



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2022 Month Day Year	Time Sample Collected 7:55 <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): 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 SAMPLE STATION							
Project Name or Comments:							
Type of Sample (select only one type of sample from types 1 through 5 below)							
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.69 mg/l Free 0.67 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 _____</td></tr><tr><td>3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td colspan="2"></td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.69 mg/l Free 0.67 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
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3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)							
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							
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory					
<input type="checkbox"/> Replacement Sample Required 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"/> _____							
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: 5/ 5/2022					
Date Analyzed: 5/ 5/2022, 14:00		Date Reported: 5/ 6/22					
066-02541 Sample Number (DOH number plus five digits)		Lab Use Only:					



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2022 Month Day Year	Time Sample Collected 8:30 <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): 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 SAMPLE STATION						
Project Name or Comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.65 mg/l Free 0.62 mg/l</td><td>2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 _____</td></tr><tr><td>3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</td><td></td></tr></table>			1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.65 mg/l Free 0.62 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	
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3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)						
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						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
<input type="checkbox"/> Replacement Sample Required 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"/> _____						
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: 5/ 5/2022				
Date Analyzed: 5/ 5/2022, 14:00		Date Reported: 5/ 6/22				
066-02542 Sample Number (DOH number plus five digits)		Lab Use Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2022 Month Day Year	Time Sample Collected 7:25 <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"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.67 mg/l Free 0.63 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _ 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		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
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: 5/ 5/2022
Date Analyzed: 5/ 5/2022, 14:00		Date Reported: 5/ 6/22
066-02543 Sample Number (DOH number plus five digits)		Lab Use Only: