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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27289

Sample: 7377 Scott Pl

Client: Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Report Date: 5/8/2024

Approved By:

Sample Information

Date Collected: 5/7/2024 Date Received: 5/7/2024

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

Lab #: 27289	Sample: 7377 Scott PI							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved	
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	

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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27290

Sample: 7481 Miller Way

Client:

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Sample Information

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Approved By:

Report Date: 5/8/2024

Date Collected: 5/7/2024 Date Received: 5/7/2024

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 #: 27290	Sample: 7481 Miller Way							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved	
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	

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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27291

Sample: 7480 Glacier Springs Dr

Client: Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Sample Information

Email: john@watersystemservices.net **Invoice Number:** 24-07908

PO Number:

Project Name:

Approved By:

Report Date: 5/8/2024

Date Collected: 5/7/2024

Date Received: 5/7/2024

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing Suitability: Yes

System Number: 27755

Lab #: 27291 Sample: 7480 Glacier Springs Dr							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024

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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27292

Sample: 7457 Canyon View Dr

Client: Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Approved By:

Report Date: 5/8/2024

Sample Information

Date Collected: 5/7/2024 Date Received: 5/7/2024

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

Lab #: 27292		Sample: 7457 Canyon View Dr							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved		
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024		
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024		

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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27293

Sample: 7554 Olsen Dr

Client:

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Report Date: 5/8/2024

Approved By:

Sample Information

Date Collected: 5/7/2024 Date Received: 5/7/2024

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

Lab #: 27293	Sample: 7554 Olsen Dr							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved	
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	

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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27294

Sample: West Reservoir Out

Client: Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Report Date: 5/8/2024

Approved By:

Sample Information

Date Collected: 5/7/2024 Date Received: 5/7/2024

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

Lab #: 27294		Sample:	Sample: West Reservoir Out							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved			
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024			
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024			

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

Email: lab@exactscientific.com

Water Bacteriological Analysis

174 27295

Sample: East Reservoir Out

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Client:

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Approved By:

Report Date: 5/8/2024

Sample Information

Date Collected: 5/7/2024 Date Received: 5/7/2024

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

Lab #: 27295		Sample: East Reservoir Out							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved		
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024		
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024		

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

Email: lab@exactscientific.com

174 27296

Water Bacteriological Analysis

Sample: Reservoir In

Client:

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: 360-739-3933

Email: john@watersystemservices.net

Invoice Number: 24-07908

PO Number:

Project Name:

Approved By:

Report Date: 5/8/2024

Sample Information

Date Collected: 5/7/2024 Date Received: 5/7/2024

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

Lab #: 27296	Sample: Reservoir In							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved	
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	
E. COLI	Absent	/100ml	1	SM_9223B	SJ	5/8/2024	5/8/2024	