

Water Bacteriological Analysis

174 77647

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected: 12/2/2024 Date Received: 12/3/2024
 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 #: 77647		Sample: 7457 Canyon View Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77648

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected:	12/2/2024	Date Received:	12/3/2024
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 #: 77648		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77649

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected:	12/2/2024	Date Received:	12/3/2024
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 #: 77649		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77650

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected:	12/2/2024	Date Received:	12/3/2024
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 #: 77650		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77651

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected: 12/2/2024 Date Received: 12/3/2024
 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 #: 77651		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77652

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected: 12/2/2024 Date Received: 12/3/2024
 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 #: 77652		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77653

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected:	12/2/2024	Date Received:	12/3/2024
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 #: 77653		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024

Water Bacteriological Analysis

174 77654

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: 24-22345
PO Number:
Project Name:
Report Date: 12/4/2024

Approved By: 

Sample Information

Date Collected:	12/2/2024	Date Received:	12/3/2024
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 #: 77654		Sample: 7480 Glacier Springs Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024
E. COLI	Absent	/100ml	1	SM_9223B	SK	12/4/2024	12/4/2024