AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
01/19/2016 (Month Day Year)	7:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.35 mg/l Free 0.27 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ 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: 1/19/2016
Date Analyzed: 1/19/2016, 15:00	Date Reported: 1/20/16
06600395 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
01/19/2016 (Month Day Year)	8:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.05 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ 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: 1/19/2016
Date Analyzed: 1/19/2016, 15:00	Date Reported: 1/20/16
06600394 (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	Time Sample Collected	County:
01/19/2016 (Month Day Year)	8:40 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.26 mg/l Free 0.22 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ 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: 1/19/2016
Date Analyzed: 1/19/2016, 15:00	Date Reported: 1/20/16
06600396 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
02/03/2016 Month Day Year	9:20 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.52 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ 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: 2/ 3/2016
Date Analyzed: 2/ 3/2016, 17:30	Date Reported: 2/ 4/16
06600750 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	Time Sample Collected	County:
02/03/2016 Month Day Year	8:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.52 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ 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: 2/ 3/2016
Date Analyzed: 2/ 3/2016, 17:30	Date Reported: 2/ 4/16
06600749 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	Time Sample Collected	County:
02/03/2016 Month Day Year	7:20 ☑ AM ☐ PM	SNOHOMIS

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.48 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. ro
☐ Distribution System
☐ Source Groundwater Rule (GWF (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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /1
Total Coliform < 1 /100 ml. Fecal Coliform < 1 /100 ml.

Method Code: MICR- 2810	Date Received: 2/ 3/2016
Date Analyzed: 2/ 3/2016, 17:30	Date Reported: 2/ 4/16
06600748 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
03/09/2016 (Month Day Year)	7:40 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.34 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ___/___/___
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 3/ 9/2016
Date Analyzed: 3/ 9/2016, 15:30	Date Reported: 3/10/16
06601566 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
03/09/2016 (Month Day Year)	8:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.26 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ___/___/___
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 3/ 9/2016
Date Analyzed: 3/ 9/2016, 15:30	Date Reported: 3/10/16
06601567 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

AmTest Laboratories
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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
03/09/2016 (Month Day Year)	8:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

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. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.65 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ___/___/___
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 3/ 9/2016
Date Analyzed: 3/ 9/2016, 15:30	Date Reported: 3/10/16
06601565 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2016 Month Day Year	8:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.10 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 4/ 6/2016
Date Analyzed: 4/ 6/2016, 15:00	Date Reported: 4/ 7/16
06602174 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2016 Month Day Year	7:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.12 mg/l Free 0.10 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 4/ 6/2016
Date Analyzed: 4/ 6/2016, 15:00	Date Reported: 4/ 7/16
06602173 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

AmTest Laboratories
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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
04/06/2016 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER/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

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
902 TIBER LANE

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.10 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 4/ 6/2016
Date Analyzed: 4/ 6/2016, 15:00	Date Reported: 4/ 7/16
06602172 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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13600 NE 126th PL STE C, Kirkland, WA 98034
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
05/04/2016 Month Day Year	9:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
40507 SR 2

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.11 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B | Date Received: 5/ 4/2016
Date Analyzed: 5/ 4/2016, 15:30 | Date Reported: 5/ 5/16
06602833 Sample Number (DOH number plus five digits) | Lab Use Only:

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

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AMTEST LABORATORIES

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
05/04/2016 Month Day Year	8:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
715 CROFT AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.08 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B | Date Received: 5/ 4/2016
Date Analyzed: 5/ 4/2016, 15:30 | Date Reported: 5/ 5/16
06602832 Sample Number (DOH number plus five digits) | Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
05/04/2016 Month Day Year	7:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
505 CROFT AVE

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.11 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B | Date Received: 5/ 4/2016
Date Analyzed: 5/ 4/2016, 15:30 | Date Reported: 5/ 5/16
06602834 Sample Number (DOH number plus five digits) | Lab Use Only:

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

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AMTEST LABORATORIES

AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/09/2016 Month Day Year	Time Sample Collected 8:20 ☑ AM ☐ PM	County: SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
Eve. Phone: 425 238 1935	FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.51 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 6/ 9/2016
Date Analyzed: 6/ 9/2016, 15:30	Date Reported: 6/10/16
06603703 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/09/2016 Month Day Year	Time Sample Collected ☐ AM ☐ PM	County: SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
Eve. Phone: 425 238 1935	FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
818 EVERGREEN WAY

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.56 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 6/ 9/2016
Date Analyzed: 6/ 9/2016, 15:30	Date Reported: 6/10/16
06603704 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 06/09/2016 Month Day Year	Time Sample Collected 7:45 ☑ AM ☐ PM	County: SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101	Cell Phone: 425 238 1935
Eve. Phone: 425 238 1935	FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.70 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.

Method Code: SM 9222B	Date Received: 6/ 9/2016
Date Analyzed: 6/ 9/2016, 15:30	Date Reported: 6/10/16
06603702 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
07/13/2016 Month Day Year	7:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
505 CROFT AVE

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.77 mg/l Free 0.10 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 7/13/2016
Date Analyzed: 7/13/2016, 16:30	Date Reported: 7/14/16
06604506 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AMTEST LABORATORIES

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AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
07/13/2016 Month Day Year	7:35 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
715 CROFT AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.19 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 7/13/2016
Date Analyzed: 7/13/2016, 16:30	Date Reported: 7/14/16
06604505 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
07/13/2016 Month Day Year	8:05 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
40507 SR 2

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine Resid.: Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 7/13/2016
Date Analyzed: 7/13/2016, 16:30	Date Reported: 7/14/16
06604504 Sample Number (DOH number plus five digits)	Lab Use Only:

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

AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
08/03/2016 (Month Day Year)	8:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
818 EVERGREEN WAY

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.26 mg/l Fre< 0.1 mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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**
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 8/ 3/2016
Date Analyzed: 8/ 3/2016, 16:15	Date Reported: 8/ 4/16
06605027 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
08/03/2016 (Month Day Year)	7:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.12 mg/l Fre< 0.1 mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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**
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 8/ 3/2016
Date Analyzed: 8/ 3/2016, 16:15	Date Reported: 8/ 4/16
06605026 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
08/03/2016 (Month Day Year)	8:25 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.19 mg/l Free 0.11 mg/l

2. ☐ **Repeat Sample** (after unsat. routine)
☐ Distribution System
☐ 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**
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 8/ 3/2016
Date Analyzed: 8/ 3/2016, 16:15	Date Reported: 8/ 4/16
06605025 (Sample Number (DOH number plus five digits))	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/01/2016 Month Day Year	8:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
40507 SR2

Special Instructions or Comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.18** mg/l Fre< **0.1** mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other

|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

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

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count **/ ml.** E.coli **/100 ml.**
Total Coliform **< 1 /100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9222B	Date Received: 9/ 1/2016
Date Analyzed: 9/ 1/2016, 16:00	Date Reported: 9/ 2/16
06605677 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/01/2016 Month Day Year	8:50 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
715 CROFT AVE W

Special Instructions or Comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.49** mg/l Fre< **0.1** mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other

|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

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

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count **/ ml.** E.coli **/100 ml.**
Total Coliform **< 1 /100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9222B	Date Received: 9/ 1/2016
Date Analyzed: 9/ 1/2016, 16:00	Date Reported: 9/ 2/16
06605676 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/01/2016 Month Day Year	7:15 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
505 CROFT AVE

Special Instructions or Comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.44** mg/l Fre< **0.1** mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other

|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

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

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count **/ ml.** E.coli **/100 ml.**
Total Coliform **< 1 /100 ml.** Fecal Coliform **/100 ml.**

