



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 Information Only :		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /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: 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 Information Only :			
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results:		Total Coliform: Absent /100mL	E. coli: Absent /100mL
		Fecal Coliform: NA /100mL	HPC: NA /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 Information Only :		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory	
Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /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		