

# Water Bacteriological Analysis

**174 49991**

**Sample:** 7457 Canyon View Dr  
**Client:** Glacier Springs Water System  
PO Box 126  
Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

**Sample Information**

Date Collected: 8/6/2024 Date Received: 8/6/2024  
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** **System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49991		Sample: 7457 Canyon View Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49992**

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

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

### Sample Information

Date Collected: 8/6/2024      Date Received: 8/6/2024  
 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**      **System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49992		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49993**

**Sample:** 7554 Olsen Dr  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:**


### Sample Information

Date Collected:	8/6/2024	Date Received:	8/6/2024
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**
**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49993		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49994**

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

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

**Sample Information**

Date Collected: 8/6/2024 Date Received: 8/6/2024  
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**

**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49994		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49995**

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

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

### Sample Information

Date Collected:	8/6/2024	Date Received:	8/6/2024
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**
**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49995		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49996**

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

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

### Sample Information

Date Collected:	8/6/2024	Date Received:	8/6/2024
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**
**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49996		Sample: Reservoir Ln					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49997**

**Sample:** 7377 Scott Pl  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

### Sample Information

Date Collected: 8/6/2024      Date Received: 8/6/2024  
 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**
**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49997		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024

# Water Bacteriological Analysis

**174 49998**

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

**Invoice Number:** 24-14158  
**PO Number:**  
**Project Name:**  
**Report Date:** 8/7/2024

**Approved By:** 

### Sample Information

Date Collected:	8/6/2024	Date Received:	8/6/2024
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**
**System Name: GLACIER SPRINGS WATER SYSTEM**

Lab #: 49998		Sample: 7480 Glacier Springs Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	8/7/2024	8/7/2024