

Water Bacteriological Analysis

174 19991

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

Invoice Number: 24-05731

PO Number:

Project Name:

Report Date: 4/3/2024

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

Approved By:



Sample Information

Date Collected:	4/1/2024	Date Received:	4/2/2024
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 #: 19991		Sample: 7480 Glacier Springs Dr				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/3/2024