



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/17/2026 Month Day Year	Time Sample Collected 8:12 am	County Snohomish
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 May Creek RD Sample Station	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) Chlorinated: ☒ Yes No Chlorine Residual: Total: 1.14 Free: 1.04	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: ☒ 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		
☐ Unsatisfactory Total Coliform ABSENT and ☐ E. coli present ☒ E. coli absent		☒ Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL
Date/Time Received: 9/17/2026 12:19:00PM	Lab Reference Number: M26I0157-01	
Receipt Temp (C): 11.7 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 09/21/2026	Lab Use Only:	
DOH Lab- Sample# 0660-M26I0157-01		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/17/2026 Month Day Year	Time Sample Collected 9:09 am	County Snohomish
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: 40121 145th PI SE Sample Station	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) Chlorinated: ☒ Yes No Chlorine Residual: Total: 1.73 Free: 1.23	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: ☒ Yes No Chlorine Residual: Total: Free:	
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		
☐ Unsatisfactory Total Coliform ABSENT and ☐ E. coli present ☒ E. coli absent		☒ Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL
Date/Time Received: 9/17/2026 12:19:00PM	Lab Reference Number: M26I0157-02	
Receipt Temp (C): 11.7 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 09/21/2026	Lab Use Only:	
DOH Lab- Sample# 0660-M26I0157-02		



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/17/2026 Month Day Year	Time Sample Collected 7:40 am	County Snohomish
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: Lot 22, Evergreen Way Sample Station	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) Chlorinated: ☒ Yes No Chlorine Residual: Total: 0.91 Free: 0.90	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: ☒ 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		
☐ Unsatisfactory Total Coliform ABSENT and ☐ E. coli present ☒ E. coli absent		☒ Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA /100mL		E. coli: <1/100mL HPC: NA /1mL
Date/Time Received: 9/17/2026 12:19:00PM	Lab Reference Number: M26I0157-03	
Receipt Temp (C): 11.7 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 09/21/2026	Lab Use Only:	
DOH Lab- Sample# 0660-M26I0157-03		