



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

COLIFORM BACTERIA ANALYSIS

| | | |
|---|--|--|
| Date Sample Collected 03/16/2017 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: TEMP = 12.2C | | |
| 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 0.15 mg/l Free 0.14 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) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____ | |
| 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 _____ | |
| 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 type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent | | <input checked="" type="checkbox"/> Satisfactory |
| <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: 3/16/2017 | |
| Date Analyzed: 3/16/2017, 16:30 | Date Reported: 3/17/17 | |
| 06601604 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 03/16/2017 Month Day Year | Time Sample Collected 6:30 <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: 505 CROFT AVE | | |
| Special Instructions or Comments: TEMP = 12.2C | | |
| 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 0.37 mg/l Free 0.29 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) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____ | |
| 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 _____ | |
| 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 type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent | | <input checked="" type="checkbox"/> Satisfactory |
| <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: 3/16/2017 | |
| Date Analyzed: 3/16/2017, 16:30 | Date Reported: 3/17/17 | |
| 06601603 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 03/16/2017 Month Day Year | Time Sample Collected 8:00 <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: 715 CROFT AVE W | | |
| Special Instructions or Comments: TEMP = 12.2C | | |
| 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 0.21 mg/l Free 0.15 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) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____ | |
| 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 _____ | |
| 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 type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent | | <input checked="" type="checkbox"/> Satisfactory |
| <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: 3/16/2017 | |
| Date Analyzed: 3/16/2017, 16:30 | Date Reported: 3/17/17 | |
| 06601602 Sample Number (DOH number plus five digits) | Lab Use Only: | |

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