

Water Bacteriological Analysis

174 67309

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected:	10/14/2024	Date Received:	10/14/2024
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 #: 67309		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67310

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected:	10/14/2024	Date Received:	10/14/2024
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 #: 67310		Sample: 7457 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67311

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected:	10/14/2024	Date Received:	10/14/2024
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 #: 67311		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67312

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected:	10/14/2024	Date Received:	10/14/2024
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 #: 67312		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67313

Sample: Reservoir In
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226
Phone: 360-739-3933
Email: john@watersystemsolutions.net

Invoice Number: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected:	10/14/2024	Date Received:	10/14/2024
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 #: 67313		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67314

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected:	10/14/2024	Date Received:	10/14/2024
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 #: 67314		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67315

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected: 10/14/2024 Date Received: 10/14/2024
 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 #: 67315		Sample: 7481 Miller Wy.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024

Water Bacteriological Analysis

174 67316

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: 24-19316
PO Number:
Project Name:
Report Date: 10/15/2024

Approved By: 

Sample Information

Date Collected: 10/14/2024 Date Received: 10/14/2024
 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 #: 67316		Sample: 7480 Glacier Springs Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SK	10/15/2024	10/15/2024