

# Water Bacteriological Analysis

**174 30403**

**Sample:** 7457 Canyon View Dr.  
**Client:** Glacier Springs Water System  
PO Box 126  
Maple Falls, WA 98226

**Invoice Number:** 26-09299

**PO Number:**

**Project Name:**

**Report Date:** 5/6/2026

**Phone:** (360) 739-3933

**Email:** john@watersystems-services.net

**Approved By:**



### Sample Information

Date Collected:	5/5/2026	Date Received:	5/5/2026
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 #: 30403		Sample: 7457 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KD	5/6/2026	5/6/2026
E. COLI	Absent	/100ml	1	SM_9223B	KD	5/6/2026	5/6/2026