

Water Bacteriological Analysis

174 22664

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

Invoice Number: 24-06518
PO Number:
Project Name:
Report Date: 4/16/2024

Phone: 360-739-3933
Email: john@watersystemservices.net

Approved By: 

Sample Information

Date Collected:	4/15/2024	Date Received:	4/15/2024
Sample Collected by:	ZM	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 #: 22664		Sample: Reservoir In				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22665

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

Invoice Number: 24-06518
PO Number:
Project Name:
Report Date: 4/16/2024

Approved By: 

Sample Information

Date Collected: 4/15/2024 Date Received: 4/15/2024
Sample Collected by: ZM 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 #: 22665		Sample: Reservoir Out				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22666

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

Invoice Number: 24-06518

PO Number:

Project Name:

Report Date: 4/16/2024

Phone: 360-739-3933

Email: john@watersystemservices.net

Approved By:



Sample Information

Date Collected:	4/15/2024	Date Received:	4/15/2024
Sample Collected by:	ZM	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 #: 22666		Sample: W. Reservoir Out				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22667

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: 24-06518
PO Number:
Project Name:
Report Date: 4/16/2024

Approved By: 

Sample Information

Date Collected: 4/15/2024 Date Received: 4/15/2024
Sample Collected by: ZM 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 #: 22667		Sample: 7377 Scott PL				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22668

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

Invoice Number: 24-06518
PO Number:
Project Name:
Report Date: 4/16/2024

Phone: 360-739-3933
Email: john@watersystemservices.net

Approved By: 

Sample Information

Date Collected:	4/15/2024	Date Received:	4/15/2024
Sample Collected by:	ZM	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 #: 22668		Sample: 7481 Miller Way				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22669

Sample: 7480 Glacier Springs
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystemservices.net

Invoice Number: 24-06518
PO Number:
Project Name:
Report Date: 4/16/2024

Approved By: 

Sample Information

Date Collected:	4/15/2024	Date Received:	4/15/2024
Sample Collected by:	ZM	Source Number:	0
Sample Purpose:	Investigative	Chlorine Res:	
Sample Type:	Post Treatment/Finished Water Sample		
Sample Composition:	Coliform Samples		
Sample Collection:	Flowing		
Suitability:	Yes		

System Number: 27755

System Name: GLACIER SPRINGS WATER SYSTEM

Lab #: 22669		Sample: 7480 Glacier Springs				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22670

Sample: 7457 Canyon View Dr
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Invoice Number: 24-06518
PO Number:
Project Name:
Report Date: 4/16/2024

Phone: 360-739-3933
Email: john@watersystemservices.net

Approved By: 

Sample Information

Date Collected:	4/15/2024	Date Received:	4/15/2024
Sample Collected by:	ZM	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 #: 22670		Sample: 7457 Canyon View Dr				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024

Water Bacteriological Analysis

174 22671

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

Invoice Number: 24-06518

PO Number:

Project Name:

Report Date: 4/16/2024

Phone: 360-739-3933
Email: john@watersystemservices.net

Approved By:



Sample Information

Date Collected:	4/15/2024	Date Received:	4/15/2024
Sample Collected by:	ZM	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 #: 22671		Sample: 7554 Olsen Dr				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	4/16/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	4/16/2024