



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

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/14/2022 Month Day Year	Time Sample Collected 8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County:  SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):  <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: <b>715 CROFT AVE W SAMPLE STATION</b>		
Project Name or Comments:		
<b>Type of Sample</b> (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.57</b> mg/l Free <b>0.52</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. <b>Ground Water Rule Source Sample</b>  _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 1/14/2022
Date Analyzed: 1/14/2022, 12:15		Date Reported: 1/15/22
<b>066-00242</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/14/2022 Month Day Year	Time Sample Collected 6:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County:  SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):  <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 102 5TH STREET		
Project Name or Comments:		
<b>Type of Sample</b> (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.60</b> mg/l Free <b>0.49</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. <b>Ground Water Rule Source Sample</b>  _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>Bacterial Density Results:</b> Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 1/14/2022
Date Analyzed: 1/14/2022, 12:15		Date Reported: 1/15/22
<b>066-00243</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/14/2022 Month Day Year	Time Sample Collected 7:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County:  SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):  <b>ID# 28300Y</b>		
System Name: CITY OF GOLD BAR		
Contact Person: RICHARD BAKER		
Day Phone: 360-793-1101	Cell Phone: 425 238 1935	
Eve. Phone: 425 238 1935	FAX:	
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40507 SR 2 SAMPLE STATION		
Project Name or Comments:		
<b>Type of Sample</b> (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.57</b> mg/l Free <b>0.48</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. <b>Ground Water Rule Source Sample</b>  _ S _ _ _ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _ S _ _ _		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>Bacterial Density Results:</b> Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B		Date Received: 1/14/2022
Date Analyzed: 1/14/2022, 12:15		Date Reported: 1/15/22
<b>066-00244</b> Sample Number (DOH number plus five digits)		Lab Use Only: