



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

## COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 01/08/2026 Month Day Year	Time Sample Collected 3:25 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 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: 715 Croft 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: 1.37 Free: 1.07	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: 1/9/2026 8:00:00AM	Lab Reference Number: M26A0076-01	
Receipt Temp (C): 10.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 01/12/2026	Lab Use Only:	
DOH Lab- Sample# 0660-M26A0076-01		



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## COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 01/08/2026 Month Day Year	Time Sample Collected 3:38 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 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: 102 5th Street	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: 0.52	2. Repeat Samples (A/P) (from distribution system after unsat. routine)  Unsatisfactory routine lab number: Unsatisfactory routine collect date:	
3. Ground Water Rule Source Sample   _   Triggered (A/P)  Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes      No Chlorine Residual:  Total:  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 WATER RESULTS      LAB USE ONLY		
<input type="checkbox"/> <b>Unsatisfactory</b>  Total Coliform <b>ABSENT</b> and  <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: 1/9/2026 8:00:00AM	Lab Reference Number: M26A0076-02	
Receipt Temp (C): 10.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 01/12/2026	Lab Use Only:	
DOH Lab- Sample# 0660-M26A0076-02		



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## COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 01/08/2026 Month Day Year	Time Sample Collected 3:10 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 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: 40507 SR 2 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: 0.89 Free: 0.69	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: 1/9/2026 8:00:00AM	Lab Reference Number: M26A0076-03	
Receipt Temp (C): 10.4 C	Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,	
Date Reported: 01/12/2026	Lab Use Only:	
DOH Lab- Sample# 0660-M26A0076-03		