



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 01/15/2014 Month Day Year	Time Sample Collected 9:00 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2		
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 0.10 mg/l Free < 0.1 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. 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: _____ 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		
<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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 1/15/2014	
Date Analyzed: 1/15/2014, 15:30	Date Reported: 1/16/14	
06600331 Sample Number (DOH number plus five digits)	Lab Use Only:	

DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 01/15/2014 Month Day Year	Time Sample Collected 8:20 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
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 0.10 mg/l Free < 0.1 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. 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: _____ 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		
<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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 1/15/2014	
Date Analyzed: 1/15/2014, 15:30	Date Reported: 1/16/14	
06600332 Sample Number (DOH number plus five digits)	Lab Use Only:	

DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 01/15/2014 Month Day Year	Time Sample Collected 8:30 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
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 < 0.1 mg/l Free < 0.1 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. 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: _____ 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		
<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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 1/15/2014	
Date Analyzed: 1/15/2014, 15:30	Date Reported: 1/16/14	
06600330 Sample Number (DOH number plus five digits)	Lab Use Only:	

DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 02/04/2014 Month Day Year	Time Sample Collected 8:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
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)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.26 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: _____	
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		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			
<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 <input type="checkbox"/>			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 2/ 4/2014		
Date Analyzed: 2/ 4/2014, 15:00	Date Reported: 2/ 5/14		
06600734 Sample Number (DOH number plus five digits)	Lab Use Only:		



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 02/04/2014 Month Day Year	Time Sample Collected 9:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
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)			
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 0.32 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: _____	
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		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			
<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 <input type="checkbox"/>			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 2/ 4/2014		
Date Analyzed: 2/ 4/2014, 15:00	Date Reported: 2/ 5/14		
06600733 Sample Number (DOH number plus five digits)	Lab Use Only:		



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 02/04/2014 Month Day Year	Time Sample Collected 8:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 818 EVERGREEN WAY			
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 0.35 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: _____	
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		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			
<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 <input type="checkbox"/>			
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 2/ 4/2014		
Date Analyzed: 2/ 4/2014, 15:00	Date Reported: 2/ 5/14		
06600732 Sample Number (DOH number plus five digits)	Lab Use Only:		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/11/2014 Month Day Year	Time Sample Collected 7:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
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			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 40507 SR2			
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 0.21 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)	
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: _____ 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 < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 3/11/2014		
Date Analyzed: 3/11/2014, 15:00	Date Reported: 3/12/14		
06601480 Sample Number (DOH number plus five digits)	Lab Use Only:		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/11/2014 Month Day Year	Time Sample Collected 7:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
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			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 505 CROFT AVE			
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 0.14 mg/l Free < 0.1 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)	
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: _____ 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 < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 3/11/2014		
Date Analyzed: 3/11/2014, 15:00	Date Reported: 3/12/14		
06601481 Sample Number (DOH number plus five digits)	Lab Use Only:		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/11/2014 Month Day Year	Time Sample Collected 8:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
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			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 715 CROFT AVE W.			
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 0.60 mg/l Free 0.56 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)	
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: _____ 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 < 1 /100 ml.			
Method Code: MICR- 2810	Date Received: 3/11/2014		
Date Analyzed: 3/11/2014, 15:00	Date Reported: 3/12/14		
06601482 Sample Number (DOH number plus five digits)	Lab Use Only:		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/03/2014 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLDBAR		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS AVE		
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 0.28 mg/l Free 0.21 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. 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: _____/_____/_____ 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		
<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 <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 4/ 3/2014	
Date Analyzed: 4/ 3/2014, 16.00	Date Reported: 4/ 4/14	
06602009 Sample Number (DOH number plus five digits)	Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/03/2014 Month Day Year	Time Sample Collected 8:45 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLDBAR		
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		
<b>SAMPLE INFORMATION</b>		
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)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.33 mg/l Free 0.26 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. 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: _____/_____/_____ 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		
<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 <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 4/ 3/2014	
Date Analyzed: 4/ 3/2014, 16.00	Date Reported: 4/ 4/14	
06602008 Sample Number (DOH number plus five digits)	Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 04/03/2014 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLDBAR		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 818 EVERGREEN WAY		
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 0.24 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 _____	
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: _____/_____/_____ 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		
<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 <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 4/ 3/2014	
Date Analyzed: 4/ 3/2014, 16.00	Date Reported: 4/ 4/14	
06602007 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 05/06/2014 Month Day Year	Time Sample Collected 7:15 7:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 505 CROFT AVE			
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		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)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.59 mg/l Free 0.51 mg/l		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
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		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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 5/ 6/2014	
Date Analyzed: 5/ 6/2014, 16:00		Date Reported: 5/ 7/14	
06602635 Sample Number (DOH number plus five digits)		Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 05/06/2014 Month Day Year	Time Sample Collected 8:30 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
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			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 40507 SR2			
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		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)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total < 0.1 mg/l Free < 0.1 mg/l		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
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		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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 5/ 6/2014	
Date Analyzed: 5/ 6/2014, 16:00		Date Reported: 5/ 7/14	
06602633 Sample Number (DOH number plus five digits)		Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 05/06/2014 Month Day Year	Time Sample Collected 7:50 7:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 715 CROFT AVE W			
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		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)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.24 mg/l Free 0.18 mg/l		Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____	
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		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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 5/ 6/2014	
Date Analyzed: 5/ 6/2014, 16:00		Date Reported: 5/ 7/14	
06602636 Sample Number (DOH number plus five digits)		Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected 8:35	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 507 1ST AVE W			
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		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.35 mg/l Free 0.27 mg/l		<input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
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)   S		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			
<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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 6/ 5/2014	
Date Analyzed: 6/ 5/2014, 17:00		Date Reported: 6/ 6/14	
06603255 Sample Number (DOH number plus five digits)		Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected 7:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
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)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.31 mg/l Free 0.27 mg/l		<input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
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)   S		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			
<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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 6/ 5/2014	
Date Analyzed: 6/ 5/2014, 17:00		Date Reported: 6/ 6/14	
06603256 Sample Number (DOH number plus five digits)		Lab Use Only:	



