

# 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 Samp	le Collected	County				
05/02/2025	6:0	0 am	Snohomish				
Month Day Year	Month Day Year  Type of Water System (dealers by a by )						
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):							
		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 coo	de or e-mail)						
City of Gold Bar, 107 5th Street Gold Bar, WA 98251							
	SAMPLE IN	IFORMATION					
Sample collected by (name): Richard Baker	9,						
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. Z Routine Distribution Sample (A/P)	. 🗹 Routine Distribution Sample (A/P) 2. Repeat S						
Chlorinated: ☑ Yes No			after unsat. routine)				
Chlorine Residual: Total: 0.66		Unsatisfactory routine lab number	lab number:				
Free: 0.58		Unsatisfactory routine collect date	collect date:				
3. Ground Water Rule Source Sample Chlorinated:		Chlorinated:	☑ Yes No				
I_I		Chlorine Residual:					
Triggered (A/P)		Total:					
Assessment (A/P)		Free:					
4. Surface or GWI Raw Water Sample (Enumeration)							
E. Coli Fecal Filtered: Yes No							
5. Sample collected for <b>Information Only</b> :							
LABUIGE ONLY		TER RECUITO	LAR LISE CALLY				
LAB USE ONLY	DRINKING WA	TER RESULTS	LAB USE ONLY				
Unsatisfactory		☑ Sat	sfactory				
Total Coliform ABSENT and							
☐ E. coli present ☑ E. coli abse	ent						
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent/100mL				
Fecal Coliform: <b>NA</b> /100mL			HPC: <b>NA</b> /1mL				
Date/Time Received: 5/2/2025 9:42:00AM Lab Reference Nul			ber: M25E0017-01				
Receipt Temp (C): 7.6 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,					
Date Reported: 05/05/2025 Lab Use Only:							
DOH Lab- Sample# 0660-M25E0017-01							



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## **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	ole Collected		County			
05/02/2025 Month Day Year	6:4	5 am		Snohomish			
Hotel bay real	Type of Water Sys	stem (check only one box	)				
	☑ Group A G	roup B Other					
Group A	and Group B Systems - Provi		ies Inventor	y (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 cod	•						
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 Orcha	Special instructions or comments:						
station							
Type of S	Sample (select only one t	ype of sample from t	ypes 1 throu	igh 5 below)			
1. ☑ Routine Distribution Sample (A/P)							
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.72		(from distribution system after unsat. routine)					
Free: 0.68	Unsatisfactory			tisfactory routine lab number:			
Ground Water Rule Source Sample	Unsatisfactory routine collect date:						
		Chlorinated: ☑ Yes No					
Triangued (A/D)	Chlorine Residual:  Total:						
Triggered (A/P)	Free:						
Assessment (A/P) 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 WA	TER RESULTS	;	LAB USE ONLY			
<ul> <li>Unsatisfactory</li> </ul>			☑ Satist	factory			
Total Coliform ABSENT and							
☐ E. coli present ☑ E. coli abse	ent						
Bacterial Density Results: Total Coliform: Absent/100mL				E. coli: <b>Absent</b> /100mL			
	mL HPC: <b>NA</b> /1mL						
<u> </u>							
Date/Time Received: 5/2/2025 9:42:00AM	Lab Reference Number: M25E0017-02						
Receipt Temp (C): 7.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,						
Date Reported: 05/05/2025	Lab Use Only:						
DOH Lab- Sample# 0660-M25E0017-02							



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## **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	ole Collected		County			
05/02/2025 Month Day Year	7:00 am			Snohomish			
		stem (check only one box	)				
	<u> </u>	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 coo	de 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			pecial 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:			om distribution system after unsat. routine)				
Free: 0.73		Unsatisfactory routine					
3. Ground Water Rule Source Sample	Unsatisfactory routine collect date:  Chlorinated: ☑ Yes No						
	Chlorinated: ☑ Yes No Chlorine Residual:						
Triggered (A/P)	Total:						
Assessment (A/P)	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 WA	TER RESULTS	;	LAB USE ONLY			
□ Unsatisfactory			☑ Satisf	factory			
Total Coliform ABSENT and							
☐ E. coli present ☑ E. coli abse	ent						
Bacterial Density Results: Total Coliform: Absent/100mL				E. coli: <b>Absent</b> /100mL			
Fecal Coliform: <b>NA</b> /100mL			HPC: <b>NA</b> /1mL				
Date/Time Received: 5/2/2025 9:42:00AM	Lab Reference Number: M25E0017-03						
Receipt Temp (C): 7.6 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,					
Date Reported: 05/05/2025	Lab Use Only:						
DOH Lab- Sample# 0660-M25E0017-03							