

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

COLIFORM BACTERIA ANALYSIS

D. I. C I. C I	T1 6 1		$\overline{}$	0 1				
Date Sample Collected 03/03/2023	Time Sample Collected	Ø AM		County				
Month Day Year	8:20	□ PM		SNOHOMISH				
<u> </u>								
	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 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 z	p 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								
LOT 22 EVERGREE	N WAY - S	SS						
Project Name or Comments:								
Type of Sample (select only of	ne type of samp	ele from type	es 1 th	hrough 5 below)				
1. 2 Routine Distribution Sampl	e			ple (after unsat. routine)				
Chlorinated, ☑ Yes ☐ No		Distribution System Source Groundwater Rule (GWR)						
Chlorine: Total 0.68 mg/i Free 0.6	(Population of 1,000 or less)							
3. Ground Water Rule Source Sa	Unsatisfactory routine lab number:							
LS_11								
☐ Triggered (A/P)	Unsatisfactory routine collect date:							
☐ Assessment (A/P)		Chibrinated: Yes No Chibrine Resid: Total Free						
4. Surface or GWI Raw Water Same	ole (Enumeration)							
□ E. col □ Fecal	Filtered Yes	. No		_S_				
5. Sample Collected for Informat	ion Only							
□ Construction □ Repairs □	Private Residence	□ Other						
LAB USE ONLY DRIN	KING WATER	RESULTS	3	LAB USE ONLY				
☐ Unsatisfactory			Б	2 Satisfactory				
Total Coliform Present and	_							
☐ E. coli present	E coli abser	ıt						
	☐ Replacement Sample Required							
Sample not fested because Test unsuitable because Sample too old (>30 hours) Test unsuitable because Test unsuitable because								
				d Culture				
Bacterial Density Results:								
Plate Count / mt. E.coli /100 mt.								
Total Coliform /100 ml. Fecal Coliform /100 ml.								
Method Code: SM 9223B			Date Received: 3/ 3/2023					
Date Analyzed: 3/ 3/2023, 14 15			Date Reported: 3/ 4/23					
066-01145		Lab Use Only:						
Sample Number (DOH number plus five digits)								

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



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_								
Date Sample Collected 03/03/2023	Time Sample Collected	Ø AM	County					
Month Day Year	8:00	□ PM	SNOF	IOMISH				
Type of Water System (check of								
☑ Group A Public ☐ Private Household ☐ Group B Public ☐ 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: 360-793-11	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								
	AMPLE INFO	RMATIO	1					
Sample collected by (name): RICHARD BAKER								
Specific location where sample collected:								
40721 MAY CREEK RD - SS								
Project Name or Comments		do from Amer	- 4 thannah E halan	A				
Type of Sample (select only of								
1. ☑ Routine Distribution Sample Chbrinated: ☑ Yes 및 No Chbrine: Total 9.66 mg/l Free 0.63 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						
LS_11								
☐ Triggered (A/P)		Unsatisfactory routine collect date:						
☐ Assessment (A/P)		Chlorinated: Yes No Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Same	ple (Enumeration)							
□ E col □ Fecal	Filtered Yes_	_No	_S_L					
5. Sample Collected for Informat Construction Repairs	ion Only Private Residence	Other						
LAB USE ONLY DRIN	KING WATER	RESULTS	LAB US	E ONLY				
☐ Unsatisfactory			☑ Satisfa	ctory				
I _	otal Coliform Present and							
☐ E. coli present ☐ E. coli absent ☐ Replacement Sample Required								
Sample not tested because Test unsuitable because								
			⊒ Tritod Culture					
D Improper Container								
Bacterial Density Results:								
1	Count / ml. E.coli /100 ml.							
			Date Received: 3/ 3/2023					
Method Code: SM 9223B			Date Reported: 3/ 4/23					
	Date Analyzed: 3/ 3/2023, 14.15			•				
066-01144 Sample Number (DOH number plus five		Lab Use Only:						



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/03/2023	Time Sample Collected	₽ AM	Cour	ity:				
Month Day Year	7:15	□ PN		SNOHOMISH				
Type of Water System (check of Boroup A Public ☐ Group B Public	pusehold							
Group A and Group B Systems	Provide from W	aler Facilitie	s 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								
N.	MPLE INFO	RMATIO	N P					
Sample collected by (name).	RICHARD E	JAKER						
Specific location where sample collected:								
40121 145TH PL SE - SS								
Project Name or Comments. Type of Sample (select only of	one type of same	ole from type	s 1 through	5 below)				
1. Ø Routine Distribution Sample				ter unsat. routine)				
Chbrinated: ☑ Yes ☐ No Chbrine: Total 0.70 mg/l Free 0.68 mg/l		☐ Distribution System ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)						
3. Ground Water Rule Source Sa	Unsatisfactory routine lab number							
LS	Unsatisfactory routine collect date:							
☐ Triggered (A/P)	Triggered (A/P)			chisausiaciony foutilité consci date.				
☐ Assessment (A/P)		Chlorinated: Yes No						
4, Surface or GWI Raw Water Same	pla (Enumeration)		-					
□ E.col □ Fecal	Fillered Yes_	_ No	İ	_\$				
5. 🖾 Sample Collected for Informat Construction 🖂 Repairs 🖂		□ Other						
LAB USE ONLY DRIN	KING WATER	RESULTS		LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present and			☑ S	atisfactory				
☐ E. coli present	E. coli abser	nt	1					
☐ Replacement Sample Required Sample not tested because Test unsuitable because								
☐ Sample too old (>30 hours) ☐ TNT ☐ Improper Container ☐ Turb								
☐ Improper Container ☐ Turbid Culture ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
Bacterial Density Results:		F P	1400 -					
Plate Count / ml.		E.coli /100 ml.						
Method Code: SM 9223B	otal Coliform /100 ml. Fecal Coliform /100 ml. ethod Code: SM 9223B Date Received: 3/ 3/2023							
Date Analyzed: 3/3/2023, 14			rted: 3/ 4/23					
066-01143		Lab Use C	-					
Sample Number (DOH number plus five		Law Use C	nny .					