

#### **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			
10/02/2025	3:4	5 pm	Snohomish			
Month Day Year	Type of Water Sys	e of Water System (check only one box)				
		roup B Other				
Group	A and Group B Systems - Provi	de from Water Facilities Inve	ntory (WFI):			
		28300Y				
	System Name	: Gity of Gold Bar				
Contact Person: Richard Baker						
Day Phone: 360-793-1101		Cell Phone:	Cell Phone:			
Email: R.BAKER@CITYOFGOLDBAR.US						
Send results to: (Print full name, address and zip City of Gold Bar, 107 5th Street Gold Bar, WA 982	•					
	SAMPLE IN	IFORMATION				
Sample collected by (name): Richard Baker						
Specific location where sample collected: 102 5th	Street	Special instructions or comments:				
Туре о	of Sample (select only one t	ype of sample from types 1 tl	nrough 5 below)			
1. ☑ Routine Distribution Sample (A/P)		2. Repeat Samples (A				
Chlorinated: ☑ Yes No		from distribution system after unsat. routine)				
Chlorine Residual: Total: 0.63		Unsatisfactory routine lab number:				
Free: 0.61		Unsatisfactory routine collect date:				
3. Ground Water Rule Source Sample		Chlorinated:				
<u>                                   </u>		Chlorine Residual:				
Triggered (A/P)		Total:				
Assessment (A/P)		Free:				
4. Surface or GWI Raw Water Sample (Enumerati	on)					
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		☑ Sa	atisfactory			
Total Coliform ABSENT and						
☐ E. coli present	bsent					
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: Absent/100mL			
	Fecal Coliform: NA/100	mL	HPC: <b>NA</b> /1mL			
		Τ				
Date/Time Received: 10/3/2025 9:56:00AM		Lab Reference Number: M2	Lab Reference Number: M25J0050-01			
Receipt Temp (C): 5.9 C		Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,				
Date Reported: 10/06/2025		Lab Use Only:				
DOH Lab- Sample# 0660-M25J0050-01						



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# **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	ole Collected		County			
10/02/2025 Month Day Year	4:10 pm			Snohomish			
Month Day Teal	Type of Water Sys	stem (check only one box	)				
☑ Group B Other							
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):							
ID#: 28300Y							
System Name: Gity 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 IN	IFORMATION					
Sample collected by (name): Richard Baker							
Specific location where sample collected: 715 Crost	Ave W 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)				
Chlorinated:   Yes No Chlorine Residual: Total: 0.68		(from distribution system after unsat. routine)					
Chlorine Residual: Total: 0.68  Free: 0.58	Unsatisfactory routine lab number:						
Ground Water Rule Source Sample	Unsatisfactory routine collect date:						
	Chlorinated: ☑ Yes No						
Triangued (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 <b>Information Only</b> :							
LAB USE ONLY	DRINKING WA	TER RESULTS	3	LAB USE ONLY			
□ Unsatisfactory			✓ Satisf	factory			
Total Coliform ABSENT and							
■ E. coli present ☑ E. coli abse	ent						
Bacterial Density Results: Total Coliform: Absent/100mL			E. coli: <b>Absent</b> /100mL				
	mL HPC: <b>NA</b> /1mL						
		1					
Date/Time Received: 10/3/2025 9:56:00AM	Lab Reference Number: M25J0050-02						
Receipt Temp (C): 5.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,						
Date Reported: 10/06/2025	Lab Use Only:						
DOH Lab- Sample# 0660-M25J0050-02							



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# **COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected	Time Samp	ole Collected		County				
10/02/2025	3:15 pm			Snohomish				
Month Day Year	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):								
·		28300Y		,				
System Name: Gity of Gold Bar								
Contact Person: Richard Baker	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								
	CAMPLE IN	IFORMATION						
	SAMPLE IN	IFORMATION						
Sample collected by (name): Richard Baker		<u></u>						
Specific location where sample collected: 40507 SR	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: 0.28	(from distribution system after unsat. routine)							
Chlorine Residual: Total: 0.28  Free: 0.23	Unsatisfactory routine lab number:							
	Unsatisfactory routine collect date:							
Ground Water Rule Source Sample     I	Chlorinated: ☑ Yes No							
			lorine Residual:					
Triggered (A/P)								
Assessment (A/P)		Free:						
Surface or GWI Raw Water Sample (Enumeration)								
E. Coli Fecal	Filtered: Yes	No						
5. Sample collected for <b>Information Only</b> :								
LAB USE ONLY	LAB USE ONLY DRINKING WATER RESULT			LAB USE ONLY				
Unsatisfactory			✓ Satisf	factory				
Total Coliform ABSENT and								
☐ E. coli present ☑ E. coli abse	ent							
Bacterial Density Results: Total Coliform: Absent/100mL				E. coli: <b>Absent</b> /100mL				
	nL HPC: <b>NA</b> /1mL							
Date/Time Received: 10/3/2025 9:56:00AM		Lab Reference Num	ab Reference Number: M25J0050-03					
Receipt Temp (C): 5.9 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,							
Date Reported: 10/06/2025	Lab Use Only:	ab Use Only:						
DOH Lab- Sample# 0660-M25J0050-03								