



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/07/2023 Month Day Year	Time Sample Collected 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40121 145TH PL SE SAMPLE STATION		
Project Name or Comments: TEMP=6.3C		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.66 mg/l Free 0.61 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 7/2023
Date Analyzed: 12/ 7/2023, 14:00		Date Reported: 12/11/23
066-06592 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/07/2023 Month Day Year	Time Sample Collected 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 40721 MAY CREEK RD SAMPLE STATION		
Project Name or Comments: TEMP=6.3C		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.59 mg/l Free 0.58 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 7/2023
Date Analyzed: 12/ 7/2023, 14:00		Date Reported: 12/11/23
066-06593 Sample Number (DOH number plus five digits)		Lab Use Only:



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/07/2023 Month Day Year	Time Sample Collected 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> 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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: LOT 22 EVERGREEN WAY SAMPLE STATION		
Project Name or Comments: TEMP=6.3C		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.56 mg/l Free 0.47 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 12/ 7/2023
Date Analyzed: 12/ 7/2023, 14:00		Date Reported: 12/11/23
066-06594 Sample Number (DOH number plus five digits)		Lab Use Only: