

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

# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/04/2022 Month Day Year	Time Samp Collected 10:30		500000	County:				
Type of Water System (ch	Month Day Year 10:30 □ PM SNOHOMISI  Type of Water System (check only one box)							
☑ Group A Public ☐ Private Household ☐ Other:								
Group A and Group B Sys	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 23	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 sample collected:								
40721 MAY CREEK RD SAMPLE STATION Project Name or Comments:								
Type of Sample (select of		of sample	fron	n types 1 through 5 below)				
1. ☑ Routine Distribution S	ample			Sample (after unsat. routine)				
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.37 mg/l Free 0.32 mg/l ☐ Distribution System ☐ Source Groundwater Rule (Population of 1,000 or less			Groundwater Rule (GWR)					
3. Ground Water Rule Source Sample		Unsatisfactory routine lab number:						
_S_		Unsatisfactory routine collect date:						
☐ Triggered (A/P)		, , ,						
☐ Assessment (A/P)		Chlorinated: YesNo Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Sample (Enumeration)								
□ E. coli □ Fecal	Filtered Yes	No	_	S				
5. ☐ Sample Collected for Inf ☐ Construction ☐ Repairs	ormation Only □ Private Re	esidence		Other				
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY								
☐ Unsatisfactory Total Coliform Present and				☑ Satisfactory				
☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required								
Sample not tested because Test unsuitable because:								
☐ Improper Container	☐ Turbid Culture							
Bacterial Density Results Plate Count / ml.	s:	E.coli	3	/100 ml.				
Total Coliform /100	ml.	Fecal C	Colife	orm / <b>100 ml.</b>				
Method Code:SM 9223B			Dat	e Received: 3/ 4/2022				
Date Analyzed: 3/ 4/2022, 15:15			Date Reported: 3/5/22					
066-01286 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			County:			
03/04/2022 Month Day Year	Collected 11:00	Ø A □ P	900000	SNOHOMISH			
Type of Water System (check only one box)  ☑ Group A Public □ Private Household □ Group B Public □ Other:							
Group A and Group B Sys	tems Provide	from Wate	er Fa	cilities 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 23		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	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 of	7.0						
1. ☑ Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.34 mg/l Free 0.28 mg/l		□ 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_		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 Information Only □ Construction □ Repairs □ Private Residence □ Other							
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
☐ Unsatisfactory Total Coliform Present and			E	☑ Satisfactory			
☐ E. coli present	☐ E. coli abs	ent					
□ 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		100 ml.			
Total Coliform /100	1111.	Fecal C	r				
Method Code:SM 9223B  Date Analyzed: 3/ 4/2022, 15:15		Date Received: 3/4/2022					
•	20			Reported: 3/5/22			
066-01287 Sample Number (DOH number p		Lab	Use Only:				

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



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## **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Samp		.,	County:			
03/04/2022 Month Day Year	Collected 9:45	Ø A □ P	9000000	SNOHOMISH			
Type of Water System (check only one box)  ☐ Group A Public ☐ Private Household ☐ Group B Public ☐ Other:							
Group A and Group B Sys	tems Provide	from Wat	er Fa	cilities Inventory (WFI):			
	ID# 283	800Y					
System Name: CITY OF GOLD BAR							
OTT OF GOLD BIAT							
Contact Person: RICHARD BAKER							
Day Phone: 360-79	Cell Phone: 425 238 1935						
Eve. Phone: 425 23		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): RICHARD BAKER							
Specific location where sample collected:							
40121 145TH PL		/IPLE	ST/	ATION			
Project Name or Comments  Type of Sample (select of		of sample	from	types 1 through 5 helow)			
1. ☑ Routine Distribution S	Type of Sample (select only one type of sample from types 1 through 5 below)  1. ☑ Routine Distribution Sample  2. □ Repeat Sample (after unsat. routine)						
Chlorinated: ☑ Yes □ No Chlorine: Total <b>0.82</b> 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)		onsatisfactory routine collect date.					
☐ Assessment (A/P)		Chlorinated: YesNo_ Chlorine Resid: TotalFree					
4. Surface or GWI Raw Wate	r Sample (Enur	neration)					
☐ E. coli ☐ Fecal	Filtered Yes	No	_	S			
5. □ Sample Collected for Inf □ Construction □ Repairs		esidence		Other			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
☐ Unsatisfactory Total Coliform Present and		ont	1	☑ Satisfactory			
☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required							
Sample not tested because Test unsuitable because:							
☐ Sample too old (>30 ho ☐ Improper Container	ours) □ TNTC □ Turbid Culture						
<u> </u>							
Bacterial Density Results Plate Count / ml.	s:	E.coli	i	/100 ml.			
Total Coliform /100	ml.	Fecal C	r				
Method Code:SM 9223B			10-10-10-10-1	e Received: 3/ 4/2022			
Date Analyzed: 3/ 4/2022	, 15:15		Date	e Reported: 3/5/22			
066-01285 Sample Number (DOH number plus five digits)			Lab Use Only:				

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