



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

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 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):  <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: <b>508 1ST AVE W SAMPLE STATION</b>		
Project Name or Comments:		
<b>Type of Sample</b> (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.48</b> mg/l Free <b>0.44</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. <b>Ground Water Rule Source Sample</b>  _ 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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 2/ 4/2022
Date Analyzed: 2/ 4/2022, 13:45		Date Reported: 2/ 5/22
<b>066-00640</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 Month Day Year	Time Sample Collected 9:15 <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):  <b>ID# 28300Y</b>		
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		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 107 5TH ST		
Project Name or Comments:		
<b>Type of Sample</b> (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.53</b> mg/l Free <b>0.44</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. <b>Ground Water Rule Source Sample</b>  _ 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		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E.coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 2/ 4/2022
Date Analyzed: 2/ 4/2022, 13:45		Date Reported: 2/ 5/22
<b>066-00641</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 Month Day Year	Time Sample Collected 9:00 <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):  <b>ID# 28300Y</b>						
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						
<b>SAMPLE INFORMATION</b>						
Sample collected by (name): RICHARD BAKER						
Specific location where sample collected: <b>803 ORCHARD SAMPLE STATION</b>						
Project Name or Comments:						
<b>Type of Sample</b> (select only one type of sample from types 1 through 5 below)						
<table border="1"><tr><td>1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.47</b> mg/l Free <b>0.30</b> mg/l</td><td>2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</td></tr><tr><td>3. <b>Ground Water Rule Source Sample</b>      S  <input type="checkbox"/> Triggered (A/P)  <input type="checkbox"/> Assessment (A/P)</td><td>Unsatisfactory routine lab number:  Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____</td></tr></table>			1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.47</b> mg/l Free <b>0.30</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. <b>Ground Water Rule Source Sample</b>  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 _____
1. <input checked="" type="checkbox"/> <b>Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.47</b> mg/l Free <b>0.30</b> mg/l	2. <input type="checkbox"/> <b>Repeat Sample</b> (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)					
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4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ S						
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<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>				
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____						
<b>Bacterial Density Results:</b> Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.						
Method Code: SM 9222B		Date Received: 2/ 4/2022				
Date Analyzed: 2/ 4/2022, 13:45		Date Reported: 2/ 5/22				
<b>066-00642</b> Sample Number (DOH number plus five digits)		Lab Use Only:				