



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

**COLIFORM BACTERIA ANALYSIS**

|   |  |  |
|---|--|--|
| Date Sample Collected<br>11/03/2017<br>Month Day Year   | Time Sample Collected<br>8:30<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM   | County:<br>SNOHOMISH   |
| Type of Water System (check only one box)<br><input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household<br><input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____   |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory (WFI):<br><b>ID# 28300Y</b><br>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)<br>City of Gold Bar<br>RICHARD BAKER<br>107 5th St<br>Gold Bar, Wa, 98251  |  |  |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:  |  |  |
| <b>SAMPLE INFORMATION</b>   |  |  |
| Sample collected by (name): RICHARD BAKER   |  |  |
| Specific location where sample collected:<br><b>715 CRAFT AVE W</b>   |  |  |
| Special Instructions or Comments: TEMP = 13.1C  |  |  |
| Type of Sample (must check only one box of #1 through #4 listed below)  |  |  |
| 1. <input checked="" type="checkbox"/> Routine Distribution Sample<br>Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Chlorine: Total 0.32 mg/l Free 0.28 mg/l  | 2. <input type="checkbox"/> Repeat Sample (after unsat. routine)<br><input type="checkbox"/> Distribution System<br><input type="checkbox"/> Source Groundwater Rule (GWR)<br>(Population of 1,000 or less)<br>Unsatisfactory routine lab number: _____<br>Unsatisfactory routine collect date: _____<br>Chlorinated: Yes _____ No _____<br>Chlorine Resid: Total _____ Free _____ |  |
| 3. Raw Water Source Sample<br><input type="checkbox"/> E. coli - GWR source sample<br><input type="checkbox"/> Fecal - Surface, GWI, some springs<br><input type="checkbox"/> Other<br>Unsatisfactory routine lab number: _____<br>Unsatisfactory routine collect date: _____<br>Public Systems must provide Source Number from (WFI) _____ |  |  |
| 4. <input type="checkbox"/> Sample Collected for Information Only<br><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<br>Total Coliform Present and<br><input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent<br><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent   |  | <input checked="" type="checkbox"/> Satisfactory   |
| <input type="checkbox"/> Replacement Sample Required<br>Sample not tested because<br><input type="checkbox"/> Sample too old (>30 hours)<br><input type="checkbox"/> Improper Container<br><input type="checkbox"/> _____   |  | Test unsuitable because:<br><input type="checkbox"/> TNTC<br><input type="checkbox"/> Turbid Culture<br><input type="checkbox"/> _____ |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml.<br>Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.   |  |  |
| Method Code: SM 9222B   | Date Received: 11/ 3/2017  |  |
| Date Analyzed: 11/ 3/2017, 16:00  | Date Reported: 11/ 4/17  |  |
| <b>06607222</b><br>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<br>11/03/2017<br>Month Day Year   | Time Sample Collected<br>6:40<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM   | County:<br>SNOHOMISH   |
| Type of Water System (check only one box)<br><input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household<br><input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____   |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory (WFI):<br><b>ID# 28300Y</b><br>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)<br>City of Gold Bar<br>RICHARD BAKER<br>107 5th St<br>Gold Bar, Wa, 98251  |  |  |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:  |  |  |
| <b>SAMPLE INFORMATION</b>   |  |  |
| Sample collected by (name): RICHARD BAKER   |  |  |
| Specific location where sample collected:<br><b>505 CRAFT AVE</b>   |  |  |
| Special Instructions or Comments: TEMP = 13.1C  |  |  |
| Type of Sample (must check only one box of #1 through #4 listed below)  |  |  |
| 1. <input checked="" type="checkbox"/> Routine Distribution Sample<br>Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Chlorine: Total 0.37 mg/l Free 0.29 mg/l  | 2. <input type="checkbox"/> Repeat Sample (after unsat. routine)<br><input type="checkbox"/> Distribution System<br><input type="checkbox"/> Source Groundwater Rule (GWR)<br>(Population of 1,000 or less)<br>Unsatisfactory routine lab number: _____<br>Unsatisfactory routine collect date: _____<br>Chlorinated: Yes _____ No _____<br>Chlorine Resid: Total _____ Free _____ |  |
| 3. Raw Water Source Sample<br><input type="checkbox"/> E. coli - GWR source sample<br><input type="checkbox"/> Fecal - Surface, GWI, some springs<br><input type="checkbox"/> Other<br>Unsatisfactory routine lab number: _____<br>Unsatisfactory routine collect date: _____<br>Public Systems must provide Source Number from (WFI) _____ |  |  |
| 4. <input type="checkbox"/> Sample Collected for Information Only<br><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<br>Total Coliform Present and<br><input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent<br><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent   |  | <input checked="" type="checkbox"/> Satisfactory   |
| <input type="checkbox"/> Replacement Sample Required<br>Sample not tested because<br><input type="checkbox"/> Sample too old (>30 hours)<br><input type="checkbox"/> Improper Container<br><input type="checkbox"/> _____   |  | Test unsuitable because:<br><input type="checkbox"/> TNTC<br><input type="checkbox"/> Turbid Culture<br><input type="checkbox"/> _____ |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml.<br>Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.   |  |  |
| Method Code: SM 9222B   | Date Received: 11/ 3/2017  |  |
| Date Analyzed: 11/ 3/2017, 16:00  | Date Reported: 11/ 4/17  |  |
| <b>06607221</b><br>Sample Number (DOH number plus five digits)  | Lab Use Only:  |  |

