



Burlington, WA Corporate Laboratory (a)
 1620 S Walnut St - Burlington, WA 98233 - 800.755.9295 • 360.757.1400
 Bellingham, WA Microbiology (b)
 805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

Portland, OR Microbiology/Chemistry (c)
 9725 SW Commerce Cr Ste A2 - Wilsonville, OR 97070 - 503.682.7802
 Corvallis, OR Microbiology/Chemistry (d)
 1100 NE Circle Blvd, Ste 130 - Corvallis, OR 97330 - 541.753.4946
 Bend, OR Microbiology (e)
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425




Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: **Glenhaven Lakes Club, Inc.**
 664 Rainbow Dr
 Sedro Woolley, WA 98284

Reference Number: 24-30412
 Project: Glenhaven Lakes Club Bacteria

System Name: GLENHAVEN LAKES CLUB
 System ID Number: 28050V
 DOH Source Number: 00 - Distribution Sample (Bacteria)
 Sample Type: D - Drinking Water
 Sample Purpose: C - Compliance
 Sample Location: X1 Ash Way
 County: Whatcom
 Sampled By: Michael Gallagher
 Sampler Phone: 360-595-2061

Repeat Sample Number:
 Lab Number: 164-58433
 Field ID:
 Date Collected: 10/7/24 08:30
 Date Received: 10/7/24
 Date Set: 10/7/24 11:45
 Date Analyzed: 10/8/24 9:20
 Report Date: 10/10/24
 Comment:
 Approved By: ckk,mlh

Authorized by: 
 Ceann K Knox
 Lab Manager, Bellingham

DOH#	PARAMETER	RESULT	Qualifier	UNITS	Analyst	METHOD	Batch	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent		per 100mL	ckk	SM9223 B	m_241007a	
3	E. COLI	Absent		per 100mL		SM9223 B	m_241007a	

If the sample is unsatisfactory you can get information at the following health department websites or phone numbers:

- Island Co: <http://www.islandcounty.net/health/Envh/DrinkingWater/index.htm>
- San Juan Co: <http://www.sanjuanco.com/health/ehswater.aspx>
- Skagit Co: http://www.skagitcounty.net/drinkingwater_ or 360-336-9380
- Snohomish Co: 425-339-5250
- Whatcom Co: http://www.co.whatcom.wa.us/health/environmental/drinking_water/index.jsp
- WSDOH: <http://www.doh.wa.gov/ehp/dw/Programs/coliform.htm>

NOTES:

If the result is Unsatisfactory, three (3) repeat samples and groundwater source samples are required for Group A Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

*If data qualifiers are present, see accompanying Qualifier Definition report.



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Reference Number: **24-30412**
Project: **Glenhaven Lakes Club Bacteria**

System Name: **GLENHAVEN LAKES CLUB**
System ID Number: **28050V**
DOH Source Number: **00 - Distribution Sample (Bacteria)**
Sample Type: **D - Drinking Water**
Sample Purpose: **C - Compliance**
Sample Location: **X2 Summit Pl**
County: **Whatcom**
Sampled By: **Michael Gallagher**
Sampler Phone: **360-595-2061**

Repeat Sample Number:
Lab Number: **164-58434**
Field ID:
Date Collected: **10/7/24 08:37**
Date Received: **10/7/24**
Date Set: **10/7/24 11:45**
Date Analyzed: **10/8/24 9:20**
Report Date: **10/10/24**
Comment:
Approved By: **ckk,mlh**

Authorized by: 
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Lab Manager, Bellingham

DOH#	PARAMETER	RESULT	Qualifier	UNITS	Analyst	METHOD	Batch	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent		per 100mL	ckk	SM9223 B	m_241007a	
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- Skagit Co: http://www.skagitcounty.net/drinkingwater_ or 360-336-9380
- Snohomish Co: [425-339-5250](http://www.sno.wa.gov/ehp/dw/Programs/coliform.htm)
- Whatcom Co: http://www.co.whatcom.wa.us/health/environmental/drinking_water/index.jsp
- WSDOH: <http://www.doh.wa.gov/ehp/dw/Programs/coliform.htm>

NOTES:

If the result is Unsatisfactory, three (3) repeat samples and groundwater source samples are required for Group A Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

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Sedro Woolley, WA 98284

Reference Number: **24-30412**
Project: **Glenhaven Lakes Club Bacteria**

System Name: **GLENHAVEN LAKES CLUB**
System ID Number: **28050V**
DOH Source Number: **00 - Distribution Sample (Bacteria)**
Sample Type: **D - Drinking Water**
Sample Purpose: **C - Compliance**
Sample Location: **X3 Brook Ln**
County: **Whatcom**
Sampled By: **Michael Gallagher**
Sampler Phone: **360-595-2061**

Repeat Sample Number:
Lab Number: **164-58435**
Field ID:
Date Collected: **10/7/24 08:44**
Date Received: **10/7/24**
Date Set: **10/7/24 11:45**
Date Analyzed: **10/8/24 9:20**
Report Date: **10/10/24**
Comment:
Approved By: **ckk,mlh**

Authorized by: 
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Lab Manager, Bellingham

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- WSDOH: <http://www.doh.wa.gov/ehp/dw/Programs/coliform.htm>

NOTES:

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 System ID Number: 28050V
 DOH Source Number: 00 - Distribution Sample (Bacteria)
 Sample Type: D - Drinking Water
 Sample Purpose: C - Compliance
 Sample Location: X3 Brook Ln
 County: Whatcom
 Sampled By: Michael Gallagher
 Sampler Phone: 360-595-2061

Repeat Sample Number:
 Lab Number: 164-58436
 Field ID:
 Date Collected: 10/7/24 08:45
 Date Received: 10/7/24
 Date Set: 10/7/24 11:45
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NOTES:

If the result is Unsatisfactory, three (3) repeat samples and groundwater source samples are required for Group A Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

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