



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 45119

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: 25-12798

PO Number:

Project Name:

Report Date: 7/22/2025

Approved By:

Sample Information

Date Collected: 7/21/2025

Date Received: 7/21/2025

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 #: 45119		Sample: 7480 GLACIER SPRINGS DR.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	3.1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	1.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025



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Water Bacteriological Analysis

174 45120

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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:

Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45120		Sample: 7481 MILLER WAY					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	1.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025



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Water Bacteriological Analysis

174 45121

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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:

Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45121		Sample: 7554 OLSEN DR					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	1.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025

Water Bacteriological Analysis

174 45122

Sample: 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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:



Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45122		Sample: RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025



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Water Bacteriological Analysis

174 45123

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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:

Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45123		Sample: EAST RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	4.1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	3.1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025



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Water Bacteriological Analysis

174 45124

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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:

Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45124		Sample: WEST RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025

Water Bacteriological Analysis

174 45125

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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:



Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45125		Sample: 7457 CANYON VIEW DR.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025



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Water Bacteriological Analysis

174 45126

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: 25-12798
PO Number:
Project Name:
Report Date: 7/22/2025

Approved By:

Sample Information

Date Collected:	7/21/2025	Date Received:	7/21/2025
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 #: 45126		Sample: 7377 SCOTT PL					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	7/22/2025	7/22/2025