



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

## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>10/06/2023</b> Month Day Year	Time Sample Collected <b>8:10</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>40507 SR2 SS</b>		
Project Name or Comments: <b>TEMP=10.7C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.66</b> mg/l Free <b>0.59</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (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 _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9223B</b>		Date Received: <b>10/ 6/2023</b>
Date Analyzed: <b>10/ 6/2023, 10:25</b>		Date Reported: <b>10/ 9/23</b>
<b>066-05401</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>10/06/2023</b> Month Day Year	Time Sample Collected <b>6:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>102 5TH STREET</b>		
Project Name or Comments: <b>TEMP=10.7C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.48</b> mg/l Free <b>0.44</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (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 _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9223B</b>		Date Received: <b>10/ 6/2023</b>
Date Analyzed: <b>10/ 6/2023, 10:25</b>		Date Reported: <b>10/ 9/23</b>
<b>066-05402</b> Sample Number (DOH number plus five digits)		Lab Use Only:



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## COLIFORM BACTERIA ANALYSIS

Date Sample Collected <b>10/06/2023</b> Month Day Year	Time Sample Collected <b>7:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: <b>SNOHOMISH</b>
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): <b>ID# 28300Y</b> System Name: <b>CITY OF GOLD BAR</b>		
Contact Person: <b>RICHARD BAKER</b>		
Day Phone: <b>360-793-1101</b>	Cell Phone: <b>425 238 1935</b>	
Eve. Phone: <b>425 238 1935</b>	FAX:	
Send results to: (Print full name, address and zip code) <b>City of Gold Bar RICHARD BAKER 107 5th St Gold Bar, Wa, 98251</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>715 CROFT AVE W SS</b>		
Project Name or Comments: <b>TEMP=10.7C</b>		
<b>Type of Sample</b> (select only <b>one</b> type of sample from types 1 through 5 below)		
<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total <b>0.51</b> mg/l Free <b>0.47</b> mg/l	<b>2. <input type="checkbox"/> Repeat Sample</b> (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 _____	
<b>3. Ground Water Rule Source Sample</b> ____ S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<b>4. Surface or GWI Raw Water Sample (Enumeration)</b> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ ____ S ____		
<b>5. <input type="checkbox"/> Sample Collected for Information Only</b> <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> <b>Satisfactory</b>	
<input type="checkbox"/> <b>Replacement Sample Required</b> 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"/> _____		
<b>Bacterial Density Results:</b> Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: <b>SM 9223B</b>	Date Received: <b>10/ 6/2023</b>	
Date Analyzed: <b>10/ 6/2023, 10:25</b>	Date Reported: <b>10/ 9/23</b>	
<b>066-05403</b> Sample Number (DOH number plus five digits)	Lab Use Only:	