

ANATEK LABS

Analytical Results Report For:

Kellys Pump

Project:

1421 Hanson Rd

Anatek Work Order:

YFD0602

RECEIVED
JUL 24 2025

Kittitas County CDS

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client: Kellys Pump
Address: 5121 Fairview Rd
Ellensburg, WA 98926
Attn: Taiena & Kelly

Work Order: YFD0602
Project: 1421 Hanson Rd
Reported: 4/21/2025 16:07

Analytical Results Report

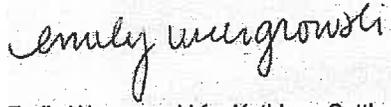
Sample Location: 1421 Hanson Rd
Lab/Sample Number: YFD0602-01
Date Received: 04/16/25 18:25
Matrix: Drinking Water
Collect Date: 04/16/25 09:55
Collected By: Dylan

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology								
E. coli	Absent		1.00	1	4/17/25 12:51	DRA	SM 9223 B	
Total Coliform	Absent		1.00	1	4/17/25 12:51	DRA	SM 9223 B	
Inorganics								
Nitrate/N	ND	mg/L	0.200	10	4/18/25 8:58	DRA	Hach 10206	
Nitrite/N	ND	mg/L	0.0100	1	4/18/25 8:58	DRA	SM 4500-NO2-B	

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Authorized Signature,



Emily Wengrowski for Kathleen Sattler, Lab Manager

PQL Practical Quantitation Limit
ND Not Detected
MCL EPA's Maximum Contaminant Level
Dry Sample results reported on a dry weight basis
* Not a state-certified analyte

This report shall not be reproduced except in full, without the written approval of the laboratory
The results reported related only to the samples indicated.

	504 E. 4 Spokan 509-4	YFD0602  Due: 05/01/25
	Date Sample Collected 4/16/25 <small>Month Day Year</small>	Time Sample Collected 9:35 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# _____ System Name: _____		
Contact Person: <u>Talera Hunter</u>		Cell Phone: <u>(509) 607-2849</u>
Day Phone: _____		Email: _____
Send results to: (Print full name, address and zip code) <u>KellysPumps@gmail.com</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>Dylan</u>		
Specific location where sample collected: <u>1427 Hanson rd</u>	Special instructions or comments:	
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <u>8</u>	4. <input checked="" type="checkbox"/> Sample Collected for Information Only Investigative <input checked="" type="checkbox"/> Construction / Repairs _____ 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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Date and Time Received: <u>4/16/25 18:25</u>		Date Reported: <u>4-0-0/4-2-C</u> <u>Digit</u>
Date Analyzed: _____		Lab Use Only: _____
Sample Number (DOH number plus five digits) (SFO-112, MOS-125): _____		

ANATEK LABS

Chain of Custody

504 E Sprague Ave, St
Spokane WA 99202
(509) 838-3999
EPA# WA00169

YFD0602



Due: 05/01/25

Please fill out completely and legibly

Date Collected: 4/16/25 Time Collected: 9:55 AM County: Kittitas

Sample Purpose:
 Purchase/Sale/Bldg Permit
 Informative
 New Well

Sample Type:
 Standard Drinking Water
 Raw Source Water
 Other (Specify)

Source Type (Check One):
 Well/Well Field
 Spring
 Surface Water

Client Name:

Address Where Sample Was Collected: 1421 Hanson Rd

Specific Location (bathroom, frost-free tap, etc.):

Sample Collected By: Dorian Company:

Send Report To:
Name

Address

City St Zip

Telephone

Email: Kellias.Pump@gmail.com
Payment Information

Amount: Received By:

Cash Check #: PO #: Bill Other #:

For Lab Use Only

of Containers: 1 Shipped Via: Courier

Preservatives: Temperature: 4.0-0/4.2-C

Date and Time Received: 4/16/25 1825 By: [Signature]

Notes:

Turn Around Time

Normal Other (results needed by):
 Next Day* 2-Day* *Turbidity Charges Apply

Individual Analyses

Tests	Tests
Aluminum (Al)	Magnesium (Mg)
Arsenic (As)	Manganese (Mn)
Barium (Ba)	Mercury (Hg)
Beryllium (Be)	Nickel (Ni)
Cadmium (Cd)	Nitrate as N
Calcium (Ca)	Nitrite as N
Chloride (Cl)	pH
Chromium (Cr)	Potassium (K)
Color	Selenium (Se)
Conductivity	Silver (Ag)
Copper (Cu)	Sodium (Na)
Corrosivity	Sulfate (SO4)
Cyanide (CN)	TDS
Fluoride (F)	TSS
Hardness	Turbidity
Iron (Fe)	Uranium (U)
Lead (Pb)	Zinc (Zn)

TSS-Total Suspended Solids TDS-Total Dissolved Solids

Commonly Requested Tests

Private Well Test (analytes bolded above)
Private Well Test + Coliform Bacteria

Microbiology Tests

Coliform Bacteria (presence/absence)
Coliform Bacteria (count/MPN)
HPC (Heterotrophic Plate Count)
Fecal Coliform
Iron Bacteria
Sulfur Bacteria

Test Packages

Spokane County
Tri-County
Inorganic Contaminants (IOC)
Volatile Organic Contaminants (VOC)
Pesticides
Herbicides
PFAS - EPA 533