

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			County:				
04/08/2022 Month Day Year	Collected 6:10	⊠ A □ P		SNOHOMISI				
Type of Water System (check only one box) ☑ Group A Public □ Private Household								
Group B Pub	Group B Public Other:							
Group A and Group B Sys	tems Provide	from Wate	er Fa	acilities Inventory (WFI):				
	ID# 283	300Y						
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-79	Cell Phone: 425 238 1935							
Eve. Phone: 425 23	38 1935	FAX:						
	Send results to: (Print full name, address and zip code)							
City of Gold Bar	D							
RICHARD BAKE 107 5th St	ĸ							
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	Type of Sample (select only one type of sample from types 1 through 5 below)							
1. I Routine Distribution S	1. I Routine Distribution Sample 2. I Repeat Sample (after unsat. routine) Distribution System							
Chlorinated: ☑ Yes □ No Chlorine: Total 0.70 mg/l F	 Source Groundwater Rule (GWR) (Population of 1,000 or less) 							
3. Ground Water Rule Sour	Unsatisfactory routine lab number:							
S								
□ Triggered (A/P)		Unsatisfactory routine collect date:						
□ Assessment (A/P)		Chlorinated: Yes No Chlorine Resid: Total						
4. Surface or GWI Raw Wate	r Sampla (Enur	annanna i	(esi	d: Total Free				
E. coli Fecal	Filtered Yes	,		S				
5.	a national and							
□ Construction □ Repairs		esidence		Dther				
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY				
Unsatisfactory Total Coliform Present and	ł		Р	☑ Satisfactory				
E. coli present	□ E. coli abs	ent						
Replacement Sample	Required		_					
Sample not tested because Test unsuitable because:								
Improper Container								
<u> </u>								
Bacterial Density Results: Plate Count / ml. E.coli /100 ml.								
Total Coliform <1 /10	Fecal C	olif	orm / 100 ml.					
Method Code:SM 9222B			Dat	e Received: 4/ 8/2022				
Date Analyzed: 4/ 8/2022	, 14:00		Dat	e Reported: 4/ 9/22				
066-01996			Lab) Use Only:				
Sample Number (DOH number p DOH Form #331-319 (revised 02/ ²	(e) (i)							
· · · · · · · · · · · · · · · · · · ·								



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			County:			
04/08/2022 Month Day Year	Collected 7:50	⊠ A □ P		SNOHOMIS			
Type of Water System (check only one box) Ø Group A Public □ Private Household □ Group B Public □ Other:							
SCORE M SHOLEN AF SE AL ANALYSIS	Group A and Group B Systems Provide from Water Facilities Inventory (WFI):						
	ID# 283	300Y					
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-79	Cell Phone: 425 238 1935						
Eve. Phone: 425 23	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 CROFT AVE W SAMPLE STATION							
Project Name or Comments:							
Type of Sample (select only one type of sample from types 1 through 5 below) 1. If Routine Distribution Sample 2. If Repeat Sample (after unsat. routine)							
Chlorinated: ⊠ Yes □ No Chlorine: Total 0.73 mg/l Free 0.68 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)	□ Assessment (A/P)			// Chlorinated: YesNo Chlorine Resid: Total Free			
4. Surface or GWI Raw Wate	r Sample (Enur	neration)					
🗆 E. coli 🛛 Fecal	E. coli Fecal Filtered YesNo _S_						
5. Sample Collected for Inf	ormation Only D Private Re	esidence		Dther			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY			
Unsatisfactory Total Coliform Present and	1			☑ Satisfactory			
E. coli present	E. coli abs	ent					
Replacement Sample Sample not tested because Sample too old (>30 ho Improper Container	9	Test unsuitable because:					
Bacterial Density Results: Plate Count / ml. E.coli /100 ml.							
Total Coliform < 1 /10	0 ml.	Fecal C					
Method Code:SM 9222B	14:00			e Received: 4/ 8/2022			
Date Analyzed: 4/ 8/2022				e Reported: 4/ 9/22			
066-01997 Sample Number (DOH number p			Lat) Use Only:			
DOH Form #331-319 (revised 02/1	16)						



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			County:			
04/08/2022 Month Day Year	Collected 8:20	⊠ A □ P		SNOHOMIS			
Type of Water System (ch	eck only one h	NOX)					
Type of Water System (check only one box)							
Group A and Group B Syst	tems Provide	from Wate	er Fa	acilities Inventory (WFI):			
	ID# 283	300Y					
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-79	Cell Phone: 425 238 1935						
Eve. Phone: 425 23	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:							
40507 SR2 SAMPLE STATION							
Project Name or Comments:							
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. I Routine Distribution Sample 2. I Repeat Sample (after unsat. routine) Distribution System							
Chlorinated: ☑ Yes □ No Chlorine: Total 0.46 mg/l Free 0.37 mg/l		Source Groundwater Rule (GWR) (Population of 1,000 or less)					
3. Ground Water Rule Source	Unsatisfactory routine lab number:						
S		Unsatisfactory routine collect date:					
□ Triggered (A/P)							
□ Assessment (A/P)				// Chlorinated: YesNo Chlorine Resid: Total Free			
4. Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal Filtered YesNo S_							
5. □ Sample Collected for Infe □ Construction □ Repairs	ormation Only □ Private Re	esidence		Dther			
LAB USE ONLY DRI	NKING WA	FER RES	SUL	TS LAB USE ONLY			
Unsatisfactory Total Coliform Present and			E	☑ Satisfactory			
E. coli present	□ E. coli abs	ent					
Replacement Sample Required							
Sample not tested because Test unsuitable because:							
□ Improper Container □		Turbid Culture					
Bacterial Density Results: Plate CountE.coli/100 ml.							
	Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.						
Method Code:SM 9222B				e Received: 4/ 8/2022			
Date Analyzed: 4/ 8/2022	, 14:00		Dat	e Reported: 4/ 9/22			
066-01998 Sample Number (DOH number p			Lab	Use Only:			
DOH Form #331-319 (revised 02/1	(e) N						