

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

COLIFORM BACTERIA ANALYSIS

	T = -			~ .				
Date Sample Collected		Time Sample Collected ☑ A		County:				
		□P	0.00000000	CNIOLIOMICI				
World Day real	8:30		IVI	SNOHOMISH				
Type of Water System (ch	eck only one b	ox)						
☑ Group A Public ☐ Private Household								
☐ Group B Pub	lic	☐ Other: .		2				
Group A and Group B Sys	tems Provide t	from Wate	er Fa	acilities Inventory (WFI):				
	ID# 202	M						
ID# 28300Y								
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-79	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 sa	mple collected	:						
508 1ST AVE W	SAMPLE	STA	TIC	NC				
Project Name or Comments	_	_ 0 17 1		J.14				
		of sample	fron	n types 1 through 5 below)				
1. ☑ Routine Distribution S	- 70			Sample (after unsat. routine)				
1. El Routine Distribution o	ampie	☐ Dist	ribut	ion System				
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.48 mg/l F	ree 0.44 mg/l	☐ 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)		Onsalistaciony routine concertuate.						
☐ Assessment (A/P)		Chlorinate	Chlorinated: YesNo					
_ / tooseement (***)		Chlorine F		d: TotalFree				
4. Surface or GWI Raw Water	er Sample (Enun	neration)						
□ E. coli □ Fecal	Filtered Yes	No	_	_S_				
5. ☐ Sample Collected for Int☐ Construction ☐ Repairs		sidence		Other				
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY								
☐ Unsatisfactory			Ti	☑ Satisfactory				
Total Coliform Present and	d		'	= outisiactory				
☐ E. coli present	□ E. coli abse	ent						
□ Replacement Sample Required								
Sample not tested because Test unsuitable because:								
☐ Sample too old (>30 hours) ☐ TNTC								
│								
4.3 N N NOS 3 SAVI S S SAVI								
Bacterial Density Result Plate Count / ml.	3.	E.coli		/100 ml.				
Total Coliform < 1 /10	00 ml.	Fecal C	Colife	orm / 100 ml.				
Method Code:SM 9222B				e Received: 2/ 4/2022				
Date Analyzed: 2/ 4/2022	2, 13:45			e Reported: 2/ 5/22				
066-00640	Lab Use Only:							
Sample Number (DOH number plus five digits)								
DOLL Form #324 240 (revised 02/	40)		•					

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 02/04/2022 Month Day Year	Time Samp Collected 9:15		(0.000000)	County:				
				SNOHOMISH				
Type of Water System (check only one box) ☑ Group A Public □ Private Household □ Group B Public □ Other:								
Group A and Group B Syst	tems Provide t	from Wate	er Fa	acilities Inventory (WFI):				
ID# 28300Y								
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-793-1101 Cell Pl				none: 425 238 1935				
Eve. Phone: 425 23	38 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	e): RICHARD	BAKER						
Specific location where sar	nple collected	:						
107 5TH ST Project Name or Comments	107 5TH ST							
Type of Sample (select of		of sample	from	types 1 through 5 helow)				
1. ☑ Routine Distribution S	7.0			Sample (after unsat. routine)				
Chlorinated: ☑ Yes □ No Chlorine: Total 0.53 mg/l F	☐ 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 Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Sample (Enumeration)								
□ E. coli □ Fecal	Filtered Yes	No	-	S				
5. ☐ Sample Collected for Info	ormation Only □ Private Re	esidence		Other				
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY								
☐ Unsatisfactory Total Coliform Present and			6	☑ Satisfactory				
☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required								
Sample not tested because Test unsuitable because:								
☐ Sample too old (>30 ho ☐ Improper Container	hours) □ TNTC □ Turbid Culture							
Bacterial Density Results Plate Count / ml.	s:	E.coli		/100 ml.				
Total Coliform < 1 /10	0 ml.	Fecal C	Colife	orm / 100 ml.				
Method Code:SM 9222B			Dat	e Received: 2/ 4/2022				
Date Analyzed: 2/ 4/2022	, 13:45		Dat	e Reported: 2/ 5/22				
066-00641 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	nle		County:			
02/04/2022	Collected		.M	County.			
Month Day Year	9:00	ПΡ	М	SNOHOMISH			
Type of Water System (ch		ox)					
☑ Group A Publ □ Group B Publ		□ Private □ Other:	Hou	sehold			
10000 17 PM 100 00 10 00 0000000	Group A and Group B Systems Provide from Water Facilities Inventory (WFI):						
Stoup / Carla Group B Gyo.			0, , 0	tomade inventory (VVI I).			
ID# 28300Y							
System Name: CITY OF GOLD BAR							
Contact Person: RICHARD BAKER							
Day Phone: 360-79	3-1101	Cell Phone: 425 238 1935					
Eve. Phone: 425 23	38 1935	FAX:					
Send results to: (Print full r	name, address	and zip	code)			
City of Gold Bar	n						
RICHARD BAKE	K						
Gold Bar, Wa, 98	3251						
SAMPLE INFORMATION							
Sample collected by (name	e): RICHARD	BAKER					
Specific location where sar							
803 ORCHARD SAMPLE STATION							
Project Name or Comments		-					
Type of Sample (select of							
1. ☑ Routine Distribution S	ample			sample (after unsat. routine) on System			
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.47 mg/l Free 0.30 mg/l		☐ 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)		//					
	Chlorine Resid: Total Free Free						
4. Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal Filtered Yes No _S_							
5. ☐ Sample Collected for Info	ormation Only □ Private Re	esidence		Other			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
□ Unsatisfactory	_		6	☑ Satisfactory			
Total Coliform Present and		ent					
☐ E. coli present ☐ E. coli absent ☐ 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.	0	E.coli		/100 ml.			
Total Coliform < 1 /10	v IIII.	Fecal C					
Method Code:SM 9222B	Date Received: 2/4/2022						
Date Analyzed: 2/ 4/2022			e Reported: 2/5/22				
066-00642 Sample Number (DOH number plus five digits) Lab Use Only:							
DOH Form #331-319 (revised 02/1							

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