

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:				
02/03/2023 Month Day Year	Collected 8:00	Ø AM □ PM		SNOHOMISH				
Type of Water System (check o ☑ 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								
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:								
508 1ST AVE W SAMPLE STATION								
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 0.82 mg/l Free 0.75 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:						
\$								
☐ 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 Information ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY DRIN	KING WATER	RESULTS	S	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			₽	1 Satisfactory				
	☐ E. coli abser	ıt						
□ Replacement Sample Required Sample not tested because Tes □ Sample too old (>30 hours) □			est unsuitable because: ☐ TNTC ☐ Turbid Culture ☐					
Bacterial Density Results: Plate Count / ml.		E.coli	/10	00 ml.				
Total Coliform < 1 /100 m	I.	Fecal Co	oliform	/100 ml.				
Method Code: SM 9222B			Date	Received: 2/ 3/2023				
Date Analyzed: 2/ 3/2023, 14:		Date	Reported: 2/ 4/23					
066-00622 Sample Number (DOH number plus five digits)			Lab Use Only:					



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample)		County:				
02/03/2023	Collected	☑ Al						
Month Day Year	6:50	□ Pi	M	SNOHOMISH				
Type of Water System (check of	only one box)							
☑ Group A Public		☐ Private F		hold				
☐ Group B Public		Other: _		(A)ED				
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	00700700000	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								
	MDI E INEO	PMATIO	M					
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER Specific location where sample collected:								
A SECOND								
Project Name or Comments:	107 5TH ST							
Type of Sample (select only one type of sample from types 1 through 5 below)								
1. ☑ Routine Distribution Sample				ple (after unsat. routine)				
		☐ Distribution System						
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.83 mg/l Free 0.78 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:						
	Chlorinated: YesNo							
□ Assessment (A/P) Chbrinated: Yes No Chbrine Resid: Total Free Free								
4. Surface or GWI Raw Water Samp	ole (Enumeration)							
□ E. coli □ Fecal	Filtered Yes_	_ No		_S_				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	e □ Other						
9) April 12-16-16-16-16-16-16-16-16-16-16-16-16-16-	KING WATER		S	LAB USE ONLY				
☐ Unsatisfactory				I Satisfactory				
Total Coliform Present and			-	- Outisiactory				
☐ E. coli present	□ E. coli abser	nt						
☐ Replacement Sample Req	uired							
Sample not tested because Test unsuitable because:								
☐ Sample too old (>30 hours)☐ Improper Container	☐ TNTC	☐ Turbid Culture						
Bacterial Density Results:								
Plate Count / ml.		E.coli	/1	00 ml.				
Total Coliform < 1 /100 m	.	Fecal Co	oliform	/100 ml.				
Method Code: SM 9222B			Date	Received: 2/ 3/2023				
Date Analyzed: 2/ 3/2023, 14:		Date	Reported: 2/ 4/23					
066-00623			Lab l	Jse Only:				
Sample Number (DOH number plus five of								



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample		\ <i>A</i>	County:				
02/03/2023 Month Day Year	Collected 8:30	☑ AN □ PN		SNOHOMISH				
Type of Water System (check only one box) ☑ Group A Public □ Group B Public □ 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								
Day Phone: 360-793-11	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								
SAMPLE INFORMATION								
Sample collected by (name): RICHARD BAKER								
Specific location where sample collected:								
803 ORCHARD 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 Chlorine: Total 0.83 mg/l Free 0.82 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		Unsatisfactory routine collect date:						
☐ Triggered (A/P)		, ,						
☐ Assessment (A/P) ☐ Cr			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 Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY DRIN I	KING WATER	RESULTS	S	LAB USE ONLY				
Unsatisfactory			☑	Satisfactory				
Total Coliform Present and ☐ E. coli present	☐ E. coli abser	ıt						
☐ Replacement Sample Req			•					
Sample not tested because Test unsuitable because:								
□ 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: 2/ 3/2023				
Date Analyzed: 2/ 3/2023, 14:		Date Reported: 2/ 4/23						
066-00624			Lab Use Only:					

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