Method Code: SM 9222B	Date Received: 9/ 1/2016
Date Analyzed: 9/ 1/2016, 16:00	Date Reported: 9/ 2/16
06605675 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
10/05/2016 Month Day Year	7:45 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.34 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|__S__|____|____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B | Date Received: 10/ 5/2016
Date Analyzed: 10/ 5/2016, 16:00 | Date Reported: 10/ 6/16
06606522 (Sample Number (DOH number plus five digits)) | Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
10/05/2016 Month Day Year	8:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.59 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|__S__|____|____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B | Date Received: 10/ 5/2016
Date Analyzed: 10/ 5/2016, 16:00 | Date Reported: 10/ 6/16
06606523 (Sample Number (DOH number plus five digits)) | Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
10/05/2016 Month Day Year	8:35 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
818 EVERGREEN WAY

Special Instructions or Comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.43 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|__S__|____|____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____
Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B | Date Received: 10/ 5/2016
Date Analyzed: 10/ 5/2016, 16:00 | Date Reported: 10/ 6/16
06606524 (Sample Number (DOH number plus five digits)) | Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
11/16/2016 Month Day Year	7:40 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
40507 SR 2

Special Instructions or Comments: TEMP = 13.7C

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.05 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 11/16/2016
Date Analyzed: 11/16/2016, 15:30	Date Reported: 11/17/16
06607556 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
11/16/2016 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
715 CROFT AVE W

Special Instructions or Comments: TEMP = 13.7C

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.05 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 11/16/2016
Date Analyzed: 11/16/2016, 15:30	Date Reported: 11/17/16
06607555 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
11/16/2016 Month Day Year	7:10 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ MAIL ☐ EMAIL:

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
505 CROFT AVE

Special Instructions or Comments: TEMP = 13.7C

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total 0.07 mg/l Fre< 0.1 mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

3. Raw Water Source Sample
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other
|_S_|_____|_____|
Public Systems must provide Source Number from (WFI)

Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes_____ No_____
Chlorine Resid: Total_____ Free_____

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 11/16/2016
Date Analyzed: 11/16/2016, 15:30	Date Reported: 11/17/16
06607554 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

AmTest Laboratories
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425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
12/06/2016 Month Day Year	8:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
501 LEWIS AVE

Special Instructions or Comments: TEMP = 12.3C

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.36** mg/l Fre< **0.1** mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other

|__S__|____|____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

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

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 12/ 6/2016
Date Analyzed: 12/ 6/2016, 15:00	Date Reported: 12/ 7/16
06607910 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
12/06/2016 Month Day Year	9:30 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
508 1ST AVE W

Special Instructions or Comments: TEMP = 12.3C

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.57** mg/l Fre< **0.1** mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other

|__S__|____|____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

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

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 12/ 6/2016
Date Analyzed: 12/ 6/2016, 15:00	Date Reported: 12/ 7/16
06607909 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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AMTEST LABORATORIES

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
12/06/2016 Month Day Year	8:00 ☑ AM ☐ PM	SNOHOMISH

Type of Water System (check only one box)
☑ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# 28300Y

System Name: CITY OF GOLD BAR

Contact Person: RICHARD BAKER

Day Phone: 360-793-1101 | Cell Phone: 425 238 1935

Eve. Phone: 425 238 1935 | FAX:

Send results to: (Print full name, address and zip code)
City of Gold Bar
RICHARD BAKER
107 5th St
Gold Bar, Wa, 98251

Data Delivery: ☐ **MAIL** ☐ **EMAIL:**

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
818 EVERGREEN WAY

Special Instructions or Comments: TEMP = 12.3C

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ Routine Distribution Sample
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.41** mg/l Fre< **0.1** mg/l

2. ☐ Repeat Sample (after unsat. routine)
☐ Distribution System
☐ 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
☐ E. coli - GWR source sample
☐ Fecal - Surface, GWI, some springs
☐ Other

|__S__|____|____|
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

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

☐ Unsatisfactory
Total Coliform Present and
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

☐ **Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count / ml. E.coli /100 ml.
Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.

Method Code: SM 9222B	Date Received: 12/ 6/2016
Date Analyzed: 12/ 6/2016, 15:00	Date Reported: 12/ 7/16
06607908 Sample Number (DOH number plus five digits)	Lab Use Only:

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

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