

Anatek Labs, Inc.

504 E Sprague Ave Ste D
Spokane WA 99202
(509) 838-3999 FAX 838-4433

1282 Alturas Drive
Moscow ID 83843
(208) 883-2839 FAX 882-9246

Turn Around Time Normal Next Day* 2-Day*

Email Phone Mail Fax

Results Needed by: / /

*Rush Charges Apply

FAX #

Please fill out completely and legibly

Date Collected 5/7/08	Time Collected AM PM	County Fremont
Sample Purpose <input type="checkbox"/> Purchase/Sale/Bldg Permit <input type="checkbox"/> Informative <input checked="" type="checkbox"/> New Well		
Sample Type <input checked="" type="checkbox"/> Standard Drinking Water <input type="checkbox"/> Raw Source Water <input type="checkbox"/> Other (Specify)		
Owner or Manager Name Dobbs Architects		
Specific Location Where Sample Was Collected (i.e. address of well) 34135 Hwy 20 E		
Send Report to: Name: Fabrice Bouchard		
Address: 211 W 5th		
City: Pullman	St: W	Zip: 99137
Day Tel #: 739-2300	Eve/Msg Tel #	
Sample Collected by: Fabrice	Company: FABRIE	
Source Type (Check One) <input checked="" type="checkbox"/> Well/WellSpring <input type="checkbox"/> Purchased or Intertie <input type="checkbox"/> Spring <input type="checkbox"/> Grd Water under Surface Influence <input type="checkbox"/> Surface Water <input type="checkbox"/> Combination or Other		

IUU BOUND

Inorganic Chemical Analysis Report

Tests	MCL	Results	Units	Compliance Y/N	Initials
<input checked="" type="checkbox"/> Arsenic (AS)	0.05	<0.05	mg/L	Y	MB
Barium (Ba)	2		mg/L		
Beryllium (Be)	0.004		mg/L		
Cadmium (Cd)	0.0005		mg/L		
Chromium (Cr)	0.1		mg/L		
Copper (Cu)	1.3		mg/L		
<input checked="" type="checkbox"/> Lead (Pb)	0.015	<0.01	mg/L	Y	MB
Manganese (Mn)	0.05		mg/L		
Mercury (Hg)	0.002		mg/L		
Nickel (Ni)	0.1		mg/L		
Selenium (Se)	0.05		mg/L		
Silver (Ag)	0.05		mg/L		
Sodium (Na)	-		mg/L		
Zinc (Zn)	5		mg/L		
Chloride (Cl)	250		mg/L		
Fluoride (F)	4		mg/L		
<input checked="" type="checkbox"/> Nitrate as N	10	<0.5	mg/L	Y	MB
Nitrite as N	0.5		mg/L		
Sulfate (SO4)	250		mg/L		
Hardness	-		mg/L as CaCO3		
Conductivity	700		µmhos/cm 25°C		
Comosivity	-		-		
Turbidity	1		NTU		
Color	15		Color Units		
pH	-		-		
TDS	500		mg/L		
TSS	-		mg/L		
Cyanide (CN)	0.2		mg/L		
Iron (Fe)	0.3		mg/L		
Magnesium	-		mg/L		
Calcium	-		mg/L		

MCL-Max. Contaminant Level TSS-Total Suspended Solids TDS-Total Dissolved Solids

COLIFORM BACTERIA (Lab Use Only)

SATISFACTORY (COLIFORM ABSENT)

Unsatisfactory (Coliform Present)
 Total Present Total Absent
 E.Coli Present E.Coli Absent

Other Lab Results

Total Coliform	/100ml	E.Coli	/100ml
Fecal Coliform	/100ml	Plate Count	/100ml

Another Sample Required

Sample Not Tested Because:
 Sample Too Old
 Wrong Container
 Other

Test Unsuitable Because:
 TNTC
 Turbid Culture
 Excess Debris

Report Date 5/9/08	Lab Analyst EUS	
Date Received 5-8-08	Time 10:27	By MB

OTHER ANALYSES REQUESTED

Inorganic Contaminants (IOC's)	
Volatile Organics (VOC's)	
Semivolatile Organics (SOC's)	
Private Well Test	

Laboratory Comments:

Lab Supervisor: William A. [Signature] Report Date: 5-15-08

080508012-003 SPOA 5/15/2008
 SAMP 5/7/2008 RCVD 5/8/2008
 T:ustsmpid FOGC 69894 NICHOLS
 ANATEK LABS

Well ID# BAB 683

Phone 738-2870

738 3390

Fogle Pump & Supply, Inc.

