

# Water Bacteriological Analysis

**174 59061**

**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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/9/2024 Date Received: 9/9/2024  
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 #: 59061		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024

# Water Bacteriological Analysis

**174 59062**

**Sample:** 7451 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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

### Sample Information

Date Collected:	9/9/2024	Date Received:	9/9/2024
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 #: 59062		Sample: 7451 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024

# Water Bacteriological Analysis

**174 59063**

**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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/9/2024 Date Received: 9/9/2024  
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 #: 59063		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024

# Water Bacteriological Analysis

**174 59064**

**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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/9/2024 Date Received: 9/9/2024  
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 #: 59064		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024

# Water Bacteriological Analysis

**174 59065**

**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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

### Sample Information

Date Collected:	9/9/2024	Date Received:	9/9/2024
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 #: 59065		Sample: Reservoir IN					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024

# Water Bacteriological Analysis

**174 59066**

**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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

### Sample Information

Date Collected:	9/9/2024	Date Received:	9/9/2024
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 #: 59066		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024

# Water Bacteriological Analysis

**174 59067**

**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:** 24-16845  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/10/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/9/2024 Date Received: 9/9/2024  
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 #: 59067		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024
E. COLI	Absent	/100ml	1	SM_9223B	SJ	9/10/2024	9/10/2024