



JKA Well Drilling & Pumps
 PO BOX 310
 Monroe, WA 98272
 (360) 794-7300

BILL TO

Lesley Johnson
 14151 174th Place Northeast
 Redmond, WA 98052 USA

INVOICE
 50720

INVOICE DATE
 2/17/2026

JOB ADDRESS

Don Baus
 18020 214th Avenue Northeast
 Woodinville, WA 98077 USA

Completed Date 2/17/2026
Technician Kevin White
Customer PO #
Payment Term Due Upon Receipt
Due Date 2/17/2026

DESCRIPTION OF WORK

Site visit for a real estate transaction inspection
 The well pump itself appears to be in good shape.
 The pressure tank is past its expected service life of 12 to 15 years. I recommend replacement of the tank and accessories
 The pressure switch contact points are badly burnt- this will be replaced at the time of the pressure tank replacement
 The water chemistry has over the MCL for ferrous iron. It also is moderately hard. JKA recommends a water softener followed by a sediment cartridge filter to correct this issue.
 There are rodents living in the well house . JKA recommends cleaning the well house and installing traps to eliminate the vermin.
 The owner is mailing JKA a check for the invoice balance. The inspection forms and laboratory results will be provided once payment has been received

DESCRIPTION	QTY	PRICE	TOTAL
*Well Inspection, Real Estate Transaction, Complete: Arsenic, nitrates, and bacteriological testing by third party Washington State certified laboratory. Bacteriological testing will take 4-6 business days for laboratory processing. Nitrates/arsenic will take 8-11 business days for laboratory processing. Visual inspection of plumbing/electrical components on site. A written report showing current system, equipment, setbacks, and any recommendations will be provided. Up to 1-1/2 HOURS of flow testing using owners power supply to run pump. Additional time will be billed at \$195 per hour. If power is unavailable at time of service, with prior notice, Company can provide a generator for an additional \$200, plus \$45 per operating hour.	1.00	\$950.00	\$950.00

PAYMENT

Paid On	Type	Memo	Amount
1/22/2026	Visa		\$295.00
		SUB-TOTAL	\$950.00
		TAX	\$84.55

TOTAL DUE	\$1,034.55
PAYMENT	\$295.00

BALANCE DUE	\$739.55
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Thank you for your business!



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 02/10/2026 Month Day Year	Time Sample Collected 10:30 am	County King
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Type of Water System (check only one box)
 Group A Group B Other p

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID#: 50720
 System Name: Baus

Contact Person: Beverly Kiltoff

Day Phone: 360-794-7300 Cell Phone:

Email: service@JKAwelldrilling.com

Send results to: (Print full name, address and zip code or e-mail)
 JKA Enterprises, 21703 195th Ave SE PO Box 310 Monroe, WA 98272

SAMPLE INFORMATION

Sample collected by (name): Kevin White

Specific location where sample collected: 18020 214th Ave NE
 Sample Tap At Pressure Tank Special instructions or comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. 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:
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3. Ground Water Rule Source Sample <input type="checkbox"/> Triggered (A/P) Assessment (A/P)	Chlorinated: Yes No Chlorine Residual: Total: Free:
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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
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<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
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Bacterial Density Results:	Total Coliform: <1/100mL	E. coli: <1/100mL
	Fecal Coliform: NA/100mL	HPC: NA/1mL

Date/Time Received: 2/11/2026 12:35:00PM Lab Reference Number: M26B0105-01

Receipt Temp (C): 8.7 C Method Code: SM 9222 B+9221 E1 (LES Endo/EC), SM 9222 B+9221 F (LES Endo/EC MUG), ,

Date Reported: 02/12/2026 Lab Use Only:

