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:
02/04/2021 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

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
803 ORCHARD

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 **0.37** mg/l Free **0.31** 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: 2/ 4/2021
Date Analyzed: 2/ 4/2021, 14:20	Date Reported: 2/ 5/21
066-00781 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:
02/04/2021 Month Day Year	7:25 ☑ 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

SAMPLE INFORMATION

Sample collected by (name): RICHARD BAKER

Specific location where sample collected:
107 5TH ST

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 **0.64** 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: 2/ 4/2021
Date Analyzed: 2/ 4/2021, 14:20	Date Reported: 2/ 5/21
066-00782 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:
02/04/2021 Month Day Year	8:15 ☑ 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:
508 1ST 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 **0.65** mg/l Free **0.54** mg/l

3. Ground Water Rule Source Sample
|__S__|_____|_____|
☐ Triggered (A/P)
☐ Assessment (A/P)

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_____

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: 2/ 4/2021
Date Analyzed: 2/ 4/2021, 14:20	Date Reported: 2/ 5/21
066-00783 Sample Number (DOH number plus five digits)	Lab Use Only:

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