



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 01/04/2019 Month Day Year	Time Sample Collected 6:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b> Contact Person: <b>RICHARD BAKER</b> 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:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER Specific location where sample collected: <b>505 LEWIS AVE</b> 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 0.39 mg/l    Free 0.33 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 _____	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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<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		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/ 4/2019	
Date Analyzed: 1/ 4/2019, 15:30	Date Reported: 1/ 9/19	
<b>06687</b> Sample Number (DOH number plus five digits)	Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 01/04/2019 Month Day Year	Time Sample Collected 7:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b> Contact Person: <b>RICHARD BAKER</b> 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:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER Specific location where sample collected: <b>40507 SR 2</b> 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 0.35 mg/l    Free 0.24 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 _____	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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<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		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/ 4/2019	
Date Analyzed: 1/ 4/2019, 15:30	Date Reported: 1/ 9/19	
<b>06686</b> Sample Number (DOH number plus five digits)	Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 01/04/2019 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b> Contact Person: <b>RICHARD BAKER</b> 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:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER Specific location where sample collected: <b>715 CROFT AVE W</b> 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 0.23 mg/l    Free 0.20 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 _____	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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<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		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/ 4/2019	
Date Analyzed: 1/ 4/2019, 15:30	Date Reported: 1/ 9/19	
<b>06685</b> Sample Number (DOH number plus five digits)	Lab Use Only:	