

# Water Bacteriological Analysis

**174 60552**

**Sample:** 7480 Glacier Spring Dr.  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Invoice Number:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

### Sample Information

Date Collected:	9/16/2024	Date Received:	9/16/2024
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 #: 60552		Sample: 7480 Glacier Spring Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60553**

**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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

### Sample Information

Date Collected:	9/16/2024	Date Received:	9/16/2024
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 #: 60553		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	4.1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60554**

**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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

### Sample Information

Date Collected:	9/16/2024	Date Received:	9/16/2024
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 #: 60554		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60555**

**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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/16/2024      Date Received: 9/16/2024  
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 #: 60555		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60556**

**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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

### Sample Information

Date Collected: 9/16/2024      Date Received: 9/16/2024  
 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 #: 60556		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	4.1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60557**

**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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/16/2024 Date Received: 9/16/2024  
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 #: 60557		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60558**

**Sample:** 7457 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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

### Sample Information

Date Collected:	9/16/2024	Date Received:	9/16/2024
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 #: 60558		Sample: 7457 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	4.1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024

# Water Bacteriological Analysis

**174 60559**

**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:** 24-17297  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/17/2024

**Approved By:** 

### Sample Information

Date Collected:	9/16/2024	Date Received:	9/16/2024
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 #: 60559		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	9/17/2024	9/17/2024