

Water Bacteriological Analysis

174 08238

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: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

Approved By: 

Sample Information

Date Collected:	2/17/2025	Date Received:	2/17/2025
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 #: 08238		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08239

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

Invoice Number: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

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

Approved By: 

Sample Information

Date Collected:	2/17/2025	Date Received:	2/17/2025
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 #: 08239		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	2/18/2025	2/18/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08240

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: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

Approved By: 

Sample Information

Date Collected: 2/17/2025 Date Received: 2/17/2025
 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 #: 08240		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08241

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: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

Approved By: 

Sample Information

Date Collected:	2/17/2025	Date Received:	2/17/2025
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 #: 08241		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08242

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: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

Approved By: 

Sample Information

Date Collected: 2/17/2025 Date Received: 2/17/2025
 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 #: 08242		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08243

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: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

Approved By: 

Sample Information

Date Collected: 2/17/2025 Date Received: 2/17/2025
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 #: 08243		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08244

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

Invoice Number: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

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

Approved By: 

Sample Information

Date Collected: 2/17/2025 Date Received: 2/17/2025
 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 #: 08244		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025

Water Bacteriological Analysis

174 08245

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

Invoice Number: 25-02620
PO Number:
Project Name:
Report Date: 2/18/2025

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

Approved By: 

Sample Information

Date Collected:	2/17/2025	Date Received:	2/17/2025
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 #: 08245		Sample: 7480 Glacier Springs Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025
E. COLI	<1.1	/100ml	1.1	SM_9223B_Q	KR	2/18/2025	2/18/2025