

# Water Bacteriological Analysis

**174 33419**

**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:** 24-09704  
**PO Number:**  
**Project Name:**  
**Report Date:** 6/6/2024

**Approved By:** 

### Sample Information

Date Collected: 6/4/2024      Date Received: 6/5/2024  
 Sample Collected by: IC      Source Number: 0  
 Sample Purpose: Investigative  
 Sample Type: Post Treatment/Finished Water Sample      Chlorine Res:  
 Sample Composition: Coliform Samples  
 Sample Collection: Flowing  
 Suitability: **Yes**

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

Lab #: 33419		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

## Water Bacteriological Analysis

**174 33420**

**Sample:** 7481 Miller Way  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226

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

**Invoice Number:** 24-09704

**PO Number:**

**Project Name:**

**Report Date:** 6/6/2024

**Approved By:**



### Sample Information

Date Collected: 6/4/2024 Date Received: 6/5/2024  
 Sample Collected by: IC Source Number: 0  
 Sample Purpose: Investigative  
 Sample Type: Post Treatment/Finished Water Sample Chlorine Res:  
 Sample Composition: Coliform Samples  
 Sample Collection: Flowing  
 Suitability: **Yes**

**System Number: 27755**

**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 33420		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	3.0	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

# Water Bacteriological Analysis

**174 33421**

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

**Invoice Number:** 24-09704

**PO Number:**

**Project Name:**

**Report Date:** 6/6/2024

**Phone:** 360-739-3933

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

**Approved By:**



### Sample Information

Date Collected:	6/4/2024	Date Received:	6/5/2024
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Routine Compliance		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

**System Number: 27755**

**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 33421		Sample: 7480 Glacier Springs Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

# Water Bacteriological Analysis

**174 33422**

**Sample:** 7457 Canyon View Dr.  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Invoice Number:** 24-09704  
**PO Number:**  
**Project Name:**  
**Report Date:** 6/6/2024

**Approved By:** 

### Sample Information

Date Collected:	6/4/2024	Date Received:	6/5/2024
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

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

Lab #: 33422		Sample: 7457 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

## Water Bacteriological Analysis

**174 33423**

**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:** 24-09704

**PO Number:**

**Project Name:**

**Report Date:** 6/6/2024

**Approved By:**



### Sample Information

Date Collected:	6/4/2024	Date Received:	6/5/2024
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Routine Compliance		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

**System Number: 27755**

**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 33423		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	2.0	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

# Water Bacteriological Analysis

**174 33424**

**Sample:** West Reservoir Out  
**Client:** Glacier Springs Water System  
PO Box 126  
Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Invoice Number:** 24-09704  
**PO Number:**  
**Project Name:**  
**Report Date:** 6/6/2024

**Approved By:** 

**Sample Information**

Date Collected: 6/4/2024 Date Received: 6/5/2024  
Sample Collected by: IC Source Number: 0  
Sample Purpose: Investigative  
Sample Type: Post Treatment/Finished Water Sample Chlorine Res:  
Sample Composition: Coliform Samples  
Sample Collection: Flowing  
Suitability: **Yes**

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

Lab #: 33424		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

# Water Bacteriological Analysis

**174 33425**

**Sample:** East Reservoir Out  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226

**Invoice Number:** 24-09704

**PO Number:**

**Project Name:**

**Report Date:** 6/6/2024

**Phone:** 360-739-3933

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

**Approved By:**



## Sample Information

Date Collected:	6/4/2024	Date Received:	6/5/2024
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

**System Number: 27755**

**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 33425		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024

# Water Bacteriological Analysis

**174 33426**

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

**Invoice Number:** 24-09704  
**PO Number:**  
**Project Name:**  
**Report Date:** 6/6/2024

**Approved By:** 

### Sample Information

Date Collected:	6/4/2024	Date Received:	6/5/2024
Sample Collected by:	IC	Source Number:	0
Sample Purpose:	Investigative		
Sample Type:	Post Treatment/Finished Water Sample	Chlorine Res:	
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

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

Lab #: 33426		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	6/6/2024	6/6/2024