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 06/05/2014 Month Day Year	Time Sample Collected 8:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>			
System Name: CITY OF GOLD BAR			
Contact Person: RICHARD BAKER/JOHN LIGHT			
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER			
Specific location where sample collected: 818 EVERGREEN WAY			
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		2. <input type="checkbox"/> Repeat Sample (after unsat. routine)	
Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.28 mg/l Free 0.24 mg/l		<input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
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)   S		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			
<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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 6/ 5/2014	
Date Analyzed: 6/ 5/2014, 17:00		Date Reported: 6/ 6/14	
06603254 Sample Number (DOH number plus five digits)		Lab Use Only:	

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DOH Form #331-319 (revised 8/05)

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DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 07/08/2014 Month Day Year	Time Sample Collected 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W.		
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 0.18 mg/l Free 0.14 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. 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: _____ 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 < 1 /100 ml.		
Method Code: CR- 2810	Date Received: 7/8/2014	Date Reported: 7/9/14
Date Analyzed: 7/8/2014, 15:00	Lab Use Only:	
<b>06603891</b>		
Sample Number (DOH number plus five digits)		
Form #331-319 (revised 8/05)		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 07/08/2014 Month Day Year	Time Sample Collected 8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR2		
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 0.19 mg/l Free 0.14 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. 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: _____ 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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 7/8/2014	Date Reported: 7/9/14
Date Analyzed: 7/8/2014, 15:00	Lab Use Only:	
<b>06603890</b>		
Sample Number (DOH number plus five digits)		
DOH Form #331-319 (revised 8/05)		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 07/08/2014 Month Day Year	Time Sample Collected 7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
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 0.20 mg/l Free 0.18 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. 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: _____ 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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 7/8/2014	Date Reported: 7/9/14
Date Analyzed: 7/8/2014, 15:00	Lab Use Only:	
<b>06603889</b>		
Sample Number (DOH number plus five digits)		
DOH Form #331-319 (revised 8/05)		

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 08/08/2014 Month Day Year	Time Sample Collected 8:00 Collected <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS AVE		
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 < 0.1 mg/l Free < 0.1 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. 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: _____ 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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 8/ 8/2014	
Date Analyzed: 8/ 8/2014, 14:00	Date Reported: 8/ 9/14	
06604547 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 08/08/2014 Month Day Year	Time Sample Collected 8:40 Collected <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
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)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.29 mg/l Free 0.28 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. 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: _____ 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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 8/ 8/2014	
Date Analyzed: 8/ 8/2014, 14:00	Date Reported: 8/ 9/14	
06604546 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 08/08/2014 Month Day Year	Time Sample Collected 9:00 Collected <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 818 EVERGREEN WAY		
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 0.10 mg/l Free < 0.1 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. 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: _____ 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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 8/ 8/2014	
Date Analyzed: 8/ 8/2014, 14:00	Date Reported: 8/ 9/14	
06604545 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/04/2014 Month Day Year	Time Sample Collected 7:40 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2		
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 0.19 mg/l Free < 0.1 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. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other  _____ / _____ / _____ Public Systems must provide Source Number from (WFI)	Unsatisfactory routine lab number: _____  Unsatisfactory routine collect date: _____  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		
<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 <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR-2810	Date Received: 9/ 4/2014	
Date Analyzed: 9/ 4/2014, 13:00	Date Reported: 9/ 5/14	
06605146 Sample Number (DOH number plus five digits)	Lab Use Only:	

DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/04/2014 Month Day Year	Time Sample Collected 9:00 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
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 < 0.1 mg/l Free < 0.1 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. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other  _____ / _____ / _____ Public Systems must provide Source Number from (WFI)	Unsatisfactory routine lab number: _____  Unsatisfactory routine collect date: _____  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		
<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 <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR-2810	Date Received: 9/ 4/2014	
Date Analyzed: 9/ 4/2014, 13:00	Date Reported: 9/ 5/14	
06605145 Sample Number (DOH number plus five digits)	Lab Use Only:	

DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/04/2014 Month Day Year	Time Sample Collected 7:15 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
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 0.19 mg/l Free 0.16 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. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other  _____ / _____ / _____ Public Systems must provide Source Number from (WFI)	Unsatisfactory routine lab number: _____  Unsatisfactory routine collect date: _____  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		
<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 <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR-2810	Date Received: 9/ 4/2014	
Date Analyzed: 9/ 4/2014, 13:00	Date Reported: 9/ 5/14	
06605144 Sample Number (DOH number plus five digits)	Lab Use Only:	

DOH Form #331-319 (revised 8/05)

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 10/02/2014 Month Day Year	Time Sample Collected 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 818 EVERGREEN WAY		
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 0.36 mg/l    Free < 0.1 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. 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: _____/_____/_____ 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		
<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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 10/ 2/2014	
Date Analyzed: 10/ 2/2014, 15:00	Date Reported: 10/ 3/14	
06605766 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 10/02/2014 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
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)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.60 mg/l    Free 0.16 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. 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: _____/_____/_____ 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		
<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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 10/ 2/2014	
Date Analyzed: 10/ 2/2014, 15:00	Date Reported: 10/ 3/14	
06605765 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 10/02/2014 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER/JOHN LIGHT		
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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 501 LEWIS AVE		
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 0.46 mg/l    Free < 0.1 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. 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: _____/_____/_____ 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		
<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 < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 10/ 2/2014	
Date Analyzed: 10/ 2/2014, 15:00	Date Reported: 10/ 3/14	
06605764 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 11/04/2014 Month Day Year	Time Sample Collected 8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 715 CROFT AVE W		
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 type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.17 mg/l Free 0.13 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)	
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: _____ 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 <input type="checkbox"/>		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 11/ 5/2014	
Date Analyzed: 11/ 5/2014, 15:25	Date Reported: 11/ 6/14	
06606589 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 11/05/2014 Month Day Year	Time Sample Collected 7:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 505 CROFT AVE		
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 type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.18 mg/l Free 0.17 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)	
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: _____ 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 <input type="checkbox"/>		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 11/ 5/2014	
Date Analyzed: 11/ 5/2014, 15:25	Date Reported: 11/ 6/14	
06606588 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 11/04/2014 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2		
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 type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.11 mg/l Free < 0.1 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)	
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: _____ 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 <input type="checkbox"/>		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/>		
Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.		
Method Code: MICR- 2810	Date Received: 11/ 5/2014	
Date Analyzed: 11/ 5/2014, 15:25	Date Reported: 11/ 6/14	
06606587 Sample Number (DOH number plus five digits)	Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 12/09/2014 Month Day Year	Time Sample Collected 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT 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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER Specific location where sample collected: 501 LEWIS AVE 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 0.16 mg/l Free 0.15 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. 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: _____ 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			
<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:      Test unsuitable 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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 12/ 9/2014	
Date Analyzed: 12/ 9/2014, 11:05		Date Reported: 12/10/14	
06607314 Sample Number (DOH number plus five digits)		Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 12/09/2014 Month Day Year	Time Sample Collected 9:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT 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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
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)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.22 mg/l Free 0.12 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. 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: _____ 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			
<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:      Test unsuitable 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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 12/ 9/2014	
Date Analyzed: 12/ 9/2014, 11:05		Date Reported: 12/10/14	
06607315 Sample Number (DOH number plus five digits)		Lab Use Only:	

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 12/09/2014 Month Day Year	Time Sample Collected 8:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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): <b>ID# 28300Y</b> System Name: CITY OF GOLD BAR Contact Person: RICHARD BAKER/JOHN LIGHT 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/JOHN LIGHT 107 5th St Gold Bar, Wa, 98251			
<b>SAMPLE INFORMATION</b>			
Sample collected by (name): RICHARD BAKER Specific location where sample collected: 818 EVERGREEN WAY 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 0.20 mg/l Free 0.14 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. 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: _____ 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			
<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:      Test unsuitable 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 < 1 /100 ml.			
Method Code: MICR- 2810		Date Received: 12/ 9/2014	
Date Analyzed: 12/ 9/2014, 11:05		Date Reported: 12/10/14	
06607313 Sample Number (DOH number plus five digits)		Lab Use Only:	

DOH Form #331-319 (revised 8/05)

RECEIVED DEC 18 2014