

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/07/2021 Month Day Year	Time Sample Collected 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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): ID# 28300Y		
System Name: C.O.G.B.		
Contact Person: RICHARD BAKER		
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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 107 5TH ST.		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.94 mg/l Free 0.87 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _____ S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ___ No ___ _____ S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<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: 4/ 8/2021	
Date Analyzed: 4/ 8/2021, 14:30	Date Reported: 4/ 9/21	
066-02047 Sample Number (DOH number plus five digits)	Lab Use Only:	

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/07/2021 Month Day Year	Time Sample Collected 8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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): ID# 28300Y		
System Name: C.O.G.B.		
Contact Person: RICHARD BAKER		
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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 803 ORCHARD		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 0.61 mg/l Free 0.56 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _____ S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ / ____ / ____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ___ No ___ _____ S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<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: 4/ 8/2021
Date Analyzed: 4/ 8/2021, 14:30		Date Reported: 4/ 9/21
066-02048 Sample Number (DOH number plus five digits)		Lab Use Only:

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 04/07/2021 Month Day Year	Time Sample Collected 8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
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): ID# 28300Y		
System Name: C.O.G.B.		
Contact Person: RICHARD BAKER		
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		
SAMPLE INFORMATION		
Sample collected by (name): RICHARD BAKER		
Specific location where sample collected: 508 1ST AVE W		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine: Total 1.06 mg/l Free 0.91 mg/l	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	
3. Ground Water Rule Source Sample _____ S _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ___ No ___ _____ S _____		
5. <input type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<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: 4/ 8/2021
Date Analyzed: 4/ 8/2021, 14:30		Date Reported: 4/ 9/21
066-02046 Sample Number (DOH number plus five digits)		Lab Use Only: