



AmTest Laboratories
13600 NE 126th Place Suite C, Kirkland, WA 98034
(425) 885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/30/2025 Month Day Year	Time Sample Collected 8:14 am	County King
Type of Water System (check only one box) Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID#: 01839H System Name: Alpine		
Contact Person: Lisa Stimach		
Day Phone: (425) 785-1952	Cell Phone:	
Email: lisastim@msn.com		
Send results to: (Print full name, address and zip code or e-mail) Lisa Stimach, 24225 NE 10th St Sammamish, WA 98074		
SAMPLE INFORMATION		
Sample collected by (name): Lisa Stimach		
Specific location where sample collected: Pump House	Special instructions or comments:	
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes No Chlorine Residual: Total: Free:	2. Repeat Samples (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total: Free:	
3. Ground Water Rule Source Sample _ Triggered (A/P) Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) E. Coli Fecal Filtered: Yes No		
5. Sample collected for Information Only :		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform ABSENT and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Bacterial Density Results: Total Coliform: <1/100mL Fecal Coliform: NA/100mL		E. coli: <1/100mL HPC: NA/1mL
Date/Time Received: 7/30/2025 9:16:00AM	Lab Reference Number: M25G0285-01	
Receipt Temp (C): 8.9 C	Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,	
Date Reported: 08/01/2025	Lab Use Only:	
DOH Lab- Sample# 0660-M25G0285-01		



**Complete Inorganic Chemistry
ANALYSIS REPORT**

Date Collected: 07/30/25	System Group Type: A <input checked="" type="checkbox"/> B Other:
Water System ID Number: 01839H	System Name: Alpine West
Lab Number/Sample Number: 0660-A25G0625-01	County: King
Sample Location: Pump House	Source Number (s): S01
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 07/30/25 Date Reported: 08/04/25 Comments:
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> S - Single Source B - Blended (List source numbers in "Source Numbers" field) C - Composite (List source numbers in "Source Numbers" field) D - Distribution Sample	Sample Type: (Check One) <input checked="" type="checkbox"/> Pre-treatment/Untreated (Raw) Post-treatment (Finished) Unknown or Other Sample Collected by: Lisa Phone Number: (425) 785-1952
Send Report To: Lisa Stimach 24225 NE 10th St, Sammamish, WA 98074	Bill To: Lisa Stimach

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		0.0033	0.001	0.01	0.01	mg/L		08/04/25	EPA 200.8_5.4_1994/ LF
0161	Total Nitrate + Nitrite		ND	0.5	5	10	mg/L		07/30/25	EPA 300.0_2.1_1993/ AL
0020	Nitrate Nitrogen		ND	0.5	5	10	mg/L		07/30/25	EPA 300.0_2.1_1993/ AL
0114	Nitrite Nitrogen		ND	0.1	0.5	1	mg/L		07/30/25	EPA 300.0_2.1_1993/ AL

NOTES

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

ND: Analyte not detected at or above the SDRL.

NA -No trigger value for combined nitrate plus nitrite.

1 Secondary MCL (Established for aesthetic purposes, not health based)

2 TDS is required to be run if conductivity exceeds the MCL.

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.

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

NTU: Nephelometric turbidity units.

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.

Sample ID: A25G0625-01

Sample Name: Pump House

A handwritten signature in black ink, appearing to read 'Seth Farb', is displayed within a light gray rectangular box.

ElementStationManager For Seth Farb

Vice President

13600 NE 126th Pl., Suite C
Kirkland, WA 98034
425-885-1664

AMTEST

LABORATORIES


DRINKING WATER SAMPLE
INFORMATION (WSI)
For Chemical Analysis

Report To: <u>Lisa Stmach</u>	Bill To:
Address: <u>24225 NE 10th St.</u> <u>Sammamish WA 98074</u>	Address:
City: State: Zip:	City: State: Zip:
Phone: <u>425-785-1952</u>	SEND REPORT BY:
Email: <u>lisastion@msn.com</u>	<input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL

Sampling Information REQUIRED			
1. <input type="checkbox"/> Investigative	<input checked="" type="checkbox"/> Compliance – for State regulations for Public Water Systems. (Results will be sent to you and the State.)		
2. Date Collected: <u>7/30/25</u>	Time Collected: <u>8:14</u>	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
3. Collected By: <u>Lisa</u>	Telephone: <u>425-785-1952</u>		
4. Specific Location where sample was taken: <u>Pumphouse</u>			

