







### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/05/2026 <small>Month Day Year</small>	Time Sample Collected 4:10 pm	County Snohomish
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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      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: 0.55 Free: 0.52	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date:
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3. Ground Water Rule Source Sample  __  Triggered (A/P) Assessment (A/P)	Chlorinated: <input checked="" type="checkbox"/> Yes            No Chlorine Residual: Total: Free:
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4. Surface or GWI Raw Water Sample (Enumeration)  
 E. Coli      Fecal                      Filtered:      Yes      No

5. Sample collected for **Information Only**:

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
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<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>
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<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
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Date/Time Received: 2/6/2026 11:50:00AM      Lab Reference Number: M26B0077-03

Receipt Temp (C): 1.9 C      Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported: 02/07/2026      Lab Use Only:

DOH Lab- Sample# 0660-M26B0077-03