

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:				
01/06/2023 Month Day Year	Collected 8:15	☑ AN		SNOHOMISH				
Type of Water System (check o ☑ Group A Public ☐ Group B Public		Private Household Other:						
Group A and Group B Systems	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: 425 238 19	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:								
40507 SR2 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	1. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.42 mg/l Free 0.41 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:							
S	Unsatisfactory routine collect date:							
☐ Triggered (A/P)								
☐ Assessment (A/P)		//						
4. Surface or GWI Raw Water Sample (Enumeration)								
□ E. coli □ Fecal	Filtered Yes	_ No		S				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY DRINI	KING WATER	RESULTS	3	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			E	2 Satisfactory				
☐ E. coli present	☐ E. coli abser	ıt						
□ Replacement Sample Required Sample not tested because □ Sample too old (>30 hours) □ Improper Container □ □ □ □ □ □ □ □ □ □								
Bacterial Density Results:								
Plate Count / ml.	ı	E.coli		00 ml.				
Total Coliform < 1 /100 m Method Code: SM 9222B	<u>L. </u>	Fecal Co		n /100 ml. Received: 1/ 6/2023				
Date Analyzed: 1/6/2023, 13:	30			Reported: 1/7/23				
066-00127	Lab Use Only:							
Sample Number (DOH number plus five of	ligits)			vy.				

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



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	ļ.		County:				
01/06/2023	Collected	☑ Al						
Month Day Year	7:30	□ Pi	M	SNOHOMISH				
Type of Water System (check of	only one box)							
☑ Group A Public ☐ Private Household ☐ Croup B Public ☐ Other:								
Group B Public								
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: 360-793-11	Cell Phone: 425 238 1935							
Eve. Phone: 425 238 19		FAX:						
TO THE COLUMN TO THE COLUMN THE C	00700700000	7200 50 7000 6000						
Send results to: (Print full name City of Gold Bar	e, address and z	ip code)						
RICHARD BAKER								
107 5th St								
Gold Bar, Wa, 98251								
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER								
Specific location where sample collected:								
715 CROFT AVE W 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 2. ☐ Repeat Sample (after unsat. routine)								
Chlorinated: ☑ Yes ☐ No		☐ Distribution System ☐ Source Groundwater Rule (GWR)						
Chlorine: Total 0.69 mg/l Free 0.59 mg/l		(Population of 1,000 or less)						
3. Ground Water Rule Source Sai	Unsatisfactory routine lab number:							
S								
☐ Triggered (A/P)		Unsatisfactory routine collect date:						
☐ Assessment (A/P)	Chlorinated: YesNo							
				tal Free				
4. Surface or GWI Raw Water Sample (Enumeration)								
☐ E. coli ☐ Fecal	Filtered Yes_	_ No		_S_				
5. ☐ Sample Collected for Informati	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 abser	ıt						
☐ Replacement Sample Required								
Sample not tested because Test unsuitable because: □ Sample too old (>30 hours) □ TNTC								
			☐ Turbid Culture					
Bacterial Density Results:		3-3 24	1000	B0185 / 1520				
Plate Count / ml.		E.coli		00 ml.				
Total Coliform < 1 /100 m	L	Fecal Co		5 0000000 0000000				
Method Code: SM 9222B			Date	Received: 1/6/2023				
Date Analyzed: 1/ 6/2023, 13:		Date Reported: 1/7/23						
066-00128 Sample Number (DOH number plus five digits)			Lab Use Only:					
Jampie mampel LDOH Humper bius Tive (nuito)							



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:				
01/06/2023 Month Day Year	Collected 6:00	☑ AN □ PN		SNOHOMISH				
Type of Water System (check of Group A Public ☐ Group B Public		☐ Private Household ☐ Other:						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI):								
ID# 28300Y								
System Name: CITY OF GOLD BAR								
Contact Person: RICHARD BAKER								
	Call Dhama: 405 020 4025							
Day Phone: 360-793-11	Cell Phone: 425 238 1935							
Eve. Phone: 425 238 19	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:								
102 5TH STREET								
Project Name or Comments: Type of Sample (select only one type of sample from types 1 through 5 below)								
				,				
Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.73 mg/l Free 0.69 mg/l		□ Repeat Sample (after unsat. routine) □ Distribution System □ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:							
S								
☐ Triggered (A/P)		Unsatisfactory routine collect date:						
☐ Assessment (A/P)	/							
4. Surface or GWI Raw Water Sample (Enumeration)								
□ E. coli □ Fecal	Filtered Yes_	_ No		_S_				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY DRINI	KING WATER	RESULTS	S	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			✓	Satisfactory				
☐ E. coli present	☐ E. coli abser	nt						
☐ Replacement Sample Req			_					
Sample not tested because Test unsuitable because: ☐ Sample too old (>30 hours) ☐ TNTC								
☐ Improper Container		☐ Turbid Culture						
<u> </u>								
Bacterial Density Results: Plate Count / ml.		E.coli	/10	00 ml.				
Total Coliform < 1 /100 m	L	Fecal Co	oliform	/100 ml.				
Method Code: SM 9222B			Date	Received: 1/ 6/2023				
Date Analyzed: 1/ 6/2023, 13:		Date	Reported: 1/7/23					
066-00129 Sample Number (DOH number plus five of		Lab Use Only:						