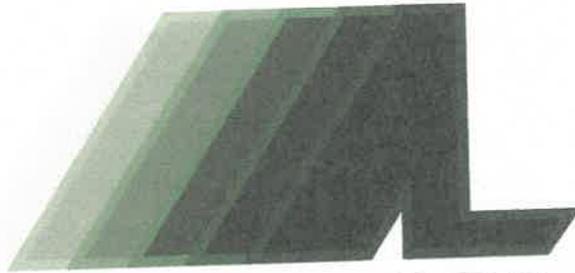


RECEIVED
SEP 12 2025

Kittitas County CDS



ANATEK LABS

Analytical Results Report For:

Kellys Pump

Project Number:

1690 Mountain Creek Drive

Anatek Work Order:

YEK0447

Anatek Moscow - 1282 Alturas Drive - Moscow, ID 83843 - 208-883-2839 - moscow@anateklabs.com - FL NELAP E87893
Anatek Spokane - 504 E Sprague Ste. D - Spokane, WA 99202 - 509-838-3999 - spokane@anateklabs.com - FL NELAP E871099
Anatek Yakima - 4802 Tieton Drive - Yakima, WA 98908 - 509-225-9404 - yakima@anateklabs.com - FL NELAP E871190
Anatek Wenatchee - 3019 Gs Center Rd - Wenatchee, WA 98801 - 509-701-8362

Kelly's Pump Sales and Service inc.

P.O. Box 916
Kittitas, WA 98934
Phone (509) 607-6292

Pump Test Data Sheet

Name: Genevieve Sedwick
Address: 1690 Mountain Creek Dr
Cle Elum, Wa 98922
Use: Domestic

Date: 11-19-24

Measuring Point: Top Of Casing
Well Depth: 185'
Discharge Rate: 20gpm
Casing installed: 6" steel

Conducted By: Dylan
Pump Used: 1.5 hp
Well Tag:

Time	PSI	Pumping Level	Draw	GPM	Comments
10:00 AM		112'		0	STATIC
10:05 AM		115'	3'	20	
10:20 AM		115'	0	20	
10:30 AM		115'	0	20	
10:45 AM		115'	0	20	
11:00 AM		115'	0	20	
11:15 AM		115'	0	20	
11:30 AM		115'	0	20	
12:00 PM		115'	0	20	
12:30 PM		115'	0	20	
1:00 PM		115'	0	20	
1:30 PM		115'	0	20	
2:00 PM		115'	0	20	

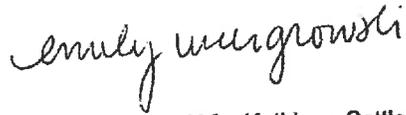
Recovery: 115' to 113' in less than 1 minute. 18 minutes to 112'

The purpose of this inspection is to report the present "as is" and visible

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

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.

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: Talena & Kelly

Work Order: YEK0447
Project: 1690 Mountain Creek Drive
Reported: 11/21/2024 15:26

Analytical Results Report

Sample Location: 1690 Mountain Creek Drive- Bathroom
Lab/Sample Number: YEK0447-01 **Collect Date:** 11/19/24 12:20
Date Received: 11/19/24 18:30 **Collected By:** Dylan
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology								
E. coli	Absent		1.00	1	11/20/24 13:09	DRA	SM 9223 B	
Total Coliform	Absent		1.00	1	11/20/24 13:09	DRA	SM 9223 B	
Inorganics								
Nitrate/N	ND	mg/L	0.200	10	11/20/24 9:39	DRA	Hach 10206	
Nitrite/N	ND	mg/L	0.0100	1	11/20/24 18:03	DRA	SM 4500-NO2-B	



Anatek Labs, Inc.
 504 E. Sprague Suite D 1282 Alturas Drive
 Spokane, WA 99202 Moscow, ID 83843
 509-838-3999 208-883-2839

YEK0447



Due: 12/06/24

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11 / 19 / 24 Month Day Year	Time Sample Collected 12:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Kittitas
---	---	--------------------

Type of Water System (check only one box)
 Group A Group B Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# _____

System Name: _____

Contact Person: Talena Hunter

Day Phone: _____ Cell Phone: (509) 607-3549

Email: _____

Send results to: (Print full name, address and zip code)
 Kellys Pumps @ gmail . com

SAMPLE INFORMATION

Sample collected by (name): Dylan

Specific location where sample collected: 1690 Mountain Creek Drive
 Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>	<p>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 _____</p>
<p>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 S <small>Public systems must provide source number from WFI</small></p>	

4. Sample Collected for information Only
 Investigative Construction / Repairs _____ Other _____

<p>LAB USE ONLY DRINKING WATER RESULTS</p> <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	<p>LAB USE ONLY <input type="checkbox"/> Satisfactory</p>
--	--

Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____
 Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Date and Time Received: 11/19 @ 12:30 8:47.2 Dig 16

