



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/14/2018 Month Day Year	Time Sample Collected 7:45 ☑ AM ☐ 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: 15012 MOON LIGHT DR		
Special Instructions or Comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
<input checked="" type="checkbox"/> 1. Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.51 mg/l Free 0.27 mg/l	<input type="checkbox"/> 2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	<input type="checkbox"/> 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: _____
Public Systems must provide Source Number from (WFI)		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"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <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: 2/14/2018	
Date Analyzed: 2/14/2018, 15:45	Date Reported: 2/15/18	
06601051 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 02/14/2018 Month Day Year	Time Sample Collected 7:30 ☑ AM ☐ 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: 501 LEWIS		
Special Instructions or Comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
<input checked="" type="checkbox"/> 1. Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.45 mg/l Free 0.40 mg/l	<input type="checkbox"/> 2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	<input type="checkbox"/> 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: _____
Public Systems must provide Source Number from (WFI)		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"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <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: 2/14/2018	
Date Analyzed: 2/14/2018, 15:45	Date Reported: 2/15/18	
06601050 Sample Number (DOH number plus five digits)	Lab Use Only:	

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/14/2018 Month Day Year	Time Sample Collected 8:00 ☑ AM ☐ 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: 508 1ST AVE W		
Special Instructions or Comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
<input checked="" type="checkbox"/> 1. Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.41 mg/l Free 0.26 mg/l	<input type="checkbox"/> 2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	<input type="checkbox"/> 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: _____
Public Systems must provide Source Number from (WFI)		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"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <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: 2/14/2018	
Date Analyzed: 2/14/2018, 15:45	Date Reported: 2/15/18	
06601049 Sample Number (DOH number plus five digits)	Lab Use Only:	

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

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