



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/14/2019 Month Day Year	Time Sample Collected 5:45 <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"/> Private Household <input type="checkbox"/> Group B Public <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: 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		
Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>505 CROFT AVE</b>		
Special Instructions or Comments:		
Type of Sample (select only one 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 0.60 mg/l Free 0.56 mg/l	<b>2. <input type="checkbox"/> Repeat Sample (after unsat. routine)</b> <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"/> 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: 3/14/2019	
Date Analyzed: 3/14/2019, 15:00	Date Reported: 3/15/19	
<b>066-01422</b> Sample Number (DOH number plus five digits)	Lab Use Only:	



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/14/2019 Month Day Year	Time Sample Collected 7:35 <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"/> Private Household <input type="checkbox"/> Group B Public <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: 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		
Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>40507 SR2</b>		
Special Instructions or Comments:		
Type of Sample (select only one 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 0.51 mg/l Free 0.46 mg/l	<b>2. <input type="checkbox"/> Repeat Sample (after unsat. routine)</b> <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"/> 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: 3/14/2019	
Date Analyzed: 3/14/2019, 15:00	Date Reported: 3/15/19	
<b>066-01421</b> Sample Number (DOH number plus five digits)	Lab Use Only:	



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 03/14/2019 Month Day Year	Time Sample Collected 7:48 <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"/> Private Household <input type="checkbox"/> Group B Public <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: 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		
Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>RICHARD BAKER</b>		
Specific location where sample collected: <b>715 CROFT AVE W</b>		
Special Instructions or Comments:		
Type of Sample (select only one 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 0.55 mg/l Free 0.54 mg/l	<b>2. <input type="checkbox"/> Repeat Sample (after unsat. routine)</b> <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"/> 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: 3/14/2019	
Date Analyzed: 3/14/2019, 15:00	Date Reported: 3/15/19	
<b>066-01420</b> Sample Number (DOH number plus five digits)	Lab Use Only:	