

Water Bacteriological Analysis

john@watersystemservices.net

174 189	989
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Sample:	Reservoir IN	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap 1$

Approved By:

durt tata

Sample Information			
Date Collected:	4/7/2025	Date Received:	4/7/2025
Sample Collected by:		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

Email:

Lab #: 18989 Sample: Reservoir IN							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025



Water Bacteriological Analysis

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174 18990

Sample:	7457 Canyon View Dr.	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap 1$

Approved By:

dud tata

Sample Information			
Date Collected:	4/7/2025	Date Received:	4/7/2025
Sample Collected by:		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

Email:

Lab #: 18990 Sample: 7457 Canyon View Dr.							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025



Water Bacteriological Analysis

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174 18991

Sample:	7554 Olsen Dr.	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap A$

Approved By:

durch tates

Sample Information			
Date Collected:	4/7/2025	Date Received:	4/7/2025
Sample Collected by:		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

Email:

Lab #: 18991 Sample: 7554 Olsen Dr.								
Analyte	Results	Units	Detection Limit	Method	Ana	lyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	S	J	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	S	J	4/8/2025	4/8/2025



Water Bacteriological Analysis

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Sample:	7481 Miller Wy	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap 1$

Approved By:

durch tata

Sample Information			
Date Collected:	4/7/2025	Date Received:	4/7/2025
Sample Collected by:		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

Email:

Lab #: 18992		Sample:	7481 Miller Wy					
Analyte	Results	Units	Detection Limit	Method	Ana	lyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	S	J	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	S	J	4/8/2025	4/8/2025



Water Bacteriological Analysis

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Sample:	7377 Scott PI.	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap 1$

Approved By:

durch tata

Sample Information					
Date Collected:	4/7/2025	Date Received:	4/7/2025		
Sample Collected by:		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

Email:

Lab #: 18993		Sample:	7377 Scott Pl.				
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025



Water Bacteriological Analysis

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174 18994

Sample:	West Reservoir Out	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap A$

Approved By:

durt tata

Sample Information					
Date Collected:	4/7/2025	Date Received:	4/7/2025		
Sample Collected by:		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

Email:

Lab #: 18994 Sample: West Reservoir Out							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025



Water Bacteriological Analysis

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174 18995

Sample:	East Reservoir Out	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap A$

Approved By:

durt tata

Sample Information					
Date Collected:	4/7/2025	Date Received:	4/7/2025		
Sample Collected by:		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

Email:

Lab #: 18995 Sample: East Reservoir Out							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025



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Water Bacteriological Analysis

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174 18996

Sample:	7480 Glacier Springs Dr.	Invoice Number:	25-05762
Client:	Glacier Springs Water System	PO Number:	
	PO Box 126	Project Name:	
	Maple Falls, WA 98226	Report Date:	4/8/2025
Phone:	(360) 739-3933		$1 \cap 1$

Approved By:

durt tato

Sample Information				
Date Collected:	4/7/2025	Date Received:	4/7/2025	
Sample Collected by:		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

Email:

Lab #: 18996	Lab #: 18996		Sample: 7480 Glacier Springs Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved	
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025	
E. COLI	Absent	/100ml	1	SM_9223B	SJ	4/8/2025	4/8/2025	