

Water Bacteriological Analysis

174 34078

Sample: Raw Source S01
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystems-services.net

Invoice Number: 24-09911
PO Number:
Project Name:
Report Date: 6/10/2024

Approved By: 

Sample Information

Date Collected:	6/7/2024	Date Received:	6/7/2024
Sample Collected by:	ZM	Source Number:	01
Sample Purpose:	Ground water Rule source sample		
Sample Type:	Pretreatment/RawWater Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755
System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 34078		Sample: Raw Source S01					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024

Water Bacteriological Analysis

174 34079

Sample: 7573 Olsen Dr.
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystems-services.net

Invoice Number: 24-09911
PO Number:
Project Name:
Report Date: 6/10/2024

Approved By: 

Sample Information

Date Collected:	6/7/2024	Date Received:	6/7/2024
Sample Collected by:	ZM	Source Number:	0
Sample Purpose:	Repeat (Coliform only)	Chlorine Res:	
Sample Type:	Post Treatment/Finished Water Sample	Repeat:	33423
Sample Composition:	Coliform Samples	Repeat Lab #:	174
Sample Collection:	Flowing	Repeat Date:	6/4/2024
Suitability:	Yes		

System Number: 27755 **System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 34079		Sample: 7573 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024

Water Bacteriological Analysis

174 34080

Sample: 7554 Olsen Dr.
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystems-services.net

Invoice Number: 24-09911
PO Number:
Project Name:
Report Date: 6/10/2024

Approved By: 

Sample Information

Date Collected:	6/7/2024	Date Received:	6/7/2024
Sample Collected by:	ZM	Source Number:	0
Sample Purpose:	Repeat (Coliform only)	Chlorine Res:	
Sample Type:	Post Treatment/Finished Water Sample	Repeat:	33423
Sample Composition:	Coliform Samples	Repeat Lab #:	174
Sample Collection:	Flowing	Repeat Date:	6/4/2024
Suitability:	Yes		

System Number: 27755
System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 34080		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024

Water Bacteriological Analysis

174 34081

Sample: 7509 Olsen Dr.
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystems-services.net

Invoice Number: 24-09911
PO Number:
Project Name:
Report Date: 6/10/2024

Approved By: 

Sample Information

Date Collected:	6/7/2024	Date Received:	6/7/2024
Sample Collected by:	ZM	Source Number:	0
Sample Purpose:	Repeat (Coliform only)	Chlorine Res:	
Sample Type:	Post Treatment/Finished Water Sample	Repeat:	33423
Sample Composition:	Coliform Samples	Repeat Lab #:	174
Sample Collection:	Flowing	Repeat Date:	6/4/2024
Suitability:	Yes		

System Number: 27755 **System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 34081		Sample: 7509 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	CA	6/10/2024	6/10/2024