Customer Pump & System Record

OWNER

Name ROBERT NICHOLAS / JON VANSOEST Date 5-7-08

Address P 34135 Hwy 20 K.F.

Well Billing Address P.O BOX 750 KETTLE FALLS

Legal Description 1/4 1/4 SECT T R

Water Use, Domestic X Irrigation _____ Subdivision _____ Other _____

Well Depth 120 ID 6x4 1/2 in GPM 10 Static _____

Pump Brand DOULOS BALANCE FLOW SYSTEM New - Used

Pump Model # 106S10 GPM 10 PSI 50

Pump Serial # 0824605 Date Code 07

Motor Brand FRANKLIN New - Used

Motor HP 1 Volts 230 Phs 3

Motor Serial # _____ Date Code 07

Warranty # _____ 5 yr. Y 1 yr. _____ None _____

Pump Protector Type INTERNAL Brand _____ Model _____

Tank Brand IN WELL PANEL BOARD LATER Model SKINNY Warranty _____ yrs.

Pump Setting 100' pipe Pipe Size 1" Pipe Type SCF 120

Wire in well Size #12-4 Type SUB

Pitless Size 1" PA Brand DICKENS

Well House _____ Pit _____ Other, Explain _____

Distance to House 80' Elevation X Pipe Size & Type _____

Distance to Power Supply 80' Wire Size & Type #12 THW

Location of Control BF-20 BF IN SHOP LATER NEXT TO PERISTAL

WARNING

AVOID SERIOUS OR FATAL SHOCK BY
QUALIFIED PERSONNEL ONLY
ALL GROUNDING AND CODE REQUIREMENTS.

THIS LABEL IDENTIFIES THE FRANKLIN
SUBMERSIBLE MOTOR USED IN THE WELL.
PLEASE DISPLAY PROMINENTLY. A SUGGESTED
LOCATION IS THE DISCONNECT BOX.

MODEL 2345139203 HP 1 KW 0.75 PH 3
VOLTS 230 RPM 3450 HZ 60
AMP 3.9 S.F. MAX. AMP 4.7
SF 1.4 KVA CODE M CONT. DUTY
CSA CERTIFIED

Installed By BOONE

Electrical By _____

*7-14-08 MOUNTED BF-20
NEXT TO PERISTAL BY
NEW HOUSE ? INSTALLED
SKINNY IN WELL TANK
BS*

Invoice # _____



Franklin Electric
www.franklin-electric.com

"The Water Professionals"



◆ 316 West Fifth
Colville, WA 99114
1-800-533-6518
(509) 684-2569 Phone
(509) 684-3032 Fax

◆ P.O. Box 456
1 Smith Drive
Republic, WA 99166
1-800-845-3500
(509) 775-2878 Phone
(509) 775-0498 Fax

◆ (Spokane)
P.O. Box 1450
12019 W. Sunset Hwy.
Airway Height, WA 99001
1-800-343-9355
(509) 244-0846 Phone
(509) 244-2875 Fax

Well Drilling . Pumps . Water Treatment

PUMP TEST RESULTS

WELL ID# _____ DATE 10/24/2024

ORDERED BY Karen Van Soest PHONE 509-675-9015

WELL ADDRESS 9 Ballard Avenue, Kettle Falls, WA

MAILING ADDRESS PO Box 750, Kettle Falls, WA

WELL TYPE
DRILLED X DUG _____ DEPTH 120' CASING SIZE 6"

DRILLED BY Fogle Pump and Supply, Inc.

