



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/06/2025 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: 40121 145th Pl SE
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: 0.75 Free: 0.67	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: 3/7/2025 10:12:00AM Lab Reference Number: M25C0069-01

Receipt Temp (C): 11.5 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported: 03/10/2025 Lab Use Only:

DOH Lab- Sample# 0660-M25C0069-01



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected: 03/06/2025
Time Sample Collected: 4:15 pm
County: Snohomish

Type of Water System (check only one box)
[X] 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: Lot 22, Evergreen Way Sample Station
Special instructions or comments:

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

1. [X] Routine Distribution Sample (A/P)
Chlorinated: [X] Yes No
Chlorine Residual: Total: 0.65 Free: 0.57
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: [X] 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

[X] Unsatisfactory Total Coliform ABSENT and
[E. coli present] [X] E. coli absent
[X] Satisfactory

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

Date/Time Received: 3/7/2025 10:12:00AM Lab Reference Number: M25C0069-02

Receipt Temp (C): 11.5 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported: 03/10/2025 Lab Use Only:

DOH Lab- Sample# 0660-M25C0069-02



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/06/2025 <small>Month Day Year</small>	Time Sample Collected 3:45 pm	County Snohomish
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Type of Water System (check only one box) <input checked="" type="checkbox"/> 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: 40721 May Creek Rd 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: 0.80 Free: 0.73	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"/> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> 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
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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: 3/7/2025 10:12:00AM	Lab Reference Number: M25C0069-03
Receipt Temp (C): 11.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
Date Reported: 03/10/2025	Lab Use Only:
DOH Lab- Sample# 0660-M25C0069-03	



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/06/2025 <small>Month Day Year</small>	Time Sample Collected 4:30 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:
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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: City of Gold Bar	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 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 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: 3/7/2025 10:12:00AM	Lab Reference Number: M25C0069-04
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Receipt Temp (C): 11.5 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,
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Date Reported: 03/10/2025	Lab Use Only:
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DOH Lab- Sample# 0660-M25C0069-04	
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