

Phone: (360) 733-1205 Fax: (888) 818-2978 Email: lab@exactscientific.com

# Water Bacteriological Analysis

john@watersystemservices.net

#### 174 14348

| Sample: | East Reservoir Out           | Invoice Number: | 24-04126 |
|---------|------------------------------|-----------------|----------|
| Client: | Glacier Springs Water System | PO Number:      |          |
|         | PO Box 126                   | Project Name:   |          |
|         | Maple Falls, WA 98226        | Report Date:    | 3/7/2024 |
| Dhanay  | 260 720 2022                 |                 | VnA      |
| Phone:  | 360-739-3933                 |                 |          |

Approved By:

dur tata

| Sample Information   |                                      |                |          |
|----------------------|--------------------------------------|----------------|----------|
| Date Collected:      | 3/5/2024                             | Date Received: | 3/6/2024 |
| 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

Email:

| Lab #: 14348   |         | Sample: E | Sample: East Reservoir Out |            |         |               |  |
|----------------|---------|-----------|----------------------------|------------|---------|---------------|--|
| Analyte        | Results | Units     | <b>Detection Limit</b>     | Method     | Analyst | Date Analyzed |  |
| TOTAL COLIFORM | <1      | /100ml    | 1                          | SM_9223B_Q | SJ      | 3/7/2024      |  |
| E. COLI        | <1      | /100ml    | 1                          | SM_9223B_Q | SJ      | 3/7/2024      |  |



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174 14349

| Sample: | West Reservoir Out           | Invoice Number: | 24-04126   |
|---------|------------------------------|-----------------|------------|
| Client: | Glacier Springs Water System | PO Number:      |            |
|         | PO Box 126                   | Project Name:   |            |
|         | Maple Falls, WA 98226        | Report Date:    | 3/7/2024   |
|         |                              |                 | $1 \cap A$ |
| Phone:  | 360-739-3933                 |                 |            |

Approved By:

which takas

| Sample Information   |                                      |                |          |
|----------------------|--------------------------------------|----------------|----------|
| Date Collected:      | 3/5/2024                             | Date Received: | 3/6/2024 |
| 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

Email:

| Lab #: 14349   |         | Sample: W | Sample: West Reservoir Out |            |         |               |  |
|----------------|---------|-----------|----------------------------|------------|---------|---------------|--|
| Analyte        | Results | Units     | <b>Detection Limit</b>     | Method     | Analyst | Date Analyzed |  |
| TOTAL COLIFORM | <1      | /100ml    | 1                          | SM_9223B_Q | SJ      | 3/7/2024      |  |
| E. COLI        | <1      | /100ml    | 1                          | SM_9223B_Q | SJ      | 3/7/2024      |  |



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# Water Bacteriological Analysis

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### 174 14350

| Sample: | Reservoir In                 | Invoice Number: | 24-04126   |
|---------|------------------------------|-----------------|------------|
| Client: | Glacier Springs Water System | PO Number:      |            |
|         | PO Box 126                   | Project Name:   |            |
|         | Maple Falls, WA 98226        | Report Date:    | 3/7/2024   |
|         |                              |                 | $1 \cap 1$ |
| Phone:  | 360-739-3933                 |                 | VA A       |

Approved By:

hard taken

| Sample Information   |                                      |                |          |
|----------------------|--------------------------------------|----------------|----------|
| Date Collected:      | 3/5/2024                             | Date Received: | 3/6/2024 |
| 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

Email:

| Lab #: 14350   | Sample: R | Sample: Reservoir In |                        |            |         |               |
|----------------|-----------|----------------------|------------------------|------------|---------|---------------|
| Analyte        | Results   | Units                | <b>Detection Limit</b> | Method     | Analyst | Date Analyzed |
| TOTAL COLIFORM | <1        | /100ml               | 1                      | SM_9223B_Q | SJ      | 3/7/2024      |
| E. COLI        | <1        | /100ml               | 1                      | SM_9223B_Q | SJ      | 3/7/2024      |



1355 Pacific Place Suite 101 Ferndale, WA 98248

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# Water Bacteriological Analysis

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174 14351

| Sample: | 7457 Canyon View Dr.         | Invoice Number: | 24-04126   |
|---------|------------------------------|-----------------|------------|
| Client: | Glacier Springs Water System | PO Number:      |            |
|         | PO Box 126                   | Project Name:   |            |
|         | Maple Falls, WA 98226        | Report Date:    | 3/7/2024   |
|         |                              |                 | VADA       |
| Phone:  | 360-739-3933                 |                 | $\sqrt{n}$ |

Approved By:

durt tata

| Sample Information   |                                      |                |          |
|----------------------|--------------------------------------|----------------|----------|
| Date Collected:      | 3/5/2024                             | Date Received: | 3/6/2024 |
| 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

Email:

| Lab #: 14351   | Sample: 7 | Sample: 7457 Canyon View Dr. |                        |            |         |               |
|----------------|-----------|------------------------------|------------------------|------------|---------|---------------|
| Analyte        | Results   | Units                        | <b>Detection Limit</b> | Method     | Analyst | Date Analyzed |
| TOTAL COLIFORM | <1        | /100ml                       | 1                      | SM_9223B_Q | SJ      | 3/7/2024      |
| E. COLI        | <1        | /100ml                       | 1                      | SM_9223B_Q | SJ      | 3/7/2024      |