

# Water Bacteriological Analysis

**174 57355**

**Sample:** 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:** 24-16331  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/4/2024

**Approved By:** 

### Sample Information

Date Collected:	9/3/2024	Date Received:	9/3/2024
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 #: 57355		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	SJ	9/4/2024	9/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/4/2024	9/4/2024