



Exact Scientific Services, Inc.

1355 Pacific Place
Suite 101
Ferndale, WA 98248

Phone: (360) 733-1205
Fax: (888) 818-2978
Email: lab@exactscientific.com

Water Bacteriological Analysis

174 32154

Sample: 7377 Scott Pl
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295
PO Number:
Project Name:
Report Date: 6/3/2025

Approved By:

Sample Information

Date Collected: 6/2/2025 Date Received: 6/2/2025
Sample Collected by: IC Source Number: 0
Sample Purpose: Investigative
Sample Type: Post Treatment/Finished Water Sample Chlorine Res:
Sample Composition: Coliform Samples
Sample Collection: Flowing
Suitability: Yes

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32154		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025



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Water Bacteriological Analysis

174 32155

Sample: 7457 Canyon View Dr
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295
PO Number:
Project Name:
Report Date: 6/3/2025

Approved By:

Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32155		Sample: 7457 Canyon View Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025

Water Bacteriological Analysis

174 32156

Sample: Reservoir In
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295

PO Number:

Project Name:

Report Date: 6/3/2025

Approved By:



Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32156		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025



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Water Bacteriological Analysis

174 32157

Sample: East Reservoir Out
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295

PO Number:

Project Name:

Report Date: 6/3/2025

Approved By:

Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32157		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025

Water Bacteriological Analysis

174 32158

Sample: West Reservoir Out
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295
PO Number:
Project Name:
Report Date: 6/3/2025

Approved By:



Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32158		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025



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Water Bacteriological Analysis

174 32159

Sample: 7554 Olsen Dr
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295

PO Number:

Project Name:

Report Date: 6/3/2025

Approved By:

Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32159		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025



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Water Bacteriological Analysis

174 32160

Sample: 7481 Miller Way
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295
PO Number:
Project Name:
Report Date: 6/3/2025

Approved By:

Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32160		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025



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Water Bacteriological Analysis

174 32161

Sample: 7480 Glacier Springs Dr
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 25-09295

PO Number:

Project Name:

Report Date: 6/3/2025

Approved By:

Sample Information

Date Collected:	6/2/2025	Date Received:	6/2/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 32161		Sample: 7480 Glacier Springs Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	6/3/2025	6/3/2025