



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 03/05/2026 <small>Month Day Year</small>	Time Sample Collected 3:25 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 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 Way Creek RD
 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: 0.62 Free: 0.50	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	DRINKING WATER RESULTS	LAB USE ONLY
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<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
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Bacterial Density Results:	Total Coliform: Absent /100mL Fecal Coliform: NA /100mL	E. coli: Absent /100mL HPC: NA /1mL
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Date/Time Received: 3/6/2026 11:05:00AM Lab Reference Number: M26C0073-03

Receipt Temp (C): 4.5 C Method Code: SM 9223 B (Presence/Absence), SM 9223 B (Presence/Absence), ,

Date Reported: 03/09/2026 Lab Use Only:

DOH Lab- Sample# 0660-M26C0073-03