



## COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/07/2025 Month Day Year	Time Sample Collected 4:30 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 Cold 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: 803 Orchard 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: 0.58 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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /1mL
Date/Time Received: 8/8/2025 11:45:00AM	Lab Reference Number: M25H0069-01	
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 08/11/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25H0069-01		



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

## COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/07/2025 Month Day Year	Time Sample Collected 4:50 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 Cold 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: 107 5th ST	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: 0.49 Free: 0.46	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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /1mL
Date/Time Received: 8/8/2025 11:45:00AM	Lab Reference Number: M25H0069-02	
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 08/11/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25H0069-02		



## COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/07/2025 Month Day Year	Time Sample Collected 4:15 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 Cold 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: 508 1st 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: 0.95 Free: 0.93	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 <b>Information Only</b> :		
LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b> <b>Total Coliform ABSENT and</b> <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b> Total Coliform: <b>Absent</b> /100mL Fecal Coliform: <b>NA</b> /100mL		E. coli: <b>Absent</b> /100mL HPC: <b>NA</b> /1mL
Date/Time Received: 8/8/2025 11:45:00AM	Lab Reference Number: M25H0069-03	
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 08/11/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25H0069-03		