



**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 32594**

**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:** 25-09355

**PO Number:**

**Project Name:**

**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
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 #: 32594		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32595**

**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:** 25-09355

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**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
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 #: 32595		Sample: 7457 Canyon View Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32596**

**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:** 25-09355

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### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
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 #: 32596		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32597**

**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:** 25-09355

**PO Number:**

**Project Name:**

**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
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 #: 32597		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32598**

**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:** 25-09355

**PO Number:**

**Project Name:**

**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
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 #: 32598		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32599**

**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:** 25-09355

**PO Number:**

**Project Name:**

**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
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 #: 32599		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32600**

**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:** 25-09355  
**PO Number:**  
**Project Name:**  
**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected: 6/2/2025 Date Received: 6/3/2025  
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 #: 32600		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025



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## Water Bacteriological Analysis

**174 32601**

**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:** 25-09355

**PO Number:**

**Project Name:**

**Report Date:** 6/4/2025

**Approved By:**

### Sample Information

Date Collected:	6/2/2025	Date Received:	6/3/2025
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Routine Compliance		
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 #: 32601		Sample: 7480 Glacier Springs Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025
E. COLI	Absent	/100ml	1	SM_9223B	AH	6/4/2025	6/4/2025