVE			
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 Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.09 mg/l Fre < 0.1 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Raw Water Source Sample <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)			
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 LAB USE ONLY			
<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"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <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: 1/12/2017	
Date Analyzed: 1/12/2017, 15:00		Date Reported: 1/13/17	
06600317 Sample Number (DOH number plus five digits)		Lab Use Only:	

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/12/2017 Month Day Year	Time Sample Collected 8:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <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: 40507 SR 2			
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 Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.18 mg/l Fre < 0.1 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Raw Water Source Sample <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)			
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 LAB USE ONLY			
<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"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <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: 1/12/2017	
Date Analyzed: 1/12/2017, 15:00		Date Reported: 1/13/17	
06600316 Sample Number (DOH number plus five digits)		Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/12/2017 Month Day Year	Time Sample Collected 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <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: 715 CROFT 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 Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.10 mg/l Fre < 0.1 mg/l		2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Raw Water Source Sample <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)			
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 LAB USE ONLY			
<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"/> Improper Container		Test unsuitable because: <input type="checkbox"/> TNTC <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: 1/12/2017	
Date Analyzed: 1/12/2017, 15:00		Date Reported: 1/13/17	
06600315 Sample Number (DOH number plus five digits)		Lab Use Only:	

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