

Water Bacteriological Analysis

174 14195

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

Invoice Number: 24-04090

PO Number:

Project Name:

Report Date: 3/6/2024

Phone: 360-739-3933

Email: john@watersystemservices.net

Approved By:



Sample Information

Date Collected:	3/5/2024	Date Received:	3/5/2024
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 #: 14195		Sample: East Reservoir Out				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	3/6/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	3/6/2024

Water Bacteriological Analysis

174 14196

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: 24-04090
PO Number:
Project Name:
Report Date: 3/6/2024

Approved By: 

Sample Information

Date Collected: 3/5/2024 Date Received: 3/5/2024
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 #: 14196		Sample: West Reservoir Out				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	3/6/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	3/6/2024

Water Bacteriological Analysis

174 14197

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

Invoice Number: 24-04090

PO Number:

Project Name:

Report Date: 3/6/2024

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

Approved By:



Sample Information

Date Collected:	3/5/2024	Date Received:	3/5/2024
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 #: 14197		Sample: Reservoir In				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	3/6/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	3/6/2024

Water Bacteriological Analysis

174 14198

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: 24-04090
PO Number:
Project Name:
Report Date: 3/6/2024

Approved By: 

Sample Information

Date Collected: 3/5/2024 Date Received: 3/5/2024
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 #: 14198		Sample: 7457 Canyon View Dr.				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	3/6/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	3/6/2024