



### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 Month Day Year	Time Sample Collected 6:00 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: 360-793-1101

Email:      Eve. Phone: 360-793-1101

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 Street      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: 0.67 Free: 0.62	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	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
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<b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> <b>Satisfactory</b>
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<b>Bacterial Density Results:</b>	Total Coliform: <1/100mL	E. coli: <1/100mL
	Fecal Coliform: <b>NA</b> /100mL	HPC: <b>NA</b> /1mL

Date/Time Received: 4/4/2024 10:51:00AM      Lab Reference Number: M24D0033-01

Receipt Temp (C): 0.7 C      Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported to DOH: 04/05/2024      Lab Use Only:

DOH Lab- Sample# 0660-M24D0033-01



### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 <small>Month Day Year</small>	Time Sample Collected 7:00 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: 360-793-1101
Email:	Eve. Phone: 360-793-1101
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 SS	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: 0.81 Free: 0.67	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 <b>Information Only</b> :	

#### LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY

<b>Unsatisfactory</b>  <b>Total Coliform ABSENT and</b>  E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> <b>Satisfactory</b>
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<b>Bacterial Density Results:</b>	Total Coliform: <1/100mL Fecal Coliform: <b>NA</b> /100mL	E. coli: <1/100mL HPC: <b>NA</b> /1mL
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Date/Time Received: 4/4/2024 10:51:00AM	Lab Reference Number: M24D0033-02
Receipt Temp (C): 0.7 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,
Date Reported to DOH: 04/05/2024	Lab Use Only:
DOH Lab- Sample# 0660-M24D0033-02	



### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 <small>Month Day Year</small>	Time Sample Collected 7:45 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#: 06630X  
 System Name: Big Bend Landowners Association

Contact Person: Richard Baker

Day Phone: 360-793-1101      Cell Phone: 360-793-1101

Email:      Eve. Phone: 360-793-1101

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 SS      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: 0.63 Free: 0.58	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	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
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<b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> <b>Satisfactory</b>
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<b>Bacterial Density Results:</b>	Total Coliform: <1/100mL	E. coli: <1/100mL
	Fecal Coliform: NA/100mL	HPC: NA/1mL

Date/Time Received: 4/4/2024 10:51:00AM      Lab Reference Number: M24D0033-03

Receipt Temp (C): 0.7 C      Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported to DOH: 04/05/2024      Lab Use Only:

DOH Lab- Sample# 0660-M24D0033-03



### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 04/04/2024 Month Day Year	Time Sample Collected 9:30 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: 360-793-1101

Email:      Eve. Phone: 360-793-1101

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: 44325 Pine Rd SS      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:      Yes <input checked="" type="checkbox"/> No Chlorine Residual:      Total: Free:	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:      Yes <input checked="" type="checkbox"/> 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	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
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<b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> <b>Satisfactory</b>
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<b>Bacterial Density Results:</b>	Total Coliform: <1/100mL	E. coli: <1/100mL
	Fecal Coliform: <b>NA</b> /100mL	HPC: <b>NA</b> /1mL

Date/Time Received: 4/4/2024 10:51:00AM      Lab Reference Number: M24D0033-04

Receipt Temp (C): 0.7 C      Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported to DOH: 04/05/2024      Lab Use Only:

DOH Lab- Sample# 0660-M24D0033-04