

# Water Bacteriological Analysis

**174 74117**

**Sample:** 7457 Canyon View Dr.  
**Client:** Glacier Springs Water System  
PO Box 126  
Maple Falls, WA 98226

**Invoice Number:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

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

**Approved By:** 

**Sample Information**

Date Collected:	11/12/2024	Date Received:	11/12/2024
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 #: 74117		Sample: 7457 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	2.0	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74118**

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

**Invoice Number:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

**Approved By:** 

### Sample Information

Date Collected:	11/12/2024	Date Received:	11/12/2024
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 #: 74118		Sample: West Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74119**

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

**Invoice Number:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

**Approved By:** 

### Sample Information

Date Collected:	11/12/2024	Date Received:	11/12/2024
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 #: 74119		Sample: East Reservoir					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74120**

**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:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

**Approved By:** 

### Sample Information

Date Collected:	11/12/2024	Date Received:	11/12/2024
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 #: 74120		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74121**

**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:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

**Approved By:** 

### Sample Information

Date Collected: 11/12/2024      Date Received: 11/12/2024  
 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 #: 74121		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74122**

**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:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

**Approved By:** 

**Sample Information**

Date Collected: 11/12/2024 Date Received: 11/12/2024  
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 #: 74122		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74123**

**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:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

**Approved By:** 

**Sample Information**

Date Collected: 11/12/2024 Date Received: 11/12/2024  
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 #: 74123		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024

# Water Bacteriological Analysis

**174 74124**

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

**Invoice Number:** 24-21258  
**PO Number:**  
**Project Name:**  
**Report Date:** 11/13/2024

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

**Approved By:** 

### Sample Information

Date Collected: 11/12/2024      Date Received: 11/12/2024  
 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 #: 74124		Sample: 7480 Glacier Springs Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024
E. COLI	<1	/100ml	1	SM_9223B_Q	SJ	11/13/2024	11/13/2024