

#### 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	ole Collected		County			
06/06/2025 Month Day Year	8:0	0 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 cod	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: 40121 145	Special instructions or comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)							
,			amples (A/P)				
Chlorinated:   Yes No Chlorine Residual: Total: 0.69		(from distribution system after unsat. routine)					
Chlorine Residual: Total: 0.69 Free: 0.63	Unsatisfactory routine lab number:						
Ground Water Rule Source Sample	Unsatisfactory routine collect date:						
	Chlorinated: ☑ Yes No						
Triggered (A/P)	Chlorine Residual:  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 absent							
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: 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	Time Samp	ole Collected	County					
06/06/2025	7:4	0 am	Snohomish					
Month Day Year	Type of Water Sys	item (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								
Specific location where sample collected: Lot 22, Eve	ergreen Way	Special instructions or comments	s:					
SS								
Type of S	Sample (select only one t	ype of sample from types 1 throu	igh 5 below)					
Routine Distribution Sample (A/P)		2. Repeat Samples (A/P)						
Chlorinated: ☑ Yes No		(from distribution system after unsat. routine)						
Chlorine Residual: Total: 0.54		Unsatisfactory routine lab number:						
Free: 0.53		Unsatisfactory routine collect date:						
3. Ground Water Rule Source Sample		Chlorinated:						
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						
E Comple collected for Information Only								
5. Sample collected for <b>Information Only</b> :								
LAB USE ONLY	DRINKING WA	TER RESULTS	LAB USE ONLY					
□ Unsatisfactory		☑ Satis	factory					
Total Coliform ABSENT and								
■ E. coli present ☑ E. coli abse	ent							
Bacterial Density Results: To	I ]()ml	E. coli: <b>Absent</b> /100mL						
	tal Coliform: <b>Absent</b> /10 Fecal Coliform: <b>NA</b> /100	·						
Fecal Coliform: <b>NA</b> /100mL HPC: <b>NA</b> /1mL								
Date/Time Received: 6/6/2025 10:33:00AM		Lab Reference Number: M25F0070-02						
Possint Tomp (C): 14.5 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,						
Receipt Temp (C): 14.6 C								
Date Reported: 06/09/2025 Lab Use Only:								
Date Reported: 06/09/2025		ab osc only.						
DOH Lab- Sample# 0660-M25F0070-02								



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**COLIFORM BACTERIA ANALYSIS FORM** 

Date Sample Collected	Time Samp	ole Collected		County			
06/06/2025	8:25 am			Snohomish			
Month Day Year	0.25 diii						
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 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							
Specific location where sample collected: 40721 May	Creek RD SS	Special instructions or comments:					
Type of S	Sample (select only one t	ype of sample from ty	ypes 1 throu	ugh 5 below)			
1. ☑ Routine Distribution Sample (A/P) 2. Repeat Sample (A/P)			mples (A/P)				
		(from distribution system after unsat. routine)					
Chlorine Residual: Total: 0.64		Unsatisfactory routine I	lab number:				
Free: 0.61		Unsatisfactory routine collect date:					
			1 Yes	No			
<u>                                      </u>		Chlorine Residual:	- 165				
Triangued (A/D)	Cniorine Residual:  Total:						
Triggered (A/P)							
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		T	✓ Satis	factory			
Total Coliform ABSENT and			<u>⊌</u> Jatis	ractory			
☐ 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: 6/6/2025 10:33:00AM Lab Reference Nur			ber: M25F0	070-03			
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:							
Suc reported, 50/03/2023							
DOH Lab- Sample# 0660-M25F0070-03							