



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

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/06/2025 Month Day Year	Time Sample Collected 8:00 am	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: 40121 145th PL SE SS	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: 0.69 Free: 0.63	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: <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		
<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: 6/6/2025 10:33:00AM	Lab Reference Number: M25F0070-01	
Receipt Temp (C): 14.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 06/09/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25F0070-01		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/06/2025 Month Day Year	Time Sample Collected 7:40 am	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: Lot 22, Evergreen Way SS	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: 0.54 Free: 0.53	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: 6/6/2025 10:33:00AM	Lab Reference Number: M25F0070-02	
Receipt Temp (C): 14.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 06/09/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25F0070-02		



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 06/06/2025 Month Day Year	Time Sample Collected 8:25 am	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: 40721 May Creek RD SS	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: 0.61	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: <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		
<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: 6/6/2025 10:33:00AM	Lab Reference Number: M25F0070-03	
Receipt Temp (C): 14.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 06/09/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25F0070-03		