

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			
08/07/2025 Month Day Year	4:30 pm			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 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 Special instruct Station		Special instructions or	tions or comments:				
Type of S	Sample (select only one ty	ype of sample from ty	pes 1 throu	gh 5 below)			
1. ☑ Routine Distribution Sample (A/P)		2. Repeat Sar					
Chlorinated: ☑ Yes No		(from distribution system at	after unsat. routine)				
Chlorine Residual: Total: 0.58		Unsatisfactory routine la	lab number:				
Free: 0.53		Unsatisfactory routine collect date:					
3. Ground Water Rule Source Sample	B. Ground Water Rule Source Sample Chlorinated:			No			
<u> _ </u>		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 Information Only :							
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: Absent /100mL			
Fecal Coliform: NA /100mL				HPC: NA /1mL			
Date/Time Received: 8/8/2025 11:45:00AM Lab Reference Nur			per: M25H00	069-01			
Receipt Temp (C): 12.9 C		Method Code: SM 92 (Presence/Absence),	223 B (Presence/Absence), SM 9223 B				
Date Reported: 08/11/2025	Lab Use Only:						
DOH Lab- Sample# 0660-M25H0069-01							



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Samp	le Collected		County			
08/07/2025	4:50 pm			Snohomish			
Month Day Year 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 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	sample collected: 107 5th ST Special instructions or comments:			:			
Type of S	Type of Sample (select only one type of sample from types 1 through 5 below)						
1. ☑ Routine Distribution Sample (A/P)	Repeat Samples (A/P) (from distribution system after unsat. routine)			**************************************			
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.49			·				
Free: 0.46		Unsatisfactory routine lab number:					
Ground Water Rule Source Sample	Unsatisfactory routine collect date:						
 		Chlorinated: ✓ `Chlorine Residual:	☑ Yes No				
Triggered (A/P)		Total:					
	Free:						
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 WA	TER RESULTS		LAB USE ONLY			
Unsatisfactory		1	✓ Satisf	actory			
Total Coliform ABSENT and							
☐ E. coli present ☑ E. coli abse	ent						
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent/100mL				
Fecal Coliform: NA /100mL				HPC: NA /1mL			
Date/Time Received: 8/8/2025 11:45:00AM Lab Reference Nur							
Receipt Temp (C): 12.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,			ence/Absence), SM 9223 B			
Date Reported: 08/11/2025		Lab Use Only:					
DOH Lab- Sample# 0660-M25H0069-02							



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Samp	ole Collected	County				
08/07/2025	4:1	5 pm	Snohomish				
Month Day Year							
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 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 Station	e. W Sample	Special instructions or comments:					
Type of Sample (select only one type of sample from types 1 through 5 below)							
			Samples (A/P)				
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.95		(from distribution system after unsat. routine)					
Free: 0.93		•	nsatisfactory routine lab number:				
Ground Water Rule Source Sample		Unsatisfactory routine collect date:					
		Chlorinated: ☑ Yes No					
I—I		Chlorine Residual:					
Triggered (A/P) Assessment (A/P) Free:							
Assessment (A/P) 4. Surface or GWI Raw Water Sample (Enumeration)		rice.					
E. Coli Fecal	Filtered: Yes	No					
5. Sample collected for Information Only :							
LAB USE ONLY	DRINKING WA	TER RESULTS	LAB USE ONLY				
Unsatisfactory		☑ Sa	tisfactory				
Total Coliform ABSENT and							
■ E. coli present ☑ E. coli abse	ent						
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent/100mL				
Fecal Coliform: NA /100mL HPC: NA /1mL							
Date/Time Received: 8/8/2025 11:45:00AM Lab Reference No			nber: M25H0069-03				
Receipt Temp (C): 12.9 C		Method Code: SM 9223 B (P (Presence/Absence), ,	od Code: SM 9223 B (Presence/Absence), SM 9223 B ence/Absence), ,				
Date Reported: 08/11/2025		Lab Use Only:					
OOH Lab- Sample# 0660-M25H0069-03							