

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:				
06/03/2022 Month Day Year	Collected	⊠ AN □ PN						
wonth Day fear	8:20		/1	SNOHOMISH				
Type of Water System (check o ☑ Group A Public	Type of Water System (check only one box) ☑ Group A Public □ Private Household							
Group B Public								
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	entory (WFI):				
ID#	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:	FAX:					
Send results to: (Print full name	e, address and zi	p 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 collected:								
40721 MAY CREEK RD SAMPLE STATION								
Project Name or Comments:								
Type of Sample (select only o				• ,				
1. I Routine Distribution Sample	 2. □ Repeat Sample (after unsat. routine) □ Distribution System 							
Chlorinated: ☑ Yes □ No Chlorine: Total 0.37 mg/l Free 0.32 mg/l		Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:							
S	1							
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)	CHIDHINE IVES	iu. To					
E. coli 🛛 Fecal	Filtered Yes	_ No		S				
5. □ Sample Collected for Informati □ Construction □ Repairs □	on Only Private Residence	□ Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY								
Unsatisfactory				☑ Satisfactory				
Total Coliform Present and		+		•				
E. coli present	E. coli absen	IL						
Sample not tested because	uncu	Test unsuit	table I	because:				
Sample too old (>30 hours)								
□ Improper Container □		□ Turbid Culture □						
Bacterial Density Results:				<i></i>				
Plate Count / ml.		E.coli	/10	0 ml.				
Total Coliform /100 ml.		Fecal Co	liform	/100 ml.				
Method Code: SM 9223B				Received: 6/ 3/2022				
Date Analyzed: 6/ 3/2022, 13:	00		Date	Reported: 6/ 5/22				
066-03062 Sample Number (DOH number plus five of	ligits)		Lab l	Jse Only:				

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:				
06/03/2022 Month Day Year	Collected 8:40	⊠ AN □ PN						
Monul Day feat	0.40		VI	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):				
#תו	28300Y							
System Name: CITY OF GOLD BAR								
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 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 collected:								
40121 145TH PL SE SAMPLE STATION								
Project Name or Comments:			4 +	harring Education				
Type of Sample (select only o				с ,				
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.99 mg/l Free 0.80 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)		/ Chlorinated:						
A Surface of CWI Dow Water Some	b (Enumeration)	Chlorine Res	sid: Tc	otalFree				
 Surface or GWI Raw Water Samp □ E. coli □ Fecal 	Filtered Yes	No		_S_				
5. Sample Collected for Information	on Only	14 500		III				
	Private Residence		•	LAB USE ONLY				
	KING WATER	RESULTS	-					
Unsatisfactory Total Coliform Present and				✓ Satisfactory				
E. coli present	E. coli absen	t						
Replacement Sample Req	uired	Testungui	toblo	hannung				
Sample not tested because Test unsu Sample too old (>30 hours)				because.				
□ Improper Container		□ Turbid Culture						
		Ш		,				
Bacterial Density Results: Plate Count / ml.		E.coli	/10	00 ml.				
Total Coliform /100 ml.		Fecal Co	oliform	n /100 ml.				
Method Code: SM 9223B			Date	Received: 6/ 3/2022				
Date Analyzed: 6/ 3/2022, 13:	00		Date	Reported: 6/ 5/22				
066-03063 Sample Number (DOH number plus five d	ligits)		Lab	Use Only:				

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County:				
06/03/2022 Month Day Year	Collected 7:50	⊠ AN □ PN	· ·					
				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 W	ater Facilitie	s Inv	entory (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, 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 BAKER								
Specific location where sample collected:								
	LOT 22 EVERGREEN WAY SAMPLE STATION							
	Project Name or Comments: Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample				ple (after unsat. routine)				
Chlorinated: IØ Yes □ No Chlorine: Total 0.55 mg/l Free 0.35 mg/l		 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	le (Enumeration)							
E. coli EFecal	Filtered Yes_	_ No		S				
5. □ Sample Collected for Information □ Construction □ Repairs □	on Only Private Residence	D Other						
LAB USE ONLY DRINK	KING WATER	RESULTS		LAB USE ONLY				
Unsatisfactory Total Coliform Present and			6	☑ Satisfactory				
	E. coli absen	t						
Replacement Sample Req Sample not tested because	uirea	Test unsuita	able	because:				
Sample too old (>30 hours)			Cultura					
□ Improper Container □		□ Turbid Culture □						
Bacterial Density Results:								
Plate Count / ml.		E.coli		10 ml.				
Total Coliform /100 ml.		Fecal Col						
Method Code: SM 9223B	00			Received: 6/ 3/2022				
Date Analyzed: 6/ 3/2022, 13:0	UU			Reported: 6/ 5/22				
066-03061 Sample Number (DOH number plus five d	igits)		Lab l	Jse Only:				

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