Water System Information REQUIRED			
5. System Name: <u>Alpine West</u>	System ID #: <u>018394</u>		
6. DOH Source #: <u>018394 501</u>	<input type="checkbox"/> Check here if this is a New Source		
(Without a source number DOH will not accept samples. If sample is blended from more than one source, list all)			
7. Group: <input type="checkbox"/> A <input checked="" type="checkbox"/> B	8. County: <u>King</u>		
9. Source Type: <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Well/Ground Water	<input type="checkbox"/> Well Field	<input type="checkbox"/> Spring	<input type="checkbox"/> Purchased
10. Sample Taken: <input type="checkbox"/> Before Treatment <input type="checkbox"/> After Treatment	<input checked="" type="checkbox"/> No Treatment <input type="checkbox"/> In Distribution		
11. Treatment Type: <input checked="" type="checkbox"/> None <input type="checkbox"/> Aeration <input type="checkbox"/> Filtration <input type="checkbox"/> Chlorination <input type="checkbox"/> Softener <input type="checkbox"/> Other:			

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS					
Organic Compounds		Inorganic Compounds		OTHER ANALYSIS, Please List:	
<input type="checkbox"/> 524.2 - VOC		<input type="checkbox"/> Complete Inorganics (IOC)			
<input type="checkbox"/> 552.2 - Haloacetic Acids (HAA)		<input type="checkbox"/> Plumbing			
<input type="checkbox"/> 524.2 - Trihalomethanes (THM)		<input checked="" type="checkbox"/> Arsenic			
		<input checked="" type="checkbox"/> Nitrates in Drinking Water			
Synthetic Organic Compounds (SOC)		<input type="checkbox"/> Snohomish County List			
<input type="checkbox"/> 515 - Herbicides		<input type="checkbox"/> 531 - Carbamates			
<input type="checkbox"/> 525 - Insecticides/Pesticides					
Relinquished By	Date	Time	Received By	Date	Time
<u>[Signature]</u>	<u>7/30</u>	<u>9:18 AM</u>	<u>[Signature]</u>	<u>7/30/25</u>	<u>9:18</u>

FOR LABORATORY USE ONLY			
SAMPLE TEMP. <u>8.9</u> °C SATISFACTORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <u>A2560625-01</u>	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT:  PAID <u>Card 68 error</u>

Helpful Hints to fill out form on reverse

Card 68 error
es 7/30/25

Water Systems & Pump Service Ltd.

1014 8th ST NE Auburn, WA 98002 * 253-939-5859

SERVICE RECORD

WATER SYSTEM NAME ALPINE WEST WATER SYSTEM

LOCATION 24225 NE 10TH ST SAMMAMISH

OWNER LISA STIMICH

PUMP (S)

WELL PUMP

MAKE	<u>GOULDS</u>	RESISTANCE CHECK	<u>3/10/12 OK</u>
MODEL	<u>10GS10412 1HP</u>	GROUND CHECK	<u>OK</u>
DATE OF INSTALL	<u>7/31/2012</u>	AMP LOAD STARTING	<u>30</u>
CONTROL BOX CHECK	<u>OK</u>	RUNNING	<u>10.2</u>

COMMENTS: COYOTE O.K., OFFTIME 10 MINUTES, HIGH WATER CUT OFF
BW RELAY WITH PROBES O.K.

BOOSTER PUMP

MAKE	<u>GOULDS 2HP</u>	RESISTANCE CHECK	<u>OK</u>
MODEL	<u>5HM05N15T6PB0E</u>	GROUND CHECK	<u>OK</u>
DATE OF INSTALL	<u>4/30/2022</u>	AMP LOAD STARTING	<u>NA</u>
CONTROL BOX CHECK	<u>OK</u>	RUNNING	<u>NA</u>

COMMENTS

PRESSURE TANKS

MAKE	<u>CHALLENGER</u>	RELIEF VALVES	<u>WATTS 3L</u>
SIZE	<u>81 GALLON</u>	AIR CONTROL	<u>NA</u>
MANIFOLD	<u>1.25 & 1</u>	PRE-CHARGE	<u>OK</u>
VALVES	<u>OK</u>		

COMMENTS: OPERATING PSI 65 NO LEAKS

FILTER EQUIPMENT NA

COMMENTS

PUMP HOUSE

HOUSE CLEANING	<u>OK</u>	LIGHTS	<u>OK</u>	HEATER	<u>OK</u>
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COMMENTS: OLD RESERVOIR AND BOOSTER PUMP OFF LINE

DATE 2/27/2025

SERVICE DONE BY MATT HOHNSTEIN NEXT SERVICE DUE 1 YEAR