

Water Bacteriological Analysis

174 23414

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

Invoice Number: 26-07181

PO Number:

Project Name:

Report Date: 4/8/2026

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

Approved By:



Sample Information

Date Collected:	4/7/2026	Date Received:	4/7/2026
Sample Collected by:	IC	Source Number:	
Sample Purpose:	Routine Compliance	Residual Chlorine:	Total:
Sample Type:	Post Treatment/Finished Water Sample		Free:
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 23414		Sample: 7480 Glacier Springs Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	4/8/2026	4/8/2026
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