



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/16/2024 <small>Month Day Year</small>	Time Sample Collected 8:45 am	County Snohomish
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Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other
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Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 28300Y System Name: City of Gold Bar
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Contact Person: Richard Baker

Day Phone: 360-793-1101	Cell Phone:
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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: 40507 SR2	Special instructions or comments:
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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: 0.44 Free: 0.38	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:
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3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:
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4. Surface or GWI Raw Water Sample (Enumeration)					
<table style="width:100%; border: none;"> <tr> <td style="width:15%;">E. Coli</td> <td style="width:15%;">Fecal</td> <td style="width:15%;">Filtered:</td> <td style="width:15%;">Yes</td> <td style="width:15%;">No</td> </tr> </table>	E. Coli	Fecal	Filtered:	Yes	No
E. Coli	Fecal	Filtered:	Yes	No	

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

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
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Unsatisfactory Total Coliform ABSENT and E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
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Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
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Date/Time Received: 7/16/2024 10:46:00AM	Lab Reference Number: M24G0142-02
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Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
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Date Reported to DOH: 07/17/2024	Lab Use Only:
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DOH Lab- Sample# 0660-M24G0142-02	
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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/16/2024 <small>Month Day Year</small>	Time Sample Collected 7:30 am	County Snohomish
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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:
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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: 102 5th St	Special instructions or comments:
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Type of Sample (select only one type of sample from types 1 through 5 below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.41 Free: 0.38</p>	<p>2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:</p>
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<p>3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) Assessment (A/P)</p>	<p>Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:</p>
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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

<p>Unsatisfactory Total Coliform ABSENT and E. coli present <input checked="" type="checkbox"/> E. coli absent</p>	<p><input checked="" type="checkbox"/> Satisfactory</p>
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Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
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Date/Time Received: 7/16/2024 10:46:00AM	Lab Reference Number: M24G0142-03
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Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
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Date Reported to DOH: 07/17/2024	Lab Use Only:
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DOH Lab- Sample# 0660-M24G0142-03	
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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/16/2024 <small>Month Day Year</small>	Time Sample Collected 8:30 am	County Snohomish
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Type of Water System (check only one box) <input 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: 715 Croft Ave W	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: 0.44 Free: 0.38	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: Free:
3. Ground Water Rule Source Sample <input type="checkbox"/> 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
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Date/Time Received: 7/16/2024 10:46:00AM	Lab Reference Number: M24G0142-04
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
Date Reported to DOH: 07/17/2024	Lab Use Only:
DOH Lab- Sample# 0660-M24G0142-04	