

Water Bacteriological Analysis

174 11107

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected:	3/3/2025	Date Received:	3/3/2025
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 #: 11107		Sample: 7377 Scott Pl					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11108

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11108		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	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11109

Sample: West Reservoir Out
Client: Glacier Springs Water System
PO Box 126
Maple Falls, WA 98226
Phone: (360) 739-3933
Email: john@watersystemservices.net

Invoice Number: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11109		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11110

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11110		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11111

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11111		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11112

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11112		Sample: 7554 Olsen Dr					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11113

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11113		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025

Water Bacteriological Analysis

174 11114

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: 25-03491
PO Number:
Project Name:
Report Date: 3/4/2025

Approved By: 

Sample Information

Date Collected: 3/3/2025 Date Received: 3/3/2025
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 #: 11114		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	3/4/2025	3/4/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	3/4/2025	3/4/2025