

Water Bacteriological Analysis

174 27465

Sample: East 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: 24-07961
PO Number:
Project Name:
Report Date: 5/9/2024

Approved By: 

Sample Information

Date Collected:	5/7/2024	Date Received:	5/8/2024
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 #: 27465		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27466

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: 24-07961
PO Number:
Project Name:
Report Date: 5/9/2024

Approved By: 

Sample Information

Date Collected:	5/7/2024	Date Received:	5/8/2024
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 #: 27466		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27467

Sample: 7481 Miller Wy
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystems-services.net

Invoice Number: 24-07961
PO Number:
Project Name:
Report Date: 5/9/2024

Approved By: 

Sample Information

Date Collected: 5/7/2024 Date Received: 5/8/2024
 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 #: 27467		Sample: 7481 Miller Wy					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27468

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

Invoice Number: 24-07961

PO Number:

Project Name:

Report Date: 5/9/2024

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

Approved By:



Sample Information

Date Collected: 5/7/2024 Date Received: 5/8/2024
 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 #: 27468		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	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27469

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: 24-07961
PO Number:
Project Name:
Report Date: 5/9/2024

Approved By: 

Sample Information

Date Collected: 5/7/2024 Date Received: 5/8/2024
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 #: 27469		Sample: 7457 Canyon View Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27470

Sample: 7554 Olsen Dr
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226

Invoice Number: 24-07961

PO Number:

Project Name:

Report Date: 5/9/2024

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

Approved By:



Sample Information

Date Collected:	5/7/2024	Date Received:	5/8/2024
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 #: 27470		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27471

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

Invoice Number: 24-07961
PO Number:
Project Name:
Report Date: 5/9/2024

Approved By: 

Sample Information

Date Collected: 5/7/2024 Date Received: 5/8/2024
 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 #: 27471		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024

Water Bacteriological Analysis

174 27472

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

Invoice Number: 24-07961

PO Number:

Project Name:

Report Date: 5/9/2024

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

Approved By: 

Sample Information

Date Collected:	5/7/2024	Date Received:	5/8/2024
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 #: 27472		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	CA	5/9/2024	5/9/2024