

## **AmTest Laboratories** 13600 NE 126th Place Suite C, Kirkland, WA 98034

(425) 885-1664 www.amtestlab.com

### **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	ole Collected		County			
05/02/2024 Month Day Year	7:00 am		Snohomish				
Type of Water System (check only one box)							
☑ Group A Group B 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							
		Cell Phone: 360-793-1101					
Day Phone: 360-793-1101							
Email: R.BAKER@CITYOFGOLDBAR.US		Eve. Phone: 360-793-1101					
Send results to: (Print full name, address and zip code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251							
SAMPLE INFORMATION							
Sample collected by (name): Richard Baker							
Specific location where sample collected: 107 5th St	Special instructions or comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)							
			Repeat Samples (A/P) ion system after unsat. routine)				
Chlorinated: Yes No Chlorine Residual: Total: 0.78	lorine Residual: Totals 0.70						
Free: 0.72	Unsatisfactory routine lab number: Unsatisfactory routine collect date:						
3. Ground Water Rule Source Sample Chlorinated:			Yes	No			
	Chlorine Residual:			140			
Triggered (A/P)		Total:					
ringgered (vyr)							
Assessment (A/P)  4. Surface or GWI Raw Water Sample (Enumeration)							
E. Coli Fecal Filtered: Yes No							
5. Sample collected for <b>Information Only</b> :							
LAB USE ONLY	DRINKING WA	TER RESULTS		LAB USE ONLY			
Unsatisfactory			✓ Satisf	actory			
Total Coliform ABSENT and							
E. coli present	ent						
Bacterial Density Results: Total Coliform: <1/100mL		E. coli: <b>&lt;1</b> /100mL					
Fecal Coliform: <b>NA</b> /100mL			HPC: <b>NA</b> /1mL				
ate/Time Received: 5/2/2024 11:29:00AM Lab Reference Nur			nber: M24E0018-01				
Receipt Temp (C): 3.1 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,					
ate Reported to DOH: 05/03/2024 Lab Use Only			· Only:				
OH Lab- Sample# 0660-M24E0018-01							



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### **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	le Collected		County			
05/02/2024	8:30 am			Snohomish			
Month Day Year  Type of Water System (check only one box)							
☑ Group B 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: 360-793-1101						
Email: R.BAKER@CITYOFGOLDBAR.US	Eve. Phone: 360-793-1101						
Send results to: (Print full name, address and zip code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251							
SAMPLE INFORMATION							
Sample collected by (name): Richard Baker							
Specific location where sample collected: 508 1st Av Station	e W Sample	Special instructions or comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample (A/P)				Samples (A/P)			
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.67	Ilorine Residual: Total: 0.67		n distribution system after unsat. routine)				
Free: 0.62	Unsatisfactory routine lab number: Unsatisfactory routine collect date:						
3. Ground Water Rule Source Sample Chlorinated:			outine collect date:  ☑ Yes No				
<u> </u>		Chlorine Residual:	1165				
Triggered (A/P)	Total:						
Assessment (A/P)							
Surface or GWI Raw Water Sample (Enumeration)							
E. Coli Fecal	Filtered: Yes	No					
5. Sample collected for <b>Information Only</b> :							
LAB USE ONLY	DRINKING WA	TER RESULTS		LAB USE ONLY			
Unsatisfactory			✓ Satisf	actory			
Total Coliform ABSENT and							
E. coli present ☑ E. coli absent							
Bacterial Density Results: Total Coliform: <1/100mL		mL	E. coli: <b>&lt;1</b> /100mL				
Fecal Coliform: <b>NA</b> /100mL			L HPC: <b>NA</b> /1mL				
Date/Time Received: 5/2/2024 11:29:00AM Lab Reference N			mber: M24E0018-02				
Receipt Temp (C): 3.1 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,					
Date Reported to DOH: 05/03/2024	ab Use Only:						
DOH Lab- Sample# 0660-M24E0018-02							



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### **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	le Collected		County			
05/02/2024 Month Day Year	8:55 am			Snohomish			
Type of Water System (check only one box)							
☑ Group A Group B Other							
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):							
ID#: 28300Y System Name: CIty of Gold Bar							
System Name: City or Gold Bar  Contact Person: Richard Baker							
Day Phone: 360-793-1101	Cell Phone: 360-793-1101						
Email: R.BAKER@CITYOFGOLDBAR.US	Eve. Phone: 360-793-1101						
Send results to: (Print full name, address and zip code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251							
SAMPLE INFORMATION							
Sample collected by (name): Richard Baker							
Specific location where sample collected: 803 Orchan Station	Special instructions or comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample (A/P)	I. ☑ Routine Distribution Sample (A/P) 2. Repeat			Samples (A/P)			
Chlorinated: ☑ Yes No (from distrib		(from distribution system a	n distribution system after unsat. routine)				
Chlorine Residual: Total: 0.60		Unsatisfactory routine la	lab number:				
	Free: 0.55 Unsatisfactory routine collect date:						
3. Ground Water Rule Source Sample	Chlorinated: 🗹 Yes No						
<u> _ </u>		Chlorine Residual:					
Triggered (A/P)		Total:					
Assessment (A/P)							
4. Surface or GWI Raw Water Sample (Enumeration)							
E. Coli Fecal	Filtered: Yes	No					
5. Sample collected for <b>Information Only</b> :							
LAB USE ONLY	DRINKING WA	TER RESULTS		LAB USE ONLY			
Unsatisfactory			✓ Satisf	factory			
Total Coliform ABSENT and							
E. coli present ☑ E. coli absent							
Bacterial Density Results: Total Coliform: <1/100mL		E. coli: <b>&lt;1</b> /100mL					
Fecal Coliform: <b>NA</b> /100mL			HPC: <b>NA</b> /1mL				
te/Time Received: 5/2/2024 11:29:00AM Lab Reference Nur			ber: M24E0018-03				
Receipt Temp (C): 3.1 C		Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,					
te Reported to DOH: 05/03/2024 Lab Use Only:			nly:				
OH Lab- Sample# 0660-M24E0018-03							