

## Water Bacteriological Analysis

**174 06883**

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

**Invoice Number:** 26-02086  
**PO Number:**  
**Project Name:**  
**Report Date:** 2/3/2026

**Approved By:** 

### Sample Information

Date Collected: 2/2/2026 Date Received: 2/2/2026  
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 #: 06883		Sample: 7481 MILLER WY					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	2/3/2026	2/3/2026
E. COLI	Absent	/100ml	1	SM_9223B	SJ	2/3/2026	2/3/2026