



Exact Scientific Services, Inc.

1355 Pacific Place
Suite 101
Ferndale, WA 98248

Phone: (360) 733-1205
Fax: (888) 818-2978
Email: lab@exactscientific.com

Water Bacteriological Analysis

174 25405

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: 25-07558
PO Number:
Project Name:
Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25405		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	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25406

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: 25-07558

PO Number:

Project Name:

Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25406		Sample: 7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25407

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: 25-07558
PO Number:
Project Name:
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Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25407		Sample: 7554 Olsen Dr.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	1.0	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25408

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: 25-07558

PO Number:

Project Name:

Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25408		Sample: Reservoir In					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25409

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: 25-07558
PO Number:
Project Name:
Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25409		Sample: 7377 Scott Pl.					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25410

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: 25-07558
PO Number:
Project Name:
Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25410		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	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25411

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: 25-07558

PO Number:

Project Name:

Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25411		Sample: East Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025



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Water Bacteriological Analysis

174 25412

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: 25-07558
PO Number:
Project Name:
Report Date: 5/7/2025

Approved By:

Sample Information

Date Collected:	5/6/2025	Date Received:	5/6/2025
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 #: 25412		Sample: West Reservoir Out					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025
E. COLI	<1	/100ml	1	SM_9223B_Q	KR	5/7/2025	5/7/2025