

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Samp		B 4	County:			
01/14/2022 Month Day Year	Collected 8:20	⊠ A □ P	100000	SNOHOMISH			
Type of Water System (check only one box) ☑ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:							
Group A and Group B Sys	tems Provide	from Wat	er Fa	acilities Inventory (WFI):			
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
			none: 425 238 1935				
Eve. Phone: 425 23	38 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	e): RICHARD	BAKER					
Specific location where sample collected:							
715 CROFT AVE W SAMPLE STATION							
Project Name or Comments Type of Sample (select of		of sample	fron	types 1 through 5 below)			
1. ☑ Routine Distribution S	7.0			Sample (after unsat. routine)			
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.57 mg/l Free 0.52 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:					
☐ Triggered (A/P)		/ /					
☐ Assessment (A/P)		Chlorinated: Yes No Free Free					
4. Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal	Filtered Yes	No		S			
5. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs	ormation Only □ Private Re	esidence		Other			
LAB USE ONLY DRII	NKING WAT	TER RE	SUL	.TS LAB USE ONLY			
☐ Unsatisfactory Total Coliform Present and	i		E	☑ Satisfactory			
☐ E. coli present	☐ E. coli abs	ent					
□ Replacement Sample Required Sample not tested because Test unsuitable because:							
☐ Sample too old (>30 ho☐ Improper Container	urs)	s) □ TNTC □ Turbid Culture					
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.			
Total Coliform < 1 /10	0 ml.	Fecal (Colife	orm / 100 ml.			
Method Code:SM 9222B	an articles w		Dat	e Received: 1/14/2022			
Date Analyzed: 1/14/2022	2, 12:15		Dat	e Reported: 1/15/22			
066-00242 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 Samp			Country				
01/14/2022	Collected		AM	County:				
Month Day Year	6:10	ПΡ	8000000	SNOHOMISH				
Type of Water System (ch	eck only one h	inx)						
Type of Water System (check only one box) ☐ Group A Public ☐ Private Household								
☐ Group B Public ☐ Other:								
Group A and Group B Sys	tems Provide t	from Wate	er Fa	acilities Inventory (WFI):				
ID# 28300Y								
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-793-1101 Ce			Cell Phone: 425 238 1935					
Eve. Phone: 425 23	38 1935	FAX:						
Send results to: (Print full i	name, address	and zip	code	e)				
City of Gold Bar	-							
RICHARD BAKE	K							
107 5th St Gold Bar, Wa, 98251								
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER								
Specific location where sample collected:								
102 5TH STREET								
Project Name or Comments								
Type of Sample (select of	only one type o	of sample	fron	n types 1 through 5 below)				
1. ☑ Routine Distribution S	ample			Sample (after unsat. routine)				
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.60 mg/l Free 0.49 mg/l		 ☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less) 						
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:						
S								
☐ Triggered (A/P)		Unsatisfactory routine collect date:						
☐ Assessment (A/P)	Chlorinated: YesNo							
	Chlorine Resid: Total Free Free							
4. Surface or GWI Raw Water Sample (Enumeration)								
□ E. coli □ Fecal Filtered Yes No S								
5. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs		esidence		Other				
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY								
☐ Unsatisfactory			E	☑ Satisfactory				
Total Coliform Present and								
☐ E. coli present	☐ E. coli abse	ent						
☐ Replacement Sample Required Sample not tested because Test unsuitable because:								
☐ Sample too old (>30 hours) ☐ TNTC								
│	Improper Container Turbid Culture							
Bacterial Density Results:								
Plate Count / ml.	J.	E.coli		/100 ml.				
Total Coliform < 1 /10	00 ml.	Fecal C	Colife	orm / 100 ml.				
Method Code:SM 9222B			Dat	e Received: 1/14/2022				
Date Analyzed: 1/14/2022		Dat	e Reported: 1/15/22					
066-00243		Lab	Use Only:					
Sample Number (DOH number p								

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Samp			County:			
01/14/2022 Month Day Year	Collected 7:50	Ø A □ P	9000000	SNOHOMISH			
Type of Water System (check only one box) ☐ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:							
Group A and Group B Sys	tems Provide	from Wat	er Fa	acilities Inventory (WFI):			
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-793-1101 Cell Phone: 425 238 193							
Eve. Phone: 425 23		FAX:					
			code	<u>)</u>			
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	e): RICHARD	BAKER					
Specific location where sample collected:							
40507 SR 2 SAMPLE STATION Project Name or Comments:							
Type of Sample (select of		of sample	from	n types 1 through 5 below)			
1. ☑ Routine Distribution S		2. □ Rep	eat S	Sample (after unsat. routine)			
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.57 mg/l Free 0.48 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:					
S		Unsatisfactory routine collect date:					
☐ Triggered (A/P)		/ / /					
☐ Assessment (A/P)		Chlorinated: Yes No Free Free					
4. Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal	Filtered Yes	No		S			
5. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs	ormation Only □ Private Re	esidence		Other			
LAB USE ONLY DRII	NKING WA	TER RE	SUL	.TS LAB USE ONLY			
☐ Unsatisfactory			Б	☑ Satisfactory			
Total Coliform Present and ☐ E. coli present	ı □ E. coli abs	ent					
□ Replacement Sample Required							
Sample not tested because Sample too old (>30 ho							
☐ Improper Container	ur <i>s)</i>	☐ Turbid Culture					
Bacterial Density Result: Plate Count / ml.	S:	E.coli		/100 ml.			
Total Coliform < 1 /10	0 ml.	Fecal C	Colifo	orm / 100 ml.			
Method Code:SM 9222B			Dat	e Received: 1/14/2022			
Date Analyzed: 1/14/2022	2, 12:15		Dat	e Reported: 1/15/22			
066-00244 Sample Number (DOH number plus five digits)			Lab Use Only:				
DOU Form #221 210 (rovined 02/	10)						

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