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**COLIFORM BACTERIA ANALYSIS**

|   |  |  |
|---|--|--|
| Date Sample Collected<br>11/03/2017<br>Month Day Year   | Time Sample Collected<br>9:00<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM   | County:<br>SNOHOMISH   |
| Type of Water System (check only one box)<br><input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household<br><input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____   |  |  |
| Group A and Group B Systems Provide from Water Facilities Inventory (WFI):<br><b>ID# 28300Y</b><br>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)<br>City of Gold Bar<br>RICHARD BAKER<br>107 5th St<br>Gold Bar, Wa, 98251  |  |  |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:  |  |  |
| <b>SAMPLE INFORMATION</b>   |  |  |
| Sample collected by (name): RICHARD BAKER   |  |  |
| Specific location where sample collected:<br><b>40507 SR 2</b>  |  |  |
| Special Instructions or Comments: TEMP = 13.1C  |  |  |
| Type of Sample (must check only one box of #1 through #4 listed below)  |  |  |
| 1. <input checked="" type="checkbox"/> Routine Distribution Sample<br>Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Chlorine: Total 0.25 mg/l Free 0.20 mg/l  | 2. <input type="checkbox"/> Repeat Sample (after unsat. routine)<br><input type="checkbox"/> Distribution System<br><input type="checkbox"/> Source Groundwater Rule (GWR)<br>(Population of 1,000 or less)<br>Unsatisfactory routine lab number: _____<br>Unsatisfactory routine collect date: _____<br>Chlorinated: Yes _____ No _____<br>Chlorine Resid: Total _____ Free _____ |  |
| 3. Raw Water Source Sample<br><input type="checkbox"/> E. coli - GWR source sample<br><input type="checkbox"/> Fecal - Surface, GWI, some springs<br><input type="checkbox"/> Other<br>Unsatisfactory routine lab number: _____<br>Unsatisfactory routine collect date: _____<br>Public Systems must provide Source Number from (WFI) _____ |  |  |
| 4. <input type="checkbox"/> Sample Collected for Information Only<br><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<br>Total Coliform Present and<br><input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent<br><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent   |  | <input checked="" type="checkbox"/> Satisfactory   |
| <input type="checkbox"/> Replacement Sample Required<br>Sample not tested because<br><input type="checkbox"/> Sample too old (>30 hours)<br><input type="checkbox"/> Improper Container<br><input type="checkbox"/> _____   |  | Test unsuitable because:<br><input type="checkbox"/> TNTC<br><input type="checkbox"/> Turbid Culture<br><input type="checkbox"/> _____ |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml.<br>Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.   |  |  |
| Method Code: SM 9222B   | Date Received: 11/ 3/2017  |  |
| Date Analyzed: 11/ 3/2017, 16:00  | Date Reported: 11/ 4/17  |  |
| <b>06607220</b><br>Sample Number (DOH number plus five digits)  | Lab Use Only:  |  |

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