

Water Bacteriological Analysis

174 03275

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: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

Approved By: 

Sample Information

Date Collected: 1/20/2025 Date Received: 1/20/2025
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 #: 03275		Sample: 7377 SCOTT PL.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03276

Sample: 7457 CANYON VIEW DR
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226

Invoice Number: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

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

Approved By: 

Sample Information

Date Collected: 1/20/2025 Date Received: 1/20/2025
 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 #: 03276		Sample: 7457 CANYON VIEW DR					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03277

Sample: WEST RESERVOIR OUT
Client: Glacier Springs Water System
 PO Box 126
 Maple Falls, WA 98226

Invoice Number: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

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

Approved By: 

Sample Information

Date Collected:	1/20/2025	Date Received:	1/20/2025
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 #: 03277		Sample: WEST RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03278

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: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

Approved By: 

Sample Information

Date Collected: 1/20/2025 Date Received: 1/20/2025
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 #: 03278		Sample: EAST RESERVOIR OUT					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03279

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: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

Approved By: 

Sample Information

Date Collected: 1/20/2025 Date Received: 1/20/2025
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 #: 03279		Sample: RESERVOIR IN					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03280

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: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

Approved By: 

Sample Information

Date Collected: 1/20/2025 Date Received: 1/20/2025
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 #: 03280		Sample: 7554 OLSEN DR					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03281

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: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

Approved By: 

Sample Information

Date Collected: 1/20/2025 Date Received: 1/20/2025
 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 #: 03281		Sample: 7481 MILLER WAY					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025

Water Bacteriological Analysis

174 03282

Sample: 7480 GLACIER SPRINGS DR.
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226

Invoice Number: 25-01019
PO Number:
Project Name:
Report Date: 1/21/2025

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

Approved By: 

Sample Information

Date Collected:	1/20/2025	Date Received:	1/20/2025
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 #: 03282		Sample: 7480 GLACIER SPRINGS DR.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	1/21/2025	1/21/2025