

## Water Bacteriological Analysis

**174 62500**

**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:** 24-17872  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:**



### Sample Information

Date Collected:	9/23/2024	Date Received:	9/23/2024
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 #: 62500		Sample: 7554 OLSEN DR.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62501**

**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:** 24-17872  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:** 

### Sample Information

Date Collected:	9/23/2024	Date Received:	9/23/2024
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 #: 62501		Sample: 7457 CANYON VIEW DR.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62427**

**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:** 24-17859  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:** 

**Sample Information**

Date Collected: 9/23/2024 Date Received: 9/23/2024  
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 #: 62427		Sample: 7377 SCOTT PL.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62428**

**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:** 24-17859  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:** 

### Sample Information

Date Collected:	9/23/2024	Date Received:	9/23/2024
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 #: 62428		Sample: WEST RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62429**

**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:** 24-17859  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:** 

### Sample Information

Date Collected: 9/23/2024      Date Received: 9/23/2024  
 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 #: 62429		Sample: EAST RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62430**

**Sample:** RESERVOIR IN  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226  
**Phone:** 360-739-3933  
**Email:** john@watersystemservices.net

**Invoice Number:** 24-17859  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:** 

### Sample Information

Date Collected:	9/23/2024	Date Received:	9/23/2024
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 #: 62430		Sample: RESERVOIR IN					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62431**

**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:** 24-17859  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Approved By:** 

### Sample Information

Date Collected:	9/23/2024	Date Received:	9/23/2024
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 #: 62431		Sample: 7481 MILLER WAY					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024

# Water Bacteriological Analysis

**174 62432**

**Sample:** 7480 GLACIER SPRINGS DR.  
**Client:** Glacier Springs Water System  
 PO Box 126  
 Maple Falls, WA 98226

**Invoice Number:** 24-17859  
**PO Number:**  
**Project Name:**  
**Report Date:** 9/24/2024

**Phone:** 360-739-3933  
**Email:** john@watersystems-services.net

**Approved By:** 

### Sample Information

Date Collected:	9/23/2024	Date Received:	9/23/2024
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 #: 62432		Sample: 7480 GLACIER SPRINGS DR.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	9/24/2024	9/24/2024