

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:		
05/05/2023 Month Day Year	Collected 8:15	☑ AN		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: 360-793-1101		Cell Phone: 425 238 1935				
Eve. Phone: 425 238 1935		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	AMPLE INFO	RMATIO	N			
Sample collected by (name):	RICHARD E	BAKER				
Specific location where sample collected:						
508 1ST AVE W SS						
Project Name or Comments:						
Type of Sample (select only o				3 ,		
Routine Distribution Sample Chlorinated: ☑ Yes □ No Chlorine: Total 0.84 mg/l Free 0.74 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						
☐ 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_		
□ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
☐ Unsatisfactory Total Coliform Present and			6	☑ Satisfactory		
W 25	☐ E. coli abser	nt				
☐ Sample too old (>30 hours) ☐ TNT		☐ TNTC				
Bacterial Density Results:			001			
Plate Count / ml. Total Coliform /100 ml.		E.coli Fecal Co		00 ml. 		
Method Code: SM 9223B		I		Received: 5/ 5/2023		
Date Analyzed: 5/ 5/2023, 11:		Date Reported: 5/6/23				
066-02410			Lab Use Only:			
Sample Number (DOH number plus five digits)			Lab (Joe Offig.		

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 05/05/2023	Time Sample Collected	; ☑ Al	M	County:			
Month Day Year	9:00			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	Eve. Phone: 425 238 1935		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 E	BAKER					
Specific location where sample collected:							
803 ORCHARD SS							
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)							
1. ☑ Routine Distribution Sample Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.78 mg/l Free 0.72 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		The Africa American College and the Adapta					
☐ Triggered (A/P)		Unsatisfactory routine collect date:					
☐ Assessment (A/P)	Chlorinated: YesNo Chlorine Resid: TotalFree						
4. Surface or GWI Raw Water Samp							
	Filtered Yes_	_ No		_S_			
□ Sample Collected for Information Only □ Construction □ Repairs □ 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	nt		-			
☐ Replacement Sample Req							
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	/100	O ml.			
Total Coliform /100 ml.		Fecal Co	oliform	/100 ml.			
Method Code: SM 9223B			Date I	Received: 5/ 5/2023			
Date Analyzed: 5/ 5/2023, 11:		Date Reported: 5/ 6/23					
066-02411		Lab Use Only:					

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample		County:				
05/05/2023 Month Day Year	Collected 6:45	☑ AW					
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	101	Cell Phone: 425 238 1935					
Eve. Phone: 425 238 1935		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	AMPLE INFO	RMATIO	N				
Sample collected by (name):	RICHARD E	BAKER					
Specific location where sample collected:							
107 5TH ST							
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 0.81 mg/l Free 0.74 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)							
4. Surface or GWI Raw Water Samp	ole (Enumeration)	ı					
□ E. coli □ Fecal	Filtered Yes_	_ No	_S_				
5. □ Sample Collected for Information Only □ Construction □ Repairs □ Private Residence □ Other							
LAB USE ONLY DRINI	KING WATER	RESULTS	LAB USE ONLY				
☐ Unsatisfactory			☑ Satisfactory				
Total Coliform Present and ☐ 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	Culture						
	-						
Bacterial Density Results: Plate Count / ml.		E.coli	/100 ml.				
Total Coliform /100 ml.		Fecal Col	iform /100 ml.				
Method Code: SM 9223B			Date Received: 5/ 5/2023				
Date Analyzed: 5/ 5/2023, 11:00			Date Reported: 5/ 6/23				
066-02412			Lab Use Only:				

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