



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 Month Day Year	Time Sample Collected 3:40 pm	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: 0.83 Free: 0.80	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: <1/100mL Fecal Coliform: NA /100mL	E. coli: <1/100mL HPC: NA /1mL
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Date/Time Received: 2/13/2025 9:50:00AM Lab Reference Number: M25B0091-01

Receipt Temp (C): 2.6 C Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 02/14/2025 Lab Use Only:

DOH Lab- Sample# 0660-M25B0091-01



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 Month Day Year	Time Sample Collected 2:45 pm	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:

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: 0.64 Free: 0.57	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: <1/100mL Fecal Coliform: NA /100mL	E. coli: <1/100mL HPC: NA /1mL
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Date/Time Received: 2/13/2025 9:50:00AM Lab Reference Number: M25B0091-02

Receipt Temp (C): 2.6 C Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 02/14/2025 Lab Use Only:

DOH Lab- Sample# 0660-M25B0091-02



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 Month Day Year	Time Sample Collected 3:30 pm	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 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="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: <input checked="" type="checkbox"/> Yes No Chlorine Residual: Total: 0.88 Free: 0.82	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: <1/100mL E. coli: <1/100mL
 Fecal Coliform: **NA**/100mL HPC: **NA**/1mL

Date/Time Received: 2/13/2025 9:50:00AM Lab Reference Number: M25B0091-03

Receipt Temp (C): 2.6 C Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 02/14/2025 Lab Use Only:

DOH Lab- Sample# 0660-M25B0091-03



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/12/2025 <small>Month Day Year</small>	Time Sample Collected 3:00 pm	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:
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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: 44325 Pine Rd 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: 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 __ 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
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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: <1/100mL Fecal Coliform: NA /100mL	E. coli: <1/100mL HPC: NA /1mL
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Date/Time Received: 2/13/2025 9:50:00AM	Lab Reference Number: M25B0091-04
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Receipt Temp (C): 2.6 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,
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Date Reported: 02/14/2025	Lab Use Only:
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DOH Lab- Sample# 0660-M25B0091-04	
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