

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			County:			
05/05/2022 Month Day Year	Collected 7:55	I ⊠ A □ P	(80)(0)(4)	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 Wate	er Fa	acilities Inventory (WFI):			
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-79		Cell Phone: 425 238 1935					
Eve. Phone: 425 23	FAX:	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:							
803 ORCHARD SAMPLE STATION							
Project Name or Comments Type of Sample (select of		of sample	from	types 1 through 5 helow)			
Type of Sample (select only one type of sample from types 1 through 5 below) 1. ☑ Routine Distribution Sample 2. □ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.69 mg/l Free 0.67 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)	□ Assessment (A/P)			Chlorinated: Yes No			
Surface or GWI Raw Wate	Chlorine Resid: Total Free 4. Surface or GWI Raw Water Sample (Enumeration)						
□ E. coli □ Fecal	Filtered Yes		_	S			
5. Sample Collected for Inf				Mi			
	□ Private Re			TS LAB USE ONLY			
□ Unsatisfactory	WINIO WA		1 -	☑ Satisfactory			
Total Coliform Present and	t		-	2 Outisiactory			
☐ E. coli present	☐ E. coli abs	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.		E.coli		/100 ml.			
Total Coliform < 1 /10	00 ml.	Fecal C	r				
Method Code:SM 9222B			10-00-000	e Received: 5/ 5/2022			
Date Analyzed: 5/5/2022	9.0			e Reported: 5/ 6/22			
066-02541 Sample Number (DOH number p	Lab Use Only:						
17.75 FORD #331-319 (FRVISED D2/	LENI						

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Samp			County:			
05/05/2022 Month Day Year	Collected 8:30	Ø A □ P	(8000000)	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 Ce			Cell Phone: 425 238 1935				
Eve. Phone: 425 23	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:							
508 1ST AVE W SAMPLE STATION Project Name or Comments:							
	Type of Sample (select only one type of sample from types 1 through 5 below)						
1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes □ No Chlorine: Total 0.65 mg/l Free 0.62 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 No Chlorine Resid: Total Free					
4. Surface or GWI Raw Wate	r Sample (Enur	neration)					
□ 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	ı		E	☑ Satisfactory			
☐ E. coli present	□ E. coli abs	ent					
□ Replacement Sample Required Sample not tested because Test unsuitable because:							
☐ Sample too old (>30 ho	urs) TNTC						
☐ Improper Container		☐ Turbid Culture					
Bacterial Density Results:							
Plate Count / ml.		E.coli		/100 ml.			
Total Coliform < 1 /10	0 ml.	Fecal C	r				
Method Code:SM 9222B	2.29-			e Received: 5/ 5/2022			
Date Analyzed: 5/ 5/2022, 14:00				e Reported: 5/ 6/22			
066-02542 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			County:			
05/05/2022 Collec			(8000000)				
Month Day Year	7:25	ПΡ	M	SNOHOMISH			
Type of Water System (check only one box)							
☑ Group A Pub		⊐ Private	Ηοι	ısehold			
☐ Group B Pub	lic [□ Other: .					
Group A and Group B Sys	tems Provide f	from Wate	er Fa	acilities Inventory (WFI):			
and the second s				, , , , , ,			
	ID# 283	OUY					
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-793-1101 Cell			Phone: 425 238 1935				
Eve. Phone: 425 2	38 1935	FAX:					
Send results to: (Print full	name, address	and zip	code	e)			
City of Gold Bar							
RICHARD BAKE	R						
107 5th St							
Gold Bar, Wa, 98	3251						
SAMPLE INFORMATION							
Sample collected by (name	e): RICHARD	BAKER					
Specific location where sample collected:							
107 5TH ST							
Project Name or Comments		· .	•				
Type of Sample (select of	only one type o	of sample	tron	n types 1 through 5 below)			
1. ☑ Routine Distribution S	ample			Sample (after unsat. routine)			
Chlorinated: ☑ Yes □ No		☐ Distribution System☐ Source Groundwater Rule (GWR)					
Chlorine: Total 0.67 mg/l F	(Population of 1,000 or less)						
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:					
S		The staff day would be salled a day					
☐ Triggered (A/P)		Unsatisfactory routine collect date:					
□ Assessment (A/D)		Chlorinate	/	es/ No			
☐ Assessment (A/P)		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 Inf □ Construction □ Repairs		esidence	П	Other			
□ Construction □ Repairs □ Private Residence □ Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
Account of the Control of the Contro			Т.				
☐ Unsatisfactory Total Coliform Present and	1		1,	☑ Satisfactory			
☐ E. coli present	- □ E. coli abse	≥nt					
☐ Replacement Sample		- III					
Sample not tested because							
□ Sample too old (>30 hours) □ TNTC							
☐ Improper Container	☐ Turbid Culture						
Bacterial Density Result	s:						
Plate Count / ml.		E.coli		/100 ml.			
Total Coliform < 1 /10	0 ml.	Fecal C	Colife	orm / 100 ml.			
Method Code:SM 9222B			Dat	e Received: 5/5/2022			
Date Analyzed: 5/ 5/2022, 14:00			Dat	e Reported: 5/ 6/22			
066-02543		Lab	Use Only:				
Sample Number (DOH number plus five digits)							

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