

Ralph's Pump & Well
26222 Old Pipeline Road
Monroe WA 98272
(360) 568-7876

To whom it may concern
RE: 20026 105th AVE SE
Snohomish WA 98296

3/18/2021 9:30 A.M.

The pump system is a Grundfos SQE model with a CU301 controller. This is a specialized pump in the fact that it is 3 inch diameter vs the 4 inch standard. The expansion tank has appropriate precharge, and the system is performing as prescribed mechanically. This system is unique in that it is a shared well with each home having its own pump installed in the well. Caution should be used during pump changes as it is possible to dislodge 1 pump while pulling the other. Sometimes pulling the neighbors pump 1st may be required to get clearance for the desired pump.

The well is drilled construction 6 inch diameter, unique well ID AKY-917. Well log data shows it was constructed 6/2003 with a completed depth of 135.5 feet. Static water level reading at time of inspection 115.6 feet. Well cap is sealed and vermin tight. Clearance of shrubbery at wellhead should be continued to be maintained.

A flow test was performed with a continuous discharge rate of 6.5 gpm in excess of 1 hr. Water level was stable at 117.4 feet for the duration of the test. This recovery exceeded the requirements for a shared well system in Snohomish County.

Water drawn for analysis by others.

Sincerely,

Dave Baerg
Owner
Ralph's Pump & Well



AmTest Laboratories
 13600 NE 126th PL STE C, Kirkland, WA 98034
 425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 03/04/2021 Month Day Year	Time Sample Collected 8:42 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County: SNOHOMISH
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input checked="" type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# N/A		
System Name:		
Contact Person:		
Day Phone: 206 353 2284	Cell Phone:	
Eve. Phone:	FAX:	
Send results to: (Print full name, address and zip code) JUSTIN STOBB , WA,		
SAMPLE INFORMATION		
Sample collected by (name): JUSTIN STOBB		
Specific location where sample collected: KITCHEN FAUCET		
Project Name or Comments:		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)	3. Ground Water Rule Source Sample Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ___ No ___ ____/____/____		
5. <input checked="" type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input checked="" type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because Test unsuitable because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml.		
Method Code: SM 9222B	Date Received: 3/ 4/2021	
Date Analyzed: 3/ 4/2021, 15:45	Date Reported: 3/ 5/21	
066-01334 Sample Number (DOH number plus five digits)	Lab Use Only: PAID	

Am Test Inc.
 13600 NE 126TH PL
 Suite C
 Kirkland, WA 98034
 (425) 885-1664
 www.amtestlab.com



**Professional
 Analytical
 Services**

Select Inorganic Chemistry Report of Analysis

Date Collected: 03/04/21	System Group Type: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> Other: Private
Water System ID Number: PRIVATE	System Name: STOBB
Lab--Sample No: 066--02719	County: SNOHOMISH
Sample Location: KITCHEN SINK	Source Number(s):
Sample Purpose: (Check Appropriate Box) <input type="checkbox"/> Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> Confirmation (confirmation of chemical result) <input checked="" type="checkbox"/> Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> Other (specify)	Date Received: 3/ 4/21 Date Analyzed: 3/ 5/21 Nitrates Date Reported: 3/11/21 Comments:
Sample Composition: (Check Appropriate Box) <input type="checkbox"/> Single Source <input type="checkbox"/> Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> Composite (Specify in Comments Field) <input checked="" type="checkbox"/> Distribution Sample	Sample Type: (Check One) <input checked="" type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input type="checkbox"/> Unknown Sample Collected by: JUSTIN STOBB Phone Number: 206-353-2284
Send Report To: JUSTIN STOBB Attention: JUSTIN STOBB 20026 105TH AVE SE SNOHOMISH, WA 98296	Bill To: JUSTIN STOBB 20026 105TH AVE SE SNOHOMISH, WA 98296

ANALYTICAL RESULTS

DOH#	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD /INITIALS
0004	Arsenic		0.0013	0.0001	0.01	0.01	mg/l		3/ 9/21	EPA 200.8 /JDR
0114	Nitrite		ND	0.1	0.5	1	mg/l		3/ 5/21	EPA 300.0 /KS
0020	Nitrate		1.8	0.5	5	10	mg/l		3/ 5/21	EPA 300.0 /KS
0161	Total Nitrate + Nitrite		1.8	0.5	5	10	mg/l			EPA 300.0 /

NOTES:

***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

- -No existing trigger or MCL.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. /Initials of the analyst that performed the analysis.

mg/L: milligrams per liter or parts per million.

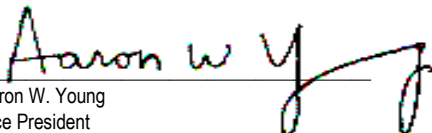
NTU: milligrams per liter or parts per million.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Level): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminations detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.


 Aaron W. Young
 Vice President

