



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/02/2024 Month Day Year	Time Sample Collected 8:30 am	County 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

Day Phone: 360-793-1101 Cell Phone:

Email: R.BAKER@CITYOFGOLDBAR.US

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 Orchard Sample Station Special instructions 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 (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.66 Free: 0.55	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:
---	---

3. Ground Water Rule Source Sample _ Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:
--	---

4. Surface or GWI Raw Water Sample (Enumeration)
E. Coli Fecal Filtered: Yes No

5. Sample collected for **Information Only**:

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Unsatisfactory Total Coliform ABSENT and E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
---	---

Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
---	--

Date/Time Received: 8/2/2024 11:50:00AM Lab Reference Number: M24H0025-01

Receipt Temp (C): 16 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported to DOH: 08/05/2024 Lab Use Only:

DOH Lab- Sample# 0660-M24H0025-01



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/02/2024 <small>Month Day Year</small>	Time Sample Collected 7:15 am	County 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

Day Phone: 360-793-1101 Cell Phone:

Email: R.BAKER@CITYOFGOLDBAR.US

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)

1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.60 Free: 0.54	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:
---	--

3. Ground Water Rule Source Sample __ Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:
---	---

4. Surface or GWI Raw Water Sample (Enumeration)
 E. Coli Fecal Filtered: Yes No

5. Sample collected for **Information Only**:

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
--------------	-------------------------------	--------------

Unsatisfactory Total Coliform ABSENT and E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
---	---

Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
-----------------------------------	--	--

Date/Time Received: 8/2/2024 11:50:00AM Lab Reference Number: M24H0025-02

Receipt Temp (C): 16 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported to DOH: 08/05/2024 Lab Use Only:

DOH Lab- Sample# 0660-M24H0025-02



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/02/2024 <small>Month Day Year</small>	Time Sample Collected 8:00 am	County Snohomish
---	---	----------------------------

Type of Water System (check only one box) <input checked="checked" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> 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:
-------------------------	-------------

Email: R.BAKER@CITYOFGOLDBAR.US

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 Ave W Sample Station	Special instructions or comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="checked" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total: 0.80 Free: 0.74	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total: Free:
3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total: Free:
4. Surface or GWI Raw Water Sample (Enumeration) E. Coli Fecal Filtered: Yes No	

5. Sample collected for **Information Only**:

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
Unsatisfactory Total Coliform ABSENT and E. coli present <input checked="checked" type="checkbox"/> E. coli absent	<input checked="checked" type="checkbox"/> Satisfactory	

Bacterial Density Results:	Total Coliform: Absent /100mL	E. coli: Absent /100mL
	Fecal Coliform: NA /100mL	HPC: NA /1mL

Date/Time Received: 8/2/2024 11:50:00AM	Lab Reference Number: M24H0025-03
---	-----------------------------------

Receipt Temp (C): 16 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
------------------------	--

Date Reported to DOH: 08/05/2024	Lab Use Only:
----------------------------------	---------------

DOH Lab- Sample# 0660-M24H0025-03	
-----------------------------------	--