



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

COLIFORM BACTERIA ANALYSIS FORM

| | | |
|---|---|---|
| Date Sample Collected 04/03/2025 Month Day Year | Time Sample Collected 4:10 pm | County Snohomish |
| 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: 40507 SR 2 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: 0.45 Free: 0.38 | 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 _ 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 | | |
| <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 |
| Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL | | E. coli: Absent /100mL HPC: NA /1mL |
| Date/Time Received: 4/4/2025 10:12:00AM | Lab Reference Number: M25D0042-01 | |
| Receipt Temp (C): 3.8 C | Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), , | |
| Date Reported: 04/07/2025 | Lab Use Only: | |
| DOH Lab- Sample# 0660-M25D0042-01 | | |



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COLIFORM BACTERIA ANALYSIS FORM

| | | |
|---|---|---|
| Date Sample Collected 04/03/2025 Month Day Year | Time Sample Collected 3:50 pm | County Snohomish |
| 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: 715 Croft 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: 0.50 Free: 0.41 | 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 _ 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 | | |
| <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 |
| Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL | | E. coli: Absent /100mL HPC: NA /1mL |
| Date/Time Received: 4/4/2025 10:12:00AM | Lab Reference Number: M25D0042-02 | |
| Receipt Temp (C): 3.8 C | Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), , | |
| Date Reported: 04/07/2025 | Lab Use Only: | |
| DOH Lab- Sample# 0660-M25D0042-02 | | |



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COLIFORM BACTERIA ANALYSIS FORM

| | | |
|---|--|---|
| Date Sample Collected 04/03/2025 Month Day Year | Time Sample Collected 4:35 pm | County Snohomish |
| 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: 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: 0.48 Free: 0.44 | 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 _ 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 | | |
| <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 |
| Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL | | E. coli: Absent /100mL HPC: NA /1mL |
| Date/Time Received: 4/4/2025 10:12:00AM | Lab Reference Number: M25D0042-03 | |
| Receipt Temp (C): 3.8 C | Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), , | |
| Date Reported: 04/07/2025 | Lab Use Only: | |
| DOH Lab- Sample# 0660-M25D0042-03 | | |



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COLIFORM BACTERIA ANALYSIS FORM

| | | |
|---|--|---|
| Date Sample Collected 04/03/2025 Month Day Year | Time Sample Collected 5:27 pm | County Snohomish |
| 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: Big Bend Landowners Association | | |
| 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: 43822 Fir 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: 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: Chlorinated: Yes <input checked="" type="checkbox"/> 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 | | |
| <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 |
| Bacterial Density Results: Total Coliform: Absent /100mL Fecal Coliform: NA /100mL | | E. coli: Absent /100mL HPC: NA /1mL |
| Date/Time Received: 4/4/2025 10:12:00AM | Lab Reference Number: M25D0042-04 | |
| Receipt Temp (C): 3.8 C | Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), , | |
| Date Reported: 04/07/2025 | Lab Use Only: | |
| DOH Lab- Sample# 0660-M25D0042-04 | | |