

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

(423) 663-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected			County			
09/04/2025	4:40 pm			Snohomish			
Month Day Year	р						
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 code or e-mail) City of Gold Bar, 107 5th Street Gold Bar, WA 98251							
	SAMPLE IN	FORMATION					
Sample collected by (name): Richard Baker							
Specific location where sample collected: Lot 22 Eve SS	Special instructions or comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample (A/P) 2. Repeat Samples (A/P)							
			distribution system after unsat. routine)				
Chlorine Residual: Total: 0.64		Unsatisfactory routine lab nun	ber:				
Free: 0.62 Unsatisfactory routine collect date:							
3. Ground Water Rule Source Sample Chlorinated:				No			
	Chlorine Residual:						
Triggered (A/P)	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		I	Satisf	factory			
Total Coliform ABSENT and							
☐ E. coli present	ent						
•							
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent /100mL				
Fecal Coliform: NA /100mL			HPC: NA /1mL				
Date/Time Received: 9/5/2025 11:35:00AM	66-01						
	Method Code: SM 0223 R (Presence/Absonce) SM 0222 P						
Receipt Temp (C): 12.6 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,						
Date Reported: 09/08/2025	ported: 09/08/2025 Lab Use Only:						
OOH Lab- Sample# 0660-M25I0066-01							



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Samp	le Collected	County				
09/04/2025	4:0.	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 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. ☑ Routine Distribution Sample (A/P)							
Chlorinated: ☑ Yes No Chlorine Residual: Total: 0.97	Chlorinated: Yes No (from distribution system a						
Free: 0.95	Unsatisfactory routine lab number: Unsatisfactory routine collect date:						
Ground Water Rule Source Sample							
Chlorinacea.			No				
I—I	Chlorine Residual:						
Triggered (A/P)	Total: Free:						
Assessment (A/P) 4 Surface or GWI Paw Water Sample (Enumeration)		1100.					
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		☑ S	atisfactory				
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: 9/5/2025 11:35:00AM	510066-02						
Receipt Temp (C): 12.6 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,					
Date Reported: 09/08/2025 Lab Use Only:							
DOH Lab- Sample# 0660-M25I0066-02							



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Samp	le Collected		County			
09/04/2025	3:50 pm			Snohomish			
Month Day Year							
☐ 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 145	Special instructions or comments:						
Type of Sample (select only one type of sample from types 1 through 5 below)							
1. ☑ Routine Distribution Sample (A/P) 2. Repeat Sam				tine)			
Chlorinated: ✓ Yes No Chlorine Residual: Total: 1.00	a Recidual: Tatal, 100			une)			
Free: 0.94		Unsatisfactory routine lab number:					
Unsatisfactory routine collect date:				No			
I I				No			
Trianguad (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 Information Only :							
LAB USE ONLY	DRINKING WA	TER RESULTS		LAB USE ONLY			
Unsatisfactory		✓ :	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			
Pate/Time Received: 9/5/2025 11:35:00AM Lab Reference Number: M25I0066-03				66-03			
Receipt Temp (C): 12.6 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,					
ate Reported: 09/08/2025 Lab Use Only:							
DOH Lab- Sample# 0660-M25I0066-03							