



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/08/2024 Month Day Year	Time Sample Collected 8:10 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:

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:
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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: 0.25 Free: 0.24	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)
 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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<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> 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	E. coli: Absent /100mL
	Fecal Coliform: NA /100mL	HPC: NA /1mL

Date/Time Received: 11/8/2024 11:14:00AM	Lab Reference Number: M24K0075-01
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Receipt Temp (C): 11.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
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Date Reported: 11/11/2024	Lab Use Only:
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DOH Lab- Sample# 0660-M24K0075-01	
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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/08/2024 <small>Month Day Year</small>	Time Sample Collected 9:00 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:

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 2st 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="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.58 Free: 0.53	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 _ 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)
E. Coli Fecal Filtered: Yes No

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> 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 E. coli: **Absent**/100mL
Fecal Coliform: **NA**/100mL HPC: **NA**/1mL

Date/Time Received: 11/8/2024 11:14:00AM Lab Reference Number: M24K0075-02

Receipt Temp (C): 11.4 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported: 11/11/2024 Lab Use Only:

DOH Lab- Sample# 0660-M24K0075-02



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/08/2024 Month Day Year	Time Sample Collected 8:30 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:

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: 0.27 Free: 0.22	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)
 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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<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> 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: 11/8/2024 11:14:00AM Lab Reference Number: M24K0075-03

Receipt Temp (C): 11.4 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported: 11/11/2024 Lab Use Only:

DOH Lab- Sample# 0660-M24K0075-03