

## AmTest Laboratories

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

# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 06/02/2023	Time Sample Collected	☑ AI		County:				
Month Day Year	9:15	□ PI		SNOHOMISH				
Type of Water System (check o ☑ Group A Public ☐ Group B Public	□ Private F □ 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 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 SS								
Project Name or Comments:								
Type of Sample (select only one type of sample from types 1 through 5 below)								
Routine Distribution Sample  Chlorinated: ☑ Yes □ No Chlorine: Total 0.56 mg/l Free 0.54 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_				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY <b>DRIN</b> I	KING WATER	RESULTS	S	LAB USE ONLY				
☐ Unsatisfactory			✓	1 Satisfactory				
Total Coliform Present <b>and</b> ☐ E. coli present	☐ E. coli abser	nt		_				
☐ Replacement Sample Req		II.	-					
Sample not tested because Test unsuitable because:								
☐ Sample too old (>30 hours) ☐ Improper Container	☐ TNTC	urbid Culture						
☐ T=19.0C								
Bacterial Density Results: Plate Count / ml. E.coli /100 ml.								
Total Coliform /100 ml.		Fecal Co	oliform	/100 ml.				
Method Code: SM 9223B			Date F	Received: 6/ 2/2023				
Date Analyzed: 6/ 2/2023, 12:		Date Reported: 6/3/23						
066-02822			Lab Use Only:					

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



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample		County:				
06/02/2023 Month Day Year	Collected 8:35	☑ AW					
Type of Water System (check only one box)							
☑ Group A Public ☐ Private Household ☐ Other: ☐ 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 Ph			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							
SAMPLE INFORMATION							
Sample collected by (name): RICHARD BAKER							
Specific location where sample collected:							
40721 MAY CREEK RD 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)							
Chlorinated: ☑ Yes ☐ No Chlorine: Total <b>0.59</b> mg/l Free <b>0.57</b> 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)		/NoNo					
4. Surface or GWI Raw Water Sample (Enumeration)							
□ E. coli □ Fecal	Filtered Yes_	_ No	_\$_				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	e 🗆 Other					
LAB USE ONLY <b>DRINI</b>	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 Test unsuitable because:  ☐ Sample too old (>30 hours) ☐ TNTC							
□ Improper Container □ Turbid Culture							
☑ T=19.0C □							
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: 6/ 2/2023				
Date Analyzed: 6/ 2/2023, 12:25			Date Reported: 6/ 3/23				
066-02823 Sample Number (DOH number plus five digits)			Lab Use Only:				



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# **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected	Time Sample Collected			County:				
06/02/2023 Month Day Year	7:50	☑ 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 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								
SAMPLE INFORMATION								
Sample collected by (name):	RICHARD E	BAKER						
Specific location where sample collected:								
40121 145TH PL SE SS								
Project Name or Comments:  Type of Sample (select only one type of sample from types 1 through 5 below)								
Routine Distribution Sample	., .			e (after unsat. routine)				
Chlorinated: ☑ Yes ☐ No Chlorine: Total 0.65 mg/l Free 0.62 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_	How district and the second se							
☐ Triggered (A/P)		Unsatisfactory routine collect date:						
☐ Assessment (A/P)	Chbrinated: Yes No Chbrine Resid: Total Free							
4. Surface or GWI Raw Water Sample (Enumeration)								
	Filtered Yes_	_ No		_S_				
5. ☐ Sample Collected for Informati ☐ Construction ☐ Repairs ☐	on Only Private Residence	□ Other						
LAB USE ONLY <b>DRIN</b> I	KING WATER	RESULTS	S	LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present <b>and</b>			☑	Satisfactory				
☐ E. coli present	☐ E. coli abser	ıt						
☐ Replacement Sample Req								
Sample not tested because Test unsuitable because:  □ Sample too old (>30 hours) □ TNTC								
☐ Improper Container								
☑ T=19.0C □								
Bacterial Density Results: Plate Count / ml. E.coli /100 ml.								
Total Coliform /100 ml.		Fecal Co	oliform	/100 ml.				
Method Code: SM 9223B			Date R	eceived: 6/ 2/2023				
Date Analyzed: 6/ 2/2023, 12:		Date Reported: 6/3/23						
066-02824			Lab Use Only:					

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