

Water Bacteriological Analysis

174 16705

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

Invoice Number: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16705		Sample: 7481 Miller Way				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16706

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: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16706		Sample: 7377 Scott Pl				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16707

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: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16707		Sample: 7480 Glacier Springs				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16708

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: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16708		Sample: 7457 Canyon View Dr.				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16709

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: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected:	3/18/2024	Date Received:	3/18/2024
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 #: 16709		Sample: 7554 Olsen Dr.				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16710

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: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16710		Sample: Reservoir In				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16711

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

Invoice Number: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16711		Sample: E. Reservoir Out				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024

Water Bacteriological Analysis

174 16712

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

Invoice Number: 24-04826
PO Number:
Project Name:
Report Date: 3/19/2024

Approved By: 

Sample Information

Date Collected: 3/18/2024 Date Received: 3/18/2024
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 #: 16712		Sample: W. Reservoir Out				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	3/19/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	3/19/2024