Date Analyzed: _____	Date Reported: _____
Sample Number (DOH number plus five digits) (SPO-112, MOS-125)	Lab Use Only: KWO 520

ANATEK LABS

Chain of Custody

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

YEK0447



Due: 12/06/24

Please fill out completely and legibly

Date Collected: 11/19/24 Time Collected: 12:20 AM PM 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: 1690
Mountain Creek Drive
Specific Location (bathroom, frost-free tap, etc.):
Bathroom

Sample Collected By: Dylan Company:

Send Report To: Name

Address

City St Zip

Telephone

Email: Kellys Pumps@gmail.com

Amount: Received By:

Cash Check #: PO #: Bill Other #:

For Lab Use Only

of Containers: 1 Shipped Via: C

Preservatives: Temperature: 8.0/7.2

Date and Time Received: 11/19/2024 By: [Signature]

Notes:

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

Individual Analyses

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

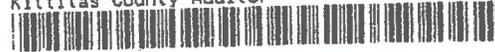
- Coliform Bacteria (presence/absence)
- Coliform Bacteria (count/MFN)
- HPC (Heterotrophic Plate Count)
- Fecal Coliform
- Iron Bacteria
- Sulfur Bacteria

Test Packages

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

09/12/2025 09:33:23 AM

\$303.50
Covenants SEDGWICK
Kittitas County Auditor



RETURN THE ORIGINAL DOCUMENT TO:

NAME (Print) Genevieve Sedgwick
MAILING ADDRESS 1015 E. 2ND CHILLUM
WA 98922

Declaration Of Covenant

I (we), the undersigned, owner(s) in fee simple of the land described herein, hereby declare this covenant and place the same on record.

I (we), the grantor(s) herein, David and Genevieve Sedgwick, a married couple, am (are) the owner(s) in fee of (an interest in) the following described real estate situated in Kittitas County, State of Washington; to wit:

Parcels 1A & 1B of Sedgwick SP-24-00012

NOW, THEREFORE, the grantor(s) agree(s) and covenant(s) that said grantor(s), his (her) Heirs, successors, and assigns will comply with the following:

Parcels 1A & 1B of Sedgwick Short Plat shall not be further subdivided while designated for agricultural use by the Kittitas County Comprehensive Plan.

These covenants shall run with the land and shall be binding to all parties having or acquiring any right, title, or interest in the land described herein or any part thereof and shall inure to the benefit of each owner thereof.

WITNESS _____ hand _____ this 11 day of Sept, 2025
[Signature] (Seal)
[Signature] (Seal)
Grantor (s)

State of Washington
County of Kittitas

I, the undersigned, a Notary Public in and for the above-named County and State, do hereby certify that on this 11th day of September, 2025 personally appeared before me David & Genevieve Sedgwick to me known to be the individual described in and who executed the within instrument and acknowledge that he/she (they) signed and sealed the same as a free and voluntary act and deed, for the uses and purpose therein mentioned.

GIVEN under my hand and official seal, the day and year last above written.

SIGNATURE) [Signature]
(NAME PRINTED) Carrie R Bainter
Notary Public in and for the State of Washington residing at
Chillum
My Commission Expires:
3/28/26

CARRIE R BANTER
NOTARY PUBLIC #199158
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 28, 2026





**KITTITAS COUNTY
PUBLIC WORKS**

Receipt Number: PW25-00568

411 N. Ruby Street, Suite 1
Ellensburg, WA 98926
509-962-7523 / www.co.kittitas.wa.us/public-works/

Payer/Payee: SEDGWICK, DAVID A & GENEVIEVE B
1015 E 2ND ST STE 2-114
CLE ELUM WA 98922

Cashier: KRISTIN KINSLEY
Payment Type: CHECK (5742)

Date: 08/19/2025

WM-25-00044 Water Mitigation		1690 MOUNTAIN CREEK DR CLE ELUM		
<u>Fee Description</u>	<u>Fee Amount</u>	<u>Amount Paid</u>	<u>Fee Balance</u>	
AUDITOR RECORDING FEE	\$3.00	\$3.00	\$0.00	
Annual Water Metering Fee	\$180.00	\$180.00	\$0.00	
PUBLIC WORKS - WATER USE RECEIPTS IN LIEU SUPPLY	\$250.00	\$250.00	\$0.00	
PUBLIC WORKS - WATER USE RECEIPTS IN LIEU MGMT	\$250.00	\$250.00	\$0.00	
PUBLIC WORKS - WATER MITIGATION	\$1,495.00	\$1,495.00	\$0.00	
PUBLIC WORKS - WATER BANK	\$7,302.00	\$7,302.00	\$0.00	
WM-25-00044 TOTALS:	\$9,480.00	\$9,480.00	\$0.00	
TOTAL PAID:		\$9,480.00		