

Water Bacteriological Analysis

174 64492

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: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/1/2024
 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 #: 64492 | | Sample: 7377 Scott Pl. | | | | | |
|----------------|---------|------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64493

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: 24-18446

PO Number:

Project Name:

Report Date: 10/2/2024

Approved By:



Sample Information

| | | | |
|----------------------|--------------------------------------|----------------|-----------|
| Date Collected: | 10/1/2024 | Date Received: | 10/1/2024 |
| 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 #: 64493 | | Sample: 7457 Canyon View Dr. | | | | | |
|----------------|---------|------------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | 1.0 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64494

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: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/1/2024
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 #: 64494 | | Sample: West Reservoir Out | | | | | |
|----------------|---------|----------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | 1.0 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64495

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: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/1/2024
 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 #: 64495 | | Sample: East Reservoir Out | | | | | |
|----------------|---------|----------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64496

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: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

| | | | |
|----------------------|--------------------------------------|----------------|-----------|
| Date Collected: | 10/1/2024 | Date Received: | 10/1/2024 |
| 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 #: 64496 | | Sample: Reservoir In | | | | | |
|----------------|---------|----------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64497

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: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/1/2024
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 #: 64497 | | Sample: 7554 Olsen Dr. | | | | | |
|----------------|---------|------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64498

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: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

| | | | |
|----------------------|--------------------------------------|----------------|-----------|
| Date Collected: | 10/1/2024 | Date Received: | 10/1/2024 |
| 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 #: 64498 | | Sample: 7481 Miller Way | | | | | |
|----------------|---------|-------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |

Water Bacteriological Analysis

174 64499

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

Invoice Number: 24-18446
PO Number:
Project Name:
Report Date: 10/2/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/1/2024
 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 #: 64499 | | Sample: 7480 Glacier Springs Dr. | | | | | |
|----------------|---------|----------------------------------|-----------------|------------|---------|---------------|---------------|
| Analyte | Results | Units | Detection Limit | Method | Analyst | Date Analyzed | Date Approved |
| TOTAL COLIFORM | 1.0 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |
| E. COLI | <1 | /100ml | 1 | SM_9223B_Q | SJ | 10/2/2024 | 10/2/2024 |