

Water Bacteriological Analysis

174 64723

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: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected:	10/1/2024	Date Received:	10/2/2024
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 #: 64723		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64724

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: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected:	10/1/2024	Date Received:	10/2/2024
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 #: 64724		Sample: 7457 Canyon View Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64725

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: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected:	10/1/2024	Date Received:	10/2/2024
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 #: 64725		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64726

Sample: East Reservoir Out
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Invoice Number: 24-18546

PO Number:

Project Name:

Report Date: 10/3/2024

Phone: 360-739-3933

Email: john@watersystems-services.net

Approved By:



Sample Information

Date Collected:	10/1/2024	Date Received:	10/2/2024
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 #: 64726		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64727

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: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected:	10/1/2024	Date Received:	10/2/2024
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 #: 64727		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64728

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: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/2/2024
 Sample Collected by: IC Source Number: 0
 Sample Purpose: Routine Compliance
 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 #: 64728		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64729

Sample: 7481 Miller Wy
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226

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

Invoice Number: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected:	10/1/2024	Date Received:	10/2/2024
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 #: 64729		Sample: 7481 Miller Wy					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024

Water Bacteriological Analysis

174 64730

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: 24-18546
PO Number:
Project Name:
Report Date: 10/3/2024

Approved By: 

Sample Information

Date Collected: 10/1/2024 Date Received: 10/2/2024
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 #: 64730		Sample: 7480 Glacier Springs Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024
E. COLI	Absent	/100ml	1	SM_9223B	AH	10/3/2024	10/3/2024