

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:				
07/08/2022	Collected	🗹 AN	0000					
Month Day Year	6:00	🗆 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 W	ater Facilitie	es Inv	ventory (WFI):				
ID#	28300Y							
System Name: CITY OF								
Contact Person: RICHARD BAKER								
Day Phone: 360-793-11	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 z	p code)						
City of Gold Bar								
RICHARD BAKER 107 5th St								
Gold Bar, Wa, 98251								
SAMPLE INFORMATION								
Sample collected by (name):	RICHARD E	BAKER						
Specific location where sample	collected:							
102 5TH STREET								
Project Name or Comments:								
Type of Sample (select only o	ne type of samp	ole from type	es 1	through 5 below)				
1. ☑ Routine Distribution Sample	9			nple (after unsat. routine)				
Chlorinated: 🗹 Yes 🗖 No	 Distribution System Source Groundwater Rule (GWR) 							
Chlorine: Total 0.64 mg/l Free 0.6	(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	sid: To	otal Free				
4. Surface or GWI Raw Water Samp	ble (Enumeration)							
🗆 E. coli 🗖 Fecal	Filtered Yes	_ No		S				
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	D Other						
LAB USE ONLY DRINK	KING WATER	RESULTS	S _	LAB USE ONLY				
Unsatisfactory			E	☑ Satisfactory				
Total Coliform Present and		1						
E. coli present	E. coli absen	I						
Sample not tested because	uneu	Test unsui	table	because:				
□ Sample too old (>30 hours)	urs) 🗖 TNTC							
□ Improper Container		☐ Turbid Culture						
		<u>ы</u>						
Bacterial Density Results: Plate Count / ml.		E.coli	11	100 ml.				
Total Coliform <1 /100 ml	I.	Fecal Co	oliforr	n / 100 ml.				
Method Code: SM 9222B			Date	e Received: 7/ 8/2022				
Date Analyzed: 7/ 8/2022, 14:	40		Date	e Reported: 7/ 9/22				
066-03742				Use Only:				
Sample Number (DOH number plus five d	ligits)			ana mana di Mangela				

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample	6		County:					
07/08/2022	Collected	10 AN							
Month Day Year	7:30	🗆 PN	M	SNOHOMISH					
Type of Water System (check only one box)									
Group A Public Drivate Household									
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):									
		ater ⊢acilitie	es Inv	ventory (WEI):					
ID#	28300Y								
System Name: CITY OF	GOLD BA	٨R							
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 z	p code)							
City of Gold Bar									
RICHARD BAKER									
Gold Bar, Wa, 98251	107 5th St Gold Bar, Wa. 98251								
SA	MPLE INFO	RMATIO	N						
Sample collected by (name):	RICHARD E	BAKER							
Specific location where sample collected:									
715 CROFT AVE W	SAMPLE S	STATIO	Ν						
Project Name or Comments:			10						
Type of Sample (select only o	ne type of samp	ole from type	es 1	through 5 below)					
1. I Routine Distribution Sample	•	 2. D Repeat Sample (after unsat. routine) D Distribution System 							
Chbrinated: ☑ Yes □ No Chbrine: Total 0.55 mg/l Free 0.50 mg/l		Source Groundwater Rule (GWR)							
3. Ground Water Rule Source San	(Population of 1,000 or less) Unsatisfactory routine lab number:								
		Unsatisfactory routine collect date:							
Triggered (A/P)		/_	//						
Assessment (A/P)		// Chlorinated: Yes No Chlorine Resid: Total Free							
4. Surface or GWI Raw Water Samp	le (Enumeration)								
🗆 E. coli 🛛 Fecal	Filtered Yes_	_ No		_S_					
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	□ Other							
LAB USE ONLY DRINK	KING WATER	RESULTS	5	LAB USE ONLY					
Unsatisfactory			Б	2 Satisfactory					
Total Coliform Present and									
E. coli present	E. coli absen	I							
Sample not tested because	uii 60	Test unsui	table	because:					
□ Sample too old (>30 hours)	le too old (>30 hours)								
Improper Container		☐ Turbid Culture							
Bacterial Density Results:									
Plate Count / ml.		E.coli	/1	100 ml.					
Total Coliform <1 /100 ml		Fecal Co	oliforn	n /100 ml.					
Method Code: SM 9222B			Date	e Received: 7/ 8/2022					
Date Analyzed: 7/ 8/2022, 14:4		Date	e Reported: 7/ 9/22						
066-03744			Lab	Use Only:					
Sample Number (DOH number plus five d	igits)								

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:				
07/08/2022	Collected							
Month Day Year	8:00	iq 🗆	VI	SNOHOMISH				
Type of Water System (check only one box)								
Group A Public Group B Public	louse							
Group B Public Other: Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
			C3 111	ventory (writ).				
ID#	28300Y							
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
Day Phone: 360-793-11	01	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								
		RMATIO	N					
			411					
Sample collected by (name): Specific location where sample	RICHARD E	DANEN						
40507 SR 2 SAMPLE STATION								
Project Name or Comments:		1						
Type of Sample (select only o	ne type of samp	ole from typ	es 1	through 5 below)				
1. 1 Routine Distribution Sample	9			nple (after unsat. routine)				
Chlorinated: 🗹 Yes 🗖 No	 Distribution System Source Groundwater Rule (GWR) 							
Chlorine: Total 0.27 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)	6							
Assessment (A/P)		// Chlorinated: Yes No						
		Chlorine Res	sid: To	otalFree				
 Surface or GWI Raw Water Samp □ E. coli □ Fecal 	Filtered Yes	No						
5. Sample Collected for Informati	augestoperschargeneten intornologi	_ 110						
	Private Residence	Other						
	KING WATER	RESULTS		LAB USE ONLY				
Unsatisfactory Total Coliform Present and			E	2 Satisfactory				
E. coli present	E. coli abser	ıt						
Replacement Sample Req								
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	ľ	100 ml.				
Total Coliform <1 /100 m	l.	Fecal Co	oliforr	n /100 ml.				
Method Code: SM 9222B			Date	e Received: 7/ 8/2022				
Date Analyzed: 7/ 8/2022, 14:	40		Date	e Reported: 7/ 9/22				
066-03743			Lab	Use Only:				
Sample Number (DOH number plus five of	ligits)							

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