

AmTest Laboratories

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

COLIFORM BACTERIA ANALYSIS

	OLII OI	IIII DA	<u> </u>	ERIA ANAL I 313					
Date Sample Collected 08/16/2018	Time Sam Collected	d ⊠A		County:					
Month Day Year	8:55	□ P	М	SNOHOMISH					
Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other;									
Group A and Group B Sys	Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
ID# 28300Y									
System Name: CITY C									
Contact Person: RICI	HARD BAI								
Day Phone: 360-793	3-1101	Cell Phone: 425 238 1935							
Eve. Phone: 425 23		FAX:							
Send results to: (Print full r City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982	251	ess and zi	p co	de)					
Data Delivery: MAIL [INFOR		Tioh					
	SAMPLE		VIA	TION					
Sample collected by (name Specific location where sai									
15012 MOONLICE Special Instructions or Commer	HT DR	- 100							
Type of Sample (must check of		f#1 throug	h #4	listed below)					
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.43 mg/l Free 0.37 mg/l 3. Raw Water Source Sample		2. □ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)							
☐ E. coli - GWR source samp ☐ Fecal - Surface, GWI, som ☐ Other		Unsatisfactory routine lab number: Unsatisfactory routine collect date:							
SI									
Public Systems must provide Source Number from (WFI)			/ No_Resid; Total Free						
4. ☐ Sample Collected for Info ☐ Construction ☐ Repairs	mation Only ☐ Private Re	esidence	<u> </u>	Other					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY									
☐ Unsatisfactory Total Coliform Present and				☑ Satisfactory					
☐ E. coli present ☐ E. coli absent ☐ Fecal coliform present ☐ Fecal coliform absent									
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □									
Bacterial Density Results: Total Coliform <1 /100		/ ml		coli /100 ml. /100 ml.					
Method Code: SM 9222B			Date Received: 8/16/2018						
Date Analyzed: 8/16/2018, 15:30			Date Reported: 8/17/18						
06605343 Sample Number (DOH number plus five digits)				Lab Use Only:					

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





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COLIFO	RM BA	CT	ERIA ANALYSIS			
Date Sample Collected 08/16/2018 Collected Month Day Year 8:10	imple ted ☑ i	****	County:			
Type of Water System (check only o ☑ Group A Public ☑ Group B Public	□ Daireas		usehold			
Group A and Group B Systems Prov		/ater	Facilities Inventory (WFI)			
ID# 2	8300Y	7				
System Name: CITY OF GOI	LD BAF	?				
Contact Person: RICHARD B.						
Day Phone: 360-793-1101	Cell P	Cell Phone: 425 238 1935				
Eve. Phone: 425 238 1935	FAX:					
Send results to: (Print full name, add City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		ip co	de)			
Data Delivery: MAIL EMAIL:						
SAMPLI Sample collected by (name):RICHAR	E INFOR		TION			
Specific location where sample collection 501 LEWIS Special Instructions or Comments: Type of Sample (must check only one box	cted:		Heted below			
1. ☑ Routine Distribution Sample						
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.58 mg/l Free 0.48 mg/l	☐ Disti	Repeat Sample (after unsat, routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)				
3. Raw Water Source Sample □ E. coli - GWR source sample □ Fecal - Surface, GWI, some springs □ Other	Unsatisf	Unsatisfactory routine lab number:				
	Unsatisfa	Unsatisfactory routine collect date:				
Public Systems must provide Source Number from (WFI)	Chlorinat Chlorine		Yes No sid: Total Free			
4. ☐ Sample Collected for Information Only ☐ Construction ☐ Repairs ☐ Private I		0	ther			
LAB USE ONLY DRINKING WA	TER RE	SUL	TS LAB USE ONLY			
□ Unsatisfactory Fotal Coliform Present and □ E. coli present □ E. coli a						
☐ Fecal coliform present ☐ Fecal co	liform abso	ent .				
☐ Sample too old (>30 hours) ☐ TN			unsuitable because: NTC Turbid Culture			
Bacterial Density Results: Plate Cour Fotal Coliform <1 /100 ml. Fo	nt / m ecal Colifo	I. E.c	oli /100 ml. /100 ml.			
Method Code: SM 9222B		Date	Received: 8/16/2018			
Date Analyzed: 8/16/2018, 15:30		Date Reported: 8/17/18				
06605342 Sample Number (DOH number plus five digits)		Lab Ușe Only:				

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



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COLIFORM BACTERIA ANALYSI

	OLII OI	2144	DAO	I FINA AIN			
Date Sample Collected 08/16/2018	Time San Collecte		☑ AM				
Month Day Year	9:10		□ PM	SNO	HO		
Type of Water System (ch ☐ Group A Pub ☐ Group B Pub	eck only on lic lic	e box	c) rivate H ther:	ousehold			
Group A and Group B Sys					ntory		
	ID# 28	30	0Y				
System Name: CITY (OF GOL	D E	BAR				
Contact Person: RIC							
Day Phone: 360-793-1101			Cell Phone: 425 238 193				
Eve. Phone: 425 23	FAX:						
Send results to: (Print full City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 982	? 251	ess a	nd zip c	ode)			
Data Delivery: MAIL I	_						
	SAMPLE	-		ATION			
Sample collected by (name Specific location where sal			KER				
508 1ST AVE W							
Special Instructions or Commer Type of Sample (must check of		f#1 t	hrough #4	listed below)			
1. ☑ Routine Distribution Sar		2. 🗆	☐ Repeat Sample (after unsat, rou				
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.54 mg/l Free 0.49 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR (Population of 1,000 or less)					
3. Raw Water Source Sample D E. coli - GWR source sample D Fecal - Surface, GWI, some springs Other			Unsatisfactory routine lab number:				
5 I S I	Unsatisfactory routine collect date						
·— - <u>— · — · — · — · — · — · — · — · — · — </u>	Chlorinated: Yes No						
Public Systems must provide Source Number from (WFI)	Chlorine Resid: Total Free						
4. □ Sample Collected for Infor □ Construction □ Repairs	☐ Private Re			Other			
LAB USE ONLY DRIN	KING WAT	ER	RESUL	TS LAB USE	ONL		
☐ Unsatisfactory Total Coliform Present and	I	201		☑ Satisfactory			
	E. coli abs	ent orm :	absen				
☐ Replacement Sample Sample not tested because ☐ Sample too old (>30 hor ☐ Improper Container ☐			unsuita NTC urbid C	ble because:			
Bacterial Density Results: F Total Coliform < 1 /100		al Co	/ ml. E.o	coli /100 m /100 ml.	l.		
Method Code: SM 9222B			Dat	e Received: 8/	16/20		
Date Analyzed: 8/16/2018		Dat	e Reported: 8/	17/18			
06605341 Sample Number (DOH number plus		Lat	Use Only:				

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

