Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

### **Water Bacteriological Analysis**

174 28368

**Sample:** 7480 Glacier Springs Dr.

**Client:** Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

**Phone:** (360) 739-3933

**Email:** john@watersystemservices.net

Invoice Number: 25-08315

PO Number:

**Project Name:** 

Approved By:

**Report Date:** 5/20/2025

**Sample Information** 

Date Collected: 5/19/2025 Date Received: 5/19/2025

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

Lab #: 28368 Sample: 7480 Glacier Springs Dr.							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025

Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

# **Water Bacteriological Analysis**

174 28369

**Sample:** 7481 Miller Way

**Client:** Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

**Phone:** (360) 739-3933

**Email:** john@watersystemservices.net

Invoice Number: 25-08315

**PO Number:** 

**Project Name:** 

Approved By:

**Report Date:** 5/20/2025

**Sample Information** 

Date Collected: 5/19/2025 Date Received: 5/19/2025

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing
Suitability: Yes

System Number: 27755

Lab #: 28369	Sample:	7481 Miller Way					
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved
TOTAL COLIFORM	Unsatisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025

Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

# **Water Bacteriological Analysis**

174 28370

Sample: 7554 Olsen Dr.

**Client:** 

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

**Phone:** (360) 739-3933

**Email:** john@watersystemservices.net

Invoice Number: 25-08315

**PO Number:** 

**Project Name:** 

Approved By:

**Report Date:** 5/20/2025

Sample Information

Date Collected: 5/19/2025 Date Received: 5/19/2025

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing
Suitability: Yes

System Number: 27755

Lab #: 28370	Sample:	ample: 7554 Olsen Dr.							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved		
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025		
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025		

Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

### **Water Bacteriological Analysis**

174 28371

Sample: Reservoir In

**Client:** 

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

**Phone:** (360) 739-3933

**Email:** john@watersystemservices.net

**Invoice Number:** 25-08315

**PO Number:** 

**Project Name:** 

Approved By:

**Report Date:** 5/20/2025

**Sample Information** 

Date Collected: 5/19/2025 Date Received: 5/19/2025

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing
Suitability: Yes

System Number: 27755

Lab #: 28371	Sample: Reservoir In								
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved		
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025		
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025		

Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

# **Water Bacteriological Analysis**

174 28372

**Sample:** East Reservoir Out

**Client:** 

Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

**Phone:** (360) 739-3933

**Email:** john@watersystemservices.net

Invoice Number: 25-08315

PO Number:

**Project Name:** 

Approved By:

**Report Date:** 5/20/2025

Sample Information

Date Collected: 5/19/2025 Date Received: 5/19/2025

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing
Suitability: Yes

System Number: 27755

Lab #: 28372		Sample:	Sample: East Reservoir Out								
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved				
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025				
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025				

Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

# **Water Bacteriological Analysis**

174 28373

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:** 25-08315

**PO Number:** 

**Project Name:** 

Approved By:

Report Date: 5/20/2025

**Sample Information** 

Date Collected: 5/19/2025 Date Received: 5/19/2025

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing Suitability: Yes

System Number: 27755

Lab #: 28373		Sample:	mple: West Reservoir Out							
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved			
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025			
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025			

Phone: (360) 733-1205 Fax: (888) 818-2978

Email: lab@exactscientific.com

# **Water Bacteriological Analysis**

174 28374

Sample: 7457 Canyon View Dr.

**Client:** Glacier Springs Water System

PO Box 126

Maple Falls, WA 98226

Phone: (360) 739-3933

**Email:** john@watersystemservices.net **Invoice Number:** 25-08315

**PO Number:** 

**Project Name:** 

Approved By:

Report Date: 5/20/2025

**Sample Information** 

Date Collected: 5/19/2025 Date Received: 5/19/2025

Sample Collected by: IC Source Number:

Sample Purpose: Investigative

Sample Type: Post Treatment/Finished Water Sample Chlorine Res:

Sample Composition: Coliform Samples

Sample Collection: Flowing Suitability: Yes

System Number: 27755

Lab #: 28374		Sample: 7457 Canyon View Dr.								
Analyte	Results	Units	Detection Limit	Method	Analyst	Date Analyzed	Date Approved			
TOTAL COLIFORM	Satisfactory	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025			
E. COLI	Absent	/100ml	1	SM_9223B	KR	5/20/2025	5/20/2025			