AmTest Laboratories
13600 NE 126th Place Suite C, Kirkland, WA 98034
(425) 885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
10/04/2024 Month Day Year	5:50 am	Snohomish

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: 102 5th Street

Special instructions or comments:

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

1. ☑ Routine Distribution Sample (A/P)
Chlorinated: ☑ Yes No
Chlorine Residual: Total: 0.44
Free: 0.39

2. Repeat Samples (A/P)
(from distribution system after unsat. routine)
Unsatisfactory routine lab number:
Unsatisfactory routine collect date:
Chlorinated: ☑ Yes No
Chlorine Residual:
Total:
Free:

3. Ground Water Rule Source Sample
|__|
Triggered (A/P)
Assessment (A/P)

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 ☑ E. coli absent

☑ **Satisfactory**

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

Date/Time Received: 10/4/2024 9:15:00AM

Lab Reference Number: M24J0047-01

Receipt Temp (C): 7 C

Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported to DOH: 10/07/2024

DOH Lab- Sample# 0660-M24J0047-01

Lab Use Only:

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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
10/04/2024 Month Day Year	6:50 am	Snohomish

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 Associaition

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: 40507 SR2 SS

Special instructions or comments:

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

1. ☑ Routine Distribution Sample (A/P)
Chlorinated: ☑ Yes No
Chlorine Residual: Total: 0.39
Free: 0.35

2. Repeat Samples (A/P)
(from distribution system after unsat. routine)
Unsatisfactory routine lab number:
Unsatisfactory routine collect date:
Chlorinated: ☑ Yes No
Chlorine Residual:
Total:
Free:

3. Ground Water Rule Source Sample
|__|
Triggered (A/P)
Assessment (A/P)

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 ☑ E. coli absent

☑ **Satisfactory**

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

Date/Time Received: 10/4/2024 9:15:00AM

Lab Reference Number: M24J0047-02

Receipt Temp (C): 7 C

Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported to DOH: 10/07/2024

DOH Lab- Sample# 0660-M24J0047-02

Lab Use Only:

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(425) 885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
10/04/2024 Month Day Year	6:15 am	Snohomish

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: 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. ☑ Routine Distribution Sample (A/P)
Chlorinated: ☑ Yes No
Chlorine Residual: Total: 0.54
Free: 0.47

2. Repeat Samples (A/P)
(from distribution system after unsat. routine)
Unsatisfactory routine lab number:
Unsatisfactory routine collect date:
Chlorinated: ☑ Yes No
Chlorine Residual:
Total:
Free:

3. Ground Water Rule Source Sample
|__|
Triggered (A/P)
Assessment (A/P)

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 ☑ E. coli absent

☑ **Satisfactory**

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

Date/Time Received: 10/4/2024 9:15:00AM

Lab Reference Number: M24J0047-03

Receipt Temp (C): 7 C

Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported to DOH: 10/07/2024

DOH Lab- Sample# 0660-M24J0047-03

Lab Use Only: