

Water Bacteriological Analysis

john@watersystemservices.net

174 49991

Sample:	7457 Canyon View Dr	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$1 \cap 1$

Approved By:

durt tata

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

Email:

Lab #: 49991	Sample:	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

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174 49992

Sample:	East Reservoir Out	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$1 \cap 1$

Approved By:

durt tuto

Sample Information	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

Email:

Lab #: 49992	Sample:	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

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174 49993

Sample:	7554 Olsen Dr	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$/ \cap A$

Approved By:

durt tato

Sample Information	nple 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

Email:

Lab #: 49993	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

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174 49994

Sample:	7481 Miller Way	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$1 \cap 1$

Approved By:

dud tata

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

Email:

Lab #: 49994	Sample:	ample: 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

john@watersystemservices.net

174 49995

Sample:	West Reservoir Out	Invoice Number: 2-	4-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date: 8,	/7/2024
Phone:	360-739-3933		$1 \cap 1$

Approved By:

durt tation

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

Email:

Lab #: 49995	Sample: \	West Reservoir (Dut				
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

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174 49996	17	74	49	9	96
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Sample:	Reservoir Ln	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$1 \cap 1$

Approved By:

dud tata

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

Email:

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

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174 49997

Sample:	7377 Scott Pl	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$/ \cap A$

Approved By:

durch tates

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

Email:

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



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

Water Bacteriological Analysis

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174 49998

Sample:	7480 Glacier Springs Dr	Invoice Number:	24-14158
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	8/7/2024
Phone:	360-739-3933		$1 \cap 1$

Approved By:

dud tata

Sample Information	l de la constante de		
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

Email:

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