

Water Bacteriological Analysis

174 58431

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: 24-16647
PO Number:
Project Name:
Report Date: 9/9/2024

Approved By: 

Sample Information

Date Collected: 9/6/2024 Date Received: 9/6/2024
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 #: 58431		Sample: Reservoir IN					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	9/9/2024	9/9/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/9/2024	9/9/2024