



Exact Scientific Services, Inc.

1355 Pacific Place
Suite 101
Ferndale, WA 98248

Phone: (360) 733-1205
Fax: (888) 818-2978
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Water Bacteriological Analysis

174 55349

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

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

Invoice Number: 26-17652

PO Number:

Project Name:

Report Date: 8/7/2026

Approved By:

Sample Information

Date Collected: 8/6/2026
Sample Collected by: ZM
Sample Purpose: Repeat (Coliform only)
Sample Type: Post Treatment/Finished Water Sample
Sample Composition: Coliform Samples
Sample Collection: Flowing
Suitability: **Yes**

Date Received: 8/6/2026
Source Number:
Residual Chlorine: Total:
Free:
Repeat: 54503
Repeat Lab #: 174
Repeat Date: 8/4/2026

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 55349		Sample: 7480 Glacier Spring Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026
E. COLI	Absent	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026

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



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Water Bacteriological Analysis

174 55350

Sample: 7460 Glacier Spring Dr.
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

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

Invoice Number: 26-17652

PO Number:

Project Name:

Report Date: 8/7/2026

Approved By:

Sample Information

Date Collected: 8/6/2026
Sample Collected by: ZM
Sample Purpose: Repeat (Coliform only)
Sample Type: Post Treatment/Finished Water Sample
Sample Composition: Coliform Samples
Sample Collection: Flowing
Suitability: **Yes**

Date Received: 8/6/2026
Source Number:
Residual Chlorine: Total:
Free:
Repeat: 54503
Repeat Lab #: 174
Repeat Date: 8/4/2026

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 55350		Sample: 7460 Glacier Spring Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026
E. COLI	Absent	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026

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

Water Bacteriological Analysis

174 55351

Sample: 6493 Glacier Spring Dr.
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: (360) 739-3933
Email: john@watersystems-services.net

Invoice Number: 26-17652
PO Number:
Project Name:
Report Date: 8/7/2026

Approved By:



Sample Information

Date Collected:	8/6/2026	Date Received:	8/6/2026
Sample Collected by:	ZM	Source Number:	
Sample Purpose:	Repeat (Coliform only)	Residual Chlorine:	Total:
Sample Type:	Post Treatment/Finished Water Sample		Free:
Sample Composition:	Coliform Samples	Repeat:	54503
Sample Collection:	Flowing	Repeat Lab #:	174
Suitability:	Yes	Repeat Date:	8/4/2026

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 55351		Sample: 6493 Glacier Spring Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026
E. COLI	Absent	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026

Water Bacteriological Analysis

174 55352

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

Invoice Number: 26-17652
PO Number:
Project Name:
Report Date: 8/7/2026

Approved By:



Sample Information

Date Collected:	8/6/2026	Date Received:	8/6/2026
Sample Collected by:	ZM	Source Number:	01
Sample Purpose:	Ground water Rule source sample	Residual Chlorine:	Total:
Sample Type:	Pretreatment/RawWater Sample		Free:
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 55352		Sample: Raw Tap					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026
E. COLI	Absent	/100ml	1	SM_9223B	SJ	8/7/2026	8/7/2026