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Water Bacteriological Analysis

174 46515

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: 26-14711

PO Number:

Project Name:

Report Date: 7/8/2026

Approved By:

Sample Information

Date Collected:	7/7/2026	Date Received:	7/7/2026
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 #: 46515		Sample: 7377 SCOTT PL.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KD	7/8/2026	7/8/2026
E. COLI	Absent	/100ml	1	SM_9223B	KD	7/8/2026	7/8/2026

ND = Not detected above the listed detection limit
Absent = Not present in 100 mL sample
Satisfactory = Not present in 100 mL sample