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:
07/10/2020 Month Day Year	☑ AM ☐ PM 6:15	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

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
505 CRAFT AVE

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.66** mg/l Free **0.62** 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. **Ground Water Rule Source Sample**
|__S__|_____|_____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|_____|_____|

5. ☐ 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

☑ **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: 7/10/2020
Date Analyzed: 7/10/2020, 14:25	Date Reported: 7/11/20
066-03620 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:
07/10/2020 Month Day Year	☑ AM ☐ PM 6:50	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

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
715 CRAFT AVE W

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.84** mg/l Free **0.79** 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. **Ground Water Rule Source Sample**
|__S__|_____|_____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|_____|_____|

5. ☐ 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

☑ **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: 7/10/2020
Date Analyzed: 7/10/2020, 14:25	Date Reported: 7/11/20
066-03621 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:
07/10/2020 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

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
40504 SR2

Project Name or Comments:

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

1. ☑ **Routine Distribution Sample**
Chlorinated: ☑ Yes ☐ No
Chlorine: Total **0.35** mg/l Free **0.24** 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. **Ground Water Rule Source Sample**
|__S__|_____|_____|
☐ Triggered (A/P)
☐ Assessment (A/P)

4. Surface or GWI Raw Water Sample (Enumeration)
☐ E. coli ☐ Fecal Filtered Yes___ No___ |__S__|_____|_____|

5. ☐ 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

☑ **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: 7/10/2020
Date Analyzed: 7/10/2020, 14:25	Date Reported: 7/11/20
066-03622 Sample Number (DOH number plus five digits)	Lab Use Only:

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