

## **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:			
12/07/2023 Month Day Year	Collected 8:00	☑ AN □ PN		SNOHOMISH			
Type of Water System (check o ☑ Group A Public ☐ Group B Public	□ Private F □ Other: _						
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	entory (WFI):			
ID#	28300Y						
System Name: CITY OF	GOLD BA	٩R					
Contact Person: RICHAF	1 1000 May 10 1001 W 10 1001						
Day Phone: 360-793-1101 Cell P			one: 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							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name):	RICHARD E	BAKER					
Specific location where sample collected:							
40121 145TH PL SE			)N				
Project Name or Comments:  Type of Sample (select only of	TEMP=6.3		es 1 t	hrough 5 below)			
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 <b>0.66</b> mg/l Free <b>0.61</b> mg/l		<ul><li>☐ Distribution System</li><li>☐ Source Groundwater Rule (GWR)</li><li>(Population of 1,000 or less)</li></ul>					
3. Ground Water Rule Source Sar	Unsatisfactory routine lab number:						
_S_		Unsatisfactory routine collect date:					
☐ Triggered (A/P)		onsatisfactory routine collect date.					
☐ Assessment (A/P)	Chlorinated: Yes No Chlorine Resid: Total Free						
4. Surface or GWI Raw Water Samp							
□ E. coli □ Fecal		_ 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			₽	1 Satisfactory			
Total Coliform Present <b>and</b> ☐ E. coli present	☐ E. coli abser	ıt					
☐ Replacement Sample Req							
Sample not tested because  Sample too old (>30 hours)	itable	because:					
☐ Improper Container	☐ TNTC						
D		Ш		<del></del>			
Bacterial Density Results: Plate Count / ml.		E.coli	/1	00 ml.			
Total Coliform < 1 /100 m	I.	Fecal Co	oliform	/100 ml.			
Method Code: SM 9222B			Date	Received: 12/ 7/2023			
Date Analyzed: 12/ 7/2023, 14		Date Reported: 12/11/23					
066-06592 Sample Number (DOH number plus five digits)			Lab Use Only:				

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



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample			County:		
<b>12/07/2023</b> Month Day Year	Collected 8:30	☑ AN □ PN		SNOHOMISH		
Type of Water System (check o ☑ Group A Public ☐ Group B Public			Private Household  Other:			
Group A and Group B Systems	Provide from W	ater Facilitie	es Inv	entory (WFI):		
ID#	28300Y					
	GOLD BA	∆R				
Contact Person: RICHAF	1 8000 MM C1 100 M C1 100					
Day Phone: 360-793-11	Cell Phone: 425 238 1935					
Eve. Phone: 425 238 19						
00 00 00 00 00 00 00 00 00 00 00 00 00	FAX:					
Send results to: (Print full name City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251	e, address and z	ip code)				
SA	MPLE INFO	RMATIO	N			
Sample collected by (name):	RICHARD E	BAKER				
Specific location where sample collected:						
40721 MAY CREEK RD SAMPLE STATION						
Project Name or Comments:	TEMP=6.3		1 4			
Type of Sample (select only o				• ,		
⊠ Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.59 mg/l Free 0.58 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)		/				
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				Satisfactory		
Total Coliform Present and	П. Г. н. С. «Б.».»					
☐ E. coli present ☐ Replacement Sample Req	□ E. coli abser	ıt				
Sample not tested because Test unsuitable because:						
☐ Sample too old (>30 hours)☐ Improper Container	☐ TNTC	Cultur	re			
Bacterial Density Results: Plate Count / ml.		E.coli	/10	00 ml.		
Total Coliform < 1 /100 m	<u>L</u>	Fecal Co	oliform	/100 ml.		
Method Code: SM 9222B			Date	Received: 12/ 7/2023		
Date Analyzed: 12/ 7/2023, 14		Date	Reported: 12/11/23			
066-06593 Sample Number (DOH number plus five of		Lab (	Jse Only:			



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample		County:				
12/07/2023 Month Day Year	Collected 9:00	☑ AN □ PN					
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 Pho			one: 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							
SA	MPLE INFO	RMATIO	N				
Sample collected by (name):	RICHARD E	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. ☑ Routine Distribution Sample 2. ☐ Repeat Sample (after unsat. routine)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.56 mg/l Free 0.47 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)		Chlorinated: YesNo Chlorine Resid: Total Free					
4. Surface or GWI Raw Water Samp	ole (Enumeration)	•					
□ E. coli □ Fecal		_ No	_S_				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other					
LAB USE ONLY DRINI	KING WATER	RESULTS	LAB USE ONLY				
☐ Unsatisfactory			☑ Satisfactory				
Total Coliform Present <b>and</b> ☐ E. coli present	☐ E. coli abser	nt					
☐ Replacement Sample Req							
Sample not tested because  Sample too old (>30 hours)	able because:						
☐ Improper Container		☐ Turbid Culture					
Bacterial Density Results:	<del></del>	⊔					
Plate Count / ml.		E.coli	/100 ml.				
Total Coliform < 1 /100 m	L.	Fecal Col	iform /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			Lab Use Only:				

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