AmTest Laboratories
1131 SW 7th St., Renton, WA 98057
(425) 885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
11/05/2026 Month Day Year	8:24 am	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 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: 803 Orchard SS

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: 0.44
Free: 0.40

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: 11/5/2026 10:30:00AM

Lab Reference Number: M26K0053-01

Receipt Temp (C): 14.2 C

Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 11/09/2026

Lab Use Only:

DOH Lab- Sample# 0660-M26K0053-01

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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
11/05/2026 Month Day Year	8:10 am	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 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: 508 1st Ave. W SS

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: 0.70
Free: 0.66

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: 11/5/2026 10:30:00AM

Lab Reference Number: M26K0053-02

Receipt Temp (C): 14.2 C

Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 11/09/2026

Lab Use Only:

DOH Lab- Sample# 0660-M26K0053-02

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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
11/05/2026 Month Day Year	7:45 am	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 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. ☑ Routine Distribution Sample (A/P)
Chlorinated: ☑ Yes No
Chlorine Residual: Total: 0.56
Free: 0.50

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: 11/5/2026 10:30:00AM

Lab Reference Number: M26K0053-03

Receipt Temp (C): 14.2 C

Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 11/09/2026

Lab Use Only:

DOH Lab- Sample# 0660-M26K0053-03