





CASCADE ANALYTICAL  
2000 1st Ave. S.E.  
Everett, WA 98203

Lab#: 00000  
Client: Tulliver Drilling & Pump Inc  
Address: 107  
Location: ID

000-000-000

Client Name: Tulliver Drilling & Pump Inc

Report Date: 7/11/98

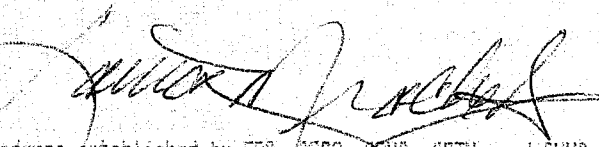
Tulliver Drilling & Pump Inc  
P.O. Box 777  
Leavenworth WA 98825

Date Received: 7/10/98

Date Sampled: 7/10/98

Lab Number	Sample Id	Test Requested	Results
000-000-000	Blue Heron	Total Coliform Bivalent	Negative

Approved By:



Cascade Analytical uses procedures established by EPA, ACAC, APCA, ASTM, and SWMA. Cascade Analytical makes no warranty of any kind the client assumes all risk and liability from the use of these results. Cascade Analytical, Inc.'s liability to the client as a result of use of Cascade's test results shall be limited to a sum equal to the fees paid by the client to Cascade Analytical, Inc. for analysis.

1008 W. Ahtanum Rd.  
 Union Gap, WA 98903  
 (509) 452-7707  
 Fax: (509) 452-7773



3019 G.S. Center Rd.  
 Wenatchee, WA 98801  
 (509) 662-1888  
 Fax: (509) 662-8183

Billing Code: 367  
 Batch #: 018226

## NITRATE & NITRITE ANALYTICAL REPORT

Send Report to: <u>Tumwater Drilling &amp; Pump Inc</u> <hr/> <u>P.O. Box 777</u> <hr/> <u>Leavenworth, WA 98826</u> <hr/>	Bill to: (Client Name) <u>Tumwater Drilling &amp; Pump Inc</u> <hr/> <u>PO Box 777</u> <hr/> <u>Leavenworth, WA 98821</u> <hr/>
Date Collected: (MM/DD/YY) <u>7</u> / <u>9</u> / <u>08</u>	System Group Type: (Circle one) A B Other: (Specify) <u>Y</u>
Water System ID Number <u>3AP 283</u>	System Name: <u>Blue Herron</u>
Lab -- Sample Number <u>105</u> -- <u>011833</u>	County: <u>Chehalis</u>
Sample Location: <u>Blue Herron</u>	Source Numbers(s) _____, _____, _____, _____
Sample Purpose: (Check Appropriate Box) <input checked="" type="checkbox"/> RC - Routine/Compliance (satisfies monitoring requirements) <input type="checkbox"/> C - Confirmation (confirmation of chemical result) <input type="checkbox"/> I - Investigative (does not satisfy monitoring requirements) <input type="checkbox"/> O - Other (specify) _____	Date Received: (MM/DD/YY) <u>7</u> / <u>10</u> / <u>08</u> <small>Analyzed</small> Date Reported: (MM/DD/YY) <u>7</u> / <u>11</u> / <u>08</u> <small>Reported</small> Date Received: (MM/DD/YY) <u>7</u> / <u>11</u> / <u>08</u> <small>Received</small> COMMENTS: _____
Sample Composition: (Check Appropriate Box) <input checked="" type="checkbox"/> S - Single Source <input type="checkbox"/> B - Blended (List Multiple Source Numbers in Source Nos. field) <input type="checkbox"/> C - Composite (Specify in Comments field) <input type="checkbox"/> D - Distribution sample	Sample Type: (Check one) <input type="checkbox"/> Pre-Treatment/Raw <input type="checkbox"/> Post-Treatment/Finished <input checked="" type="checkbox"/> Unknown  Sample Collected by: <u>Client</u> Phone Number: <u>509-548-5361</u>

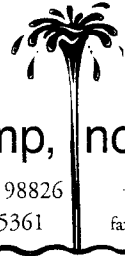
### EPA/STATE REGULATED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL	Date Analyzed	METHOD/Analyst Initials
							EXCEEDED		
0020	Nitrate-N	8.56	mg/L	2	5.0	10.0	No	07/11/08	1500ND3-F/CTG
0114	Nitrite-N	< 0.07	mg/L	0.2	0.5	1.0	No	07/11/08	1500ND2-F/CTG
0161	Total Nitrate + Nitrite	8.56	mg/L	2	-	10.0	No	07/11/08	1500ND3-F/CTG

**NOTES:**

- SRL (State Reporting Level):** The minimum reporting level established by the Washington State Department of Health (DOH)
- Trigger Level:** DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for further information.
- MCL (maximum Contaminant level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
- NA: Not Analyzed:** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.
- <(0.00X):** The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Tumwater Drilling & Pump, inc.

mailing address: P.O. Box 777, Leavenworth, WA 98826

location: 9290 Hwy 2, Dryden, WA 98821

phone: (509) 548-5361

fax: (509) 548-1100

## RE: SHARED WELL PUMP INFORMATION FOR POTENTIAL BUYER

Tumwater Drilling & Pump Inc. has made sharing a well a very easy and stress free. Each lot owner can have their own individual pump in a shared well. This keeps the pumps and power connections separate. The pumps that we use are unique in that they are smaller in diameter than a conventional well pump. This allows us to place two pumps in tandem in a 6" well.

This pump has many great features, such as soft start and soft stop technology; this eliminates torque down the well and eliminates noise in the house. Variable speed / frequency drive, which keeps the water pressure within 2psi of your desired pressure giving you "City like pressure". Compact pressure tank of only 2.1 gallons eliminates the need for a much larger and bulky conventional 85 gallon pressure tank. This allows us to keep the equipment much more compact.

Tumwater Drilling & Pump inc. is also a full service provider for all major brands of domestic pumps, irrigation pumps and water treatment systems.

We would be happy to discuss any questions you may have and encourage you to contact us. Our office is located at 9290 Hwy 2, near Dryden, WA. Office hours are M-F 7am-4pm. Or you can contact us by phone or E-mail at 509-548-5361 & [h2o@tumwaterdrilling.com](mailto:h2o@tumwaterdrilling.com).