MEASURING POINT IS Casing WHICH IS 2 FEET ABOVE SURFACE

PUMP TYPE Sub 10GS10 HP 1 SETTING 110'

PUMP STARTED	STOPPED PUMP	GPM	PSI	STATIC LEVEL	GALLONS PUMPED	COMMENTS
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2:30		15.00			0.00	
2:47		13.00			255.00	
					281.00	
2:49						Suction
First Test						49 gallons in 9 min = 5.44gpm
Second Test						32 g in 7.66 = 4.17
Third Test						26.5 g in 7.25 = 3.65
Fourth Test						24 g in 7 min = 3.42
Well making 3.5 gpm at this time						

TESTED BY Kenny D INVOICE
SAMPLES TAKEN BAC LEAD ARSENIC NITRATE URANIUM

"The Water Professionals"



Well Drilling - Pumps - Water Treatment

Billing Address

DANNY WEBER
2312 RAINBOW ST
SEVEN BAYS, WA 99122 USA

Fogle Pump & Supply, Inc
2250 N Hwy, Colville, Washington 99114-5124
(509) 684-2569

Invoice 68358129
Invoice Date 12/30/2024
Completed Date 12/30/2024
Customer PO
Payment Term Due Upon Receipt
Due Date 12/30/2024

Job Address

DANNY WEBER
9 BALLARD
KETTLE FALLS, WA 99114 USA

Description of Work

Turned system on and system was running 4amps good flow turned hydrant off and system built up and shut off and system is holding pressure. System is working like it should at this time.

Went back out and now drive was flashing three red blinks (sensor fault) pulled off pitless and changed out transducer, set back on pitless turned system on and the system built up shut off cycled system on/off several times system is working like it should at this time.

Task #	Description	Quantity	Your Price	Your Total
30-1004	PUMP TECH MINIMUM SERVICE FEE	1.00	\$400.00	\$400.00
30-1094	BF 20/30 TRANSDUCER	1.00	\$315.00	\$315.00
1234 1234				
			Sub-Total	\$715.00
			1000 - FERRY COUNTY 8%	\$57.20
			Total Due	\$772.20
			Balance Due	\$772.20

Thank you for choosing Fogle Pump & Supply, Inc

"The Water Professionals"

"The Water Professionals"

WA LIC. NO. FOGLEPS95L4



Fogle Pump & Supply

Colville Spokane Republic
(800) 533-6518 (888) 343-9355 (800) 845-3500

Because preventative maintenance is less costly than repairs.

Well Drilling • Pumps • Water Treatment

WELL & PUMP SYSTEMS CHECK

Scheduled Maintenance

CUSTOMER NAME: KAREN VAN SOEST
 ADDRESS: 9 BALLARD WAY
 CITY: KETTLE FALLS STATE: WA ZIP: 99141
 HOME PHONE: 509-675-9015 WORK PHONE: _____
 DATE: 10-24-24 PUMP TECHNICIAN: KENNY DEGEN

The following items are inspected and Condition noted for future reference.

PUMP AND CONTROL BOX BRAND Goolds MODEL L.H.P.

	OK	SERVICED	NEEDS SERVICE	N/A	Replaced
Voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amperage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winding Insulation Resistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Capacitor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Run Capacitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reset/Overload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mag. Contactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PUMP HOUSE ELECTRICAL

	OK	SERVICED	NEEDS SERVICE	N/A	Replaced
Disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wire Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduit Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduit Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PUMP PROTECTION BRAND INTERNAL MODEL _____

	OK	SERVICED	NEEDS SERVICE	N/A	Replaced
Pump Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PUMP HOUSE PLUMBING

	OK	SERVICED	NEEDS SERVICE	N/A	Replaced
Pipe Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hose Bib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PRESSURE TANK BRAND _____ MODEL _____

	OK	SERVICED	NEEDS SERVICE	N/A	Replaced
Pressure Switch <u>TRANSDUCER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Pressure Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank Pre Charge P.S.I.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Valve PSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Tee Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PUMP HOUSE CONDITION

Exterior Condition: No PumpHouse
 Interior Condition: _____
 Floor Condition: _____
 Insulation: _____

WELL HEAD SIZE 6" TYPE _____ ID# _____

	OK	SERVICED	NEEDS SERVICE	N/A	Replaced
Well Cap/Seal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elec. Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitless adapter Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Condition Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Cap Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduit Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet Chlorinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WATER SAMPLES

	YES	NO	N/A
Bacteria Sample	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Store Sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead, Nitrate, Arsenic (opp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDED SERVICE: EVERYTHING IN GOOD WORKING CONDITION AT THIS TIME

COMMENTS: _____

SYSTEM CHECK AGREEMENT: 1 Year 2 Year