

# Water Bacteriological Analysis

**174 54643**
**Sample:** S01 Sample Tap Reservoir In

**Client:** Glacier Springs Water System

 PO Box 126  
 Maple Falls, WA 98226

**Phone:** 360-739-3933

**Email:** john@watersystems-services.net

**Invoice Number:** 24-15569

**PO Number:**
**Project Name:** Spring Box Repairs

**Report Date:** 8/23/2024

**Approved By:**


### Sample Information

Date Collected:	8/22/2024	Date Received:	8/22/2024
Sample Collected by:	JM	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 #: 54643		Sample: S01 Sample Tap Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	SJ	8/23/2024	8/23/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	8/23/2024	8/23/2024