

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:				
08/05/2022	Collected	🗹 AN	N	,				
Month Day Year	7:45	D PN	N	SNOHOMISH				
Type of Water System (check only one box)								
☐ Group A Public								
Group B Public 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 19	935	FAX:						
Send results to: (Print full name	e, address and z	ip code)						
City of Gold Bar								
RICHARD BAKER								
107 5th St								
Gold Bar, Wa, 98251	MPLE INFO	DMATIO	N					
1 n n n n n n	birth // Without and it.		IN					
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. Image: Routine Distribution Sample 2. Image: Repeat Sample (after unsat. routine)								
Chlorinated: 🗹 Yes 🗖 No	 Distribution System Source Groundwater Rule (GWR) 							
Chlorine: Total 0.25 mg/l Free 0.2	(Population of 1,000 or less)							
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:							
S	Unsatisfactory routine collect date:							
Triggered (A/P)								
Assessment (A/P)		// Chlorinated: Yes No						
	la (Fauna antian)	Chlorine Res	sid: To	otalFree				
 Surface or GWI Raw Water Samp □ E. coli □ Fecal 	Filtered Yes	No		S				
5. Sample Collected for Information	augustar entransitation (decontractor							
□ Construction □ Repairs □	Private Residence		_					
	KING WATER	RESULTS	- -	LAB USE ONLY				
Unsatisfactory Total Coliform Present and			Þ	2 Satisfactory				
	E. coli abser	ıt						
Replacement Sample Req								
Sample not tested because Test unsuitable because:								
□ Sample too old (>30 hours) □ Improper Container								
		☐ Turbid Culture ☐						
Bacterial Density Results:								
Plate Count / ml.		E.coli	/1	00 ml.				
Total Coliform <1 /100 m		Fecal Co	oliforn	n /100 ml.				
Method Code: SM 9222B				Received: 8/ 5/2022				
Date Analyzed: 8/ 5/2022, 14:	00		Date	Reported: 8/6/22				
066-04278 Sample Number (DOH number plus five of	ligits)		Lab	Use Only:				
- surbis remover (por ridiniber bids live c								

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



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:			
08/05/2022 Month Day Year	Collected 9:10	⊠ AN □ PN		SNOHOMISH			
Type of Water System (check o ☑ Group A Public □ Group B Public		□ Private Household □ 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: 360-793-11	Cell Phone: 425 238 1935						
Eve. Phone: 425 238 19	935	FAX:					
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	e, address and z	ip code)					
SAMPLE INFORMATION							
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected: 508 1ST AVE W SAMPLE STATION							
Project Name or Comments:			6				
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.25 mg/l Free 0.22 mg/l		2. Repeat Sample (after unsat. routine) 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: Yes No Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Samp	ble (Enumeration)	ONDING NGS	siu. Tu	na1100			
E. coli 🛛 Fecal	Filtered Yes_	_ No		S			
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	Other					
	KING WATER		3	LAB USE ONLY			
Unsatisfactory			Þ	1 Satisfactory			
Total Coliform Present and	-						
E. coli present	E. coli abser	it					
□ 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	/1	00 ml.			
Total Coliform <1 /100 m	L.	Fecal Co	liform	n /100 ml.			
Method Code: SM 9222B		Date Received: 8/ 5/2022					
Date Analyzed: 8/ 5/2022, 14:		Date	Reported: 8/ 6/22				
066-04280 Sample Number (DOH number plus five digits)			Lab Use Only:				
DOH Form #331 319 (rovisod 02/16)							

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



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:				
08/05/2022 Month Day Year	Collected 8:15	⊠ AN □ PN						
Month Day Year	0.10		VI	SNOHOMISH				
Type of Water System (check only one box) ☑ Group A Public □ Private Household □ Group B Public □ Other:								
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
םו#	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 19	935	FAX:						
Send results to: (Print full name, address and zip code) City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251								
SA	MPLE INFO	RMATIO	N					
Sample collected by (name):	RICHARD E	BAKER						
Specific location where sample	Specific location where sample collected:							
803 ORCHARD SAN	IPLE STA	TION						
Project Name or Comments:		. I 6	4	Alexander Electron A				
Type of Sample (select only o								
1. ☑ Routine Distribution Sample Chorinated: ☑ Yes ☐ No Chlorine: Total 0.26 mg/l Free 0.23 mg/l		2. □ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source San	Unsatisfactory routine lab number:							
S								
Triggered (A/P)			Unsatisfactory routine collect date:					
Assessment (A/P)		// Chbrinated: Yes No						
× ×		Chlorine Res						
4. Surface or GWI Raw Water Samp		N						
E. coli EFecal 5. Sample Collected for Information	Filtered Yes_	_ No		<u>S</u>				
	Private Residence	Other						
LAB USE ONLY DRINK	KING WATER	RESULTS	S	LAB USE ONLY				
□ Unsatisfactory Total Coliform Present and			Þ	2 Satisfactory				
12 m	E. coli abser	ıt						
Cample not tested because	uirea	Test unsui	table	because:				
□ Sample too old (>30 hours) □ TNT □ Improper Container □ Turb								
		□ Turbid Culture □						
Bacterial Density Results:								
Plate Count / ml.		E.coli	/1	00 ml.				
Total Coliform <1 /100 ml	l	Fecal Co	oliforn	n /100 ml.				
Method Code: SM 9222B			Date	e Received: 8/ 5/2022				
Date Analyzed: 8/ 5/2022, 14:	00		Date	e Reported: 8/ 6/22				
066-04279 Sample Number (DOH number plus five d	ligits)		Lab	Use Only:				

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