



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/03/2019 Month Day Year	Time Sample Collected 9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)  
 Group A Public     Private Household  
 Group B Public     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:  MAIL  EMAIL:

**SAMPLE INFORMATION**

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

15012 MOONLIGHT DR

Special Instructions or Comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.47 mg/l    Free 0.44 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. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	

4. Surface or GWR Raw Water Sample (Enumeration)  
 E. coli     Fecal    Filtered Yes \_\_\_ No \_\_\_    L S | | |

5.  Sample Collected for Information Only  
 Construction     Repairs     Private Residence     Other

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

Unsatisfactory     Satisfactory

Total Coliform Present and  
 E. coli present     E. coli absent

Replacement Sample Required

Sample not tested because    Test unsuitable because:

Sample too old (>30 hours)     TNTC

Improper Container     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: 4/ 3/2019

Date Analyzed: 4/ 3/2019, 15:45    Date Reported: 4/ 4/19

066-01819    Lab Use Only:

Sample Number (DOH number plus five digits)

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

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/03/2019 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)  
 Group A Public     Private Household  
 Group B Public     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:  MAIL  EMAIL:

**SAMPLE INFORMATION**

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

505 LEWIS

Special Instructions or Comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.56 mg/l    Free 0.47 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. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	

4. Surface or GWR Raw Water Sample (Enumeration)  
 E. coli     Fecal    Filtered Yes \_\_\_ No \_\_\_    L S | | |

5.  Sample Collected for Information Only  
 Construction     Repairs     Private Residence     Other

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

Unsatisfactory     Satisfactory

Total Coliform Present and  
 E. coli present     E. coli absent

Replacement Sample Required

Sample not tested because    Test unsuitable because:

Sample too old (>30 hours)     TNTC

Improper Container     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: 4/ 3/2019

Date Analyzed: 4/ 3/2019, 15:45    Date Reported: 4/ 4/19

066-01818    Lab Use Only:

Sample Number (DOH number plus five digits)

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

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/03/2019 Month Day Year	Time Sample Collected 8:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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Type of Water System (check only one box)  
 Group A Public     Private Household  
 Group B Public     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:  MAIL  EMAIL:

**SAMPLE INFORMATION**

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:

508 1ST AVE WEST

Special Instructions or Comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.52 mg/l    Free 0.49 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. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	

4. Surface or GWR Raw Water Sample (Enumeration)  
 E. coli     Fecal    Filtered Yes \_\_\_ No \_\_\_    L S | | |

5.  Sample Collected for Information Only  
 Construction     Repairs     Private Residence     Other

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

Unsatisfactory     Satisfactory

Total Coliform Present and  
 E. coli present     E. coli absent

Replacement Sample Required

Sample not tested because    Test unsuitable because:

Sample too old (>30 hours)     TNTC

Improper Container     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: 4/ 3/2019

Date Analyzed: 4/ 3/2019, 15:45    Date Reported: 4/ 4/19

066-01817    Lab Use Only:

Sample Number (DOH number plus five digits)

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

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