DOH Lab- Sample# 0660-M26B0105-01

Complete Inorganic Chemistry
ANALYSIS REPORT

Date Collected: 02/10/26	System Group Type: A B Other: P
Water System ID Number: 50720	System Name: Baus
Lab Number/Sample Number: 0660-A26B0235-01	County: King
Sample Location: 18020 214th Ave NE Hose bib at pressure tank	Source Number (s):
Sample Purpose: (Check Appropriate Box) RC - Routine Compliance (Satisfies monitoring requirements) C - Confirmation (Confirmation of chemical result) <input checked="" type="checkbox"/> I - Investigative (Does not satisfy monitoring requirements) O - Other (Specify- does not satisfy monitoring requirements)	Date Received: 02/11/26 Date Reported: 02/19/26 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: Kevin White Phone Number: 360-794-7300
Send Report To: JKA Enterprises 21703 195th Ave SE PO Box 310, Monroe, WA 98272	Bill To: Beverly Kiltoff

ANALYTICAL RESULTS

DOH#	CONTAMINANT	DATA QUALIFIER	RESULT	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL (X if Yes)	DATE ANALYZED	METHOD/ INITIALS
0004	Total Arsenic		0.0052	0.001	0.01	0.01	mg/L		02/18/26	EPA 200.8_5.4_1994/ LF
0161	Total Nitrate + Nitrite		ND	0.5	5	10	mg/L		02/11/26	EPA 300.0_2.1_1993/ AL
0020	Nitrate Nitrogen		ND	0.5	5	10	mg/L		02/11/26	EPA 300.0_2.1_1993/ AL
0114	Nitrite Nitrogen		ND	0.1	0.5	1	mg/L		02/11/26	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: A26B0235-01

Sample Name: 18020 214th Ave NE Hose bib at pressure tank

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

ElementStationManager For Seth Farb

Vice President

Report To:	Bill To: <i>JKA</i>
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	SEND REPORT BY: <input type="checkbox"/> MAIL <input type="checkbox"/> WEB <input checked="" type="checkbox"/> EMAIL
Email:	

Sampling Information REQUIRED

1. **Investigative** **Compliance** – for State regulations for Public Water Systems. (Results will be sent to you and the State.)

2. Date Collected: *2/10/26* Time Collected: *10:30* AM PM

3. Collected By: *Kevin White* Telephone: *360 794-7300*

4. Specific Location where sample was taken: *18020 214th Ave NE
 Hose bib at Pressure Tank*

Water System Information REQUIRED

5. System Name: *Baus* System ID #: *50720*

6. DOH Source #: 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: A B 8. County: *KING*

9. Source Type: Surface Well/Ground Water Well Field Spring Purchased

10. Sample Taken: Before Treatment After Treatment No Treatment In Distribution

11. Treatment Type: None Aeration Filtration Chlorination Softener Other:

Analysis to Perform (FREQUENTLY REQUESTED TESTS). FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS

Organic Compounds <input type="checkbox"/> 524.2 - VOC <input type="checkbox"/> 552.2 - Haloacetic Acids (HAA) <input type="checkbox"/> 524.2 - Trihalomethanes (THM) Synthetic Organic Compounds (SOC) <input type="checkbox"/> 515 - Herbicides <input type="checkbox"/> 525 - Insecticides/Pesticides	Inorganic Compounds <input type="checkbox"/> Complete Inorganics (IOC) <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Arsenic <input checked="" type="checkbox"/> Nitrates in Drinking Water <input type="checkbox"/> Snohomish County List <input type="checkbox"/> 531 - Carbamates	OTHER ANALYSIS, Please List:
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Relinquished By	Date	Time	Received By	Date	Time
<i>Ryan C. [Signature]</i>	<i>2/11/26</i>	<i>12:34pm</i>	<i>[Signature]</i>	<i>2/11/26</i>	<i>12:35</i>

*****FOR LABORATORY USE ONLY*****

	YES	NO	N/A
SAMPLE TEMP. <i>8.7</i> °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY ID# <i>A26 B0235 -01</i>	REQUESTED TAT: <input type="checkbox"/> NORM <input type="checkbox"/> 2-DAY <input type="checkbox"/> 5-DAY <input type="checkbox"/> 24-HOURS		PAYMENT: