

DOCKETED

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ORIGINAL

ARIZONA-AMERICAN WATER COMP

2003 GENERAL RATE CASE

DOCKET NOS. WS-01303A-02-0867, 0868, 0869, 0870, and 0908

RESPONSE TO DATA REQUEST NO. LRH 38

DOCKETED BY CAL

Response provided by: Fredrick K. Schneider

Title: Manager

Company Name: Arizona-American Water Company

Address: 101 Corporate Center, Ste. 201  
19820 North 7<sup>th</sup> Street  
Phoenix, Arizona 85024

WS-01303A-02-0867  
WS-01303A-02-0868  
WS-01303A-02-0869  
WS-01303A-02-0870  
W-01303A-02-0908

Company Response Number: LRH 38-1

Q. During the public meeting on November 5, 2003 at Anthem, many customers complained of a water quality problem with "brown water." Did such a water quality problem occur? If so, please define the nature of the problem, its cause, the dates and duration of the occurrence(s), and what measures Arizona-American Water Company is taking to prevent a recurrence.

A. Anthem Water Discoloration: On Friday, September 5, 2003, Anthem staff and Anthem customers noticed a yellowish color in the finished water being produced by the Anthem water plant. The source of the color was believed to be due to a change in water quality from the Central Arizona Project (CAP) canal and from Lake Pleasant. Chlorine residual and turbidity samples at the plant were increased immediately to ensure all health and safety standards continued to be adhered to. Distribution sampling for chlorine was also immediately increased. The addition of powder activated carbon to the treatment process began almost immediately to mitigate the effects of any source water issues. An investigation on source water quality also began on September 5<sup>th</sup>. On Monday the 8<sup>th</sup> of September (the first day the labs were open) source water samples were taken for metals. The results of these samples confirmed the source of the discolored water. Higher than normal levels of manganese were present in the Lake Pleasant source water.

This occurs because the water being removed from the lake at this time of year is from the lower levels of Lake Pleasant. Water entering the CAP lower gates has almost no oxygen in it due to temperature stratification of the lake. The anoxic water is under reducing conditions which allows the biota in the lake to utilize any available oxygen molecule. The most likely available oxygen being utilized in these conditions are from manganese bicarbonates (MN(HCO3)2) and manganese sulfates (MNSO4). When the natural lake biota utilize available oxygen molecules from these compounds, the

manganese is liberated to the water column. When water containing manganese is treated with chlorine, the water turns yellow. This is the phenomenon experienced at Anthem, the City of Scottsdale and the City of Glendale.

On September 8<sup>th</sup>, Anthem began using a treatment chemical called potassium permanganate (ppm). This chemical oxidizes the liberated manganese in the water causing it to precipitate out. An immediate improvement was noted with the addition of the ppm. The correct dose of ppm was not immediately known due to changing source water conditions and analysis time needed for the lab to obtain sampling results.

On Saturday, September 13, 2003 color coming from the plant was at non-detectable levels and a system wide flushing program was initiated on September 14<sup>th</sup>.

During this episode it is important to note that the Maricopa County Environmental Services Department and the Arizona Department of Environmental Quality was informed of the situation and was consulted with to find the solution. Microbiologic sampling for that month was tripled to ensure the safety of the water. According to the EPA, the level of manganese in the Anthem drinking water has no ill health effects. This colored water incident was purely an aesthetic problem.

A press release explaining the colored water issue was published in the local newspaper, The Desert Advocate, on September 17<sup>th</sup>. A notice explaining the issue was mailed to all Anthem residents on September 18<sup>th</sup>. American Water notified the City's of Phoenix, Scottsdale and Glendale of this source water issue so they could adjust their treatment processes to correct this problem. The City's of Glendale and Scottsdale had discolored water episodes due to this same source water problem.

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**ARIZONA-AMERICAN WATER COMPANY  
2003 GENERAL RATE CASE  
DOCKET NOS. WS-01303A-02-0867, 0868, 0869, 0870, and 0908  
RESPONSE TO DATA REQUEST NO. LRH 38**

Response provided by: Fredrick K. Schneider  
Title: Manager  
Company Name: Arizona-American Water Company  
Address: 101 Corporate Center, Ste. 201  
19820 North 7<sup>th</sup> Street  
Phoenix, Arizona 85024

Company Response Number: LRH 38-2

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- Q. Provide copies of all water testing reports for Anthem from and after September 1, 2003.
- A. See the attached reports.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

07-504 Arizona American Water Co.

System ID [9,3,03] [09:05] (24 hr clock)

System Name R. Moore

Sample Date [6/3-4/5-3001] Sample Time

Owner/Contact Person 445-2408

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone ANI-1 20145 Greshwin Dr

**SAMPLING SITE ID**

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number [ ]

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/3/03 16:05	9/4/03 16:05	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<**

To be filled out by laboratory personnel

SPECIMEN NUMBER [0309-08234-001]

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

Comments: [ ]

Authorized Signature: [Rm]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[0171-51014] Arizona American Water Co  
System ID System Name

[09/03/03] [09:22] (24 hr clock) R. Moses  
Sample Date Sample Time Owner/Contact Person

~~623-465-2000~~ 623-445-2400  
Owner/Contact Fax Number Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone 40104 Integrity Trail

AW-2  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

[ ]  
Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/3/03 16:05	9/4/03 16:05	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[0309-08234-002] Legend Technical Services of Arizona, Inc.  
ID Number [AZ 0/0/0/4] Name:

Comments: [ ]

Authorized Signature: [ R. Moses ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

07-504 Arizona American Water Co

System ID 9 103 103 [ 10 36 ] (24 hr clock)

System Name R. Moore

Sample Date 6-23-465-3001

Owner/Contact Person 623-445-2400

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone Plymouth DR  
AN 1-3

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/3/03 16:05	9/4/03 16:05	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0309-08234-003

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

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

Authorized Signature: [Signature]

Date Public Water System Notified: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

0171-15014 Arizona American Water Co.  
 System ID System Name  
913103 [09:45] (24 hr clock) R Moore  
 Sample Date Sample Time  
623-465-3001 623-445-2400  
 Owner/Contact Fax Number Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone ANL - 42413 CROSSWATER WAY  
 SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

[ ]  
 Original Violating Specimen Number  
 Repeat, Original Location  
 Repeat, Other Location  
 Repeat, Downstream Location  
 Repeat, Upstream Location  
 400 ml Repeat (Single Tap Only)  
 300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/3/03 16:05	9/4/03 16:05	+
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<**

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[0309-08234-004]

ID Number [AZ 0/0/0/4] Name: [Legend Technical Services of Arizona, Inc.]

Comments: [ ]

Authorized Signature: [ R Moore ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

0171-151014      American Water / Anthem  
 System ID      System Name  
9/10/03      11:39 (24 hr clock)      Richard Moore  
 Sample Date      Sample Time      Owner/Contact Person  
623-465-3001      623-445-2474  
 Owner/Contact Fax Number      Owner/Contact Person Phone Number

**SAMPLE TYPE**  
 Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**  
 Zone  
AWZ-1 3450 Steinbeck Dr  
**SAMPLING SITE ID**

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number  
 Repeat, Original Location  
 Repeat, Other Location  
 Repeat, Downstream Location  
 Repeat, Upstream Location  
 400 ml Repeat (Single Tap Only)  
 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*  
 >>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/10/03 1050	9/11/03 1050	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			0
9222B	Present/1	Fecal Coliform	3013			0
9221D	Present/1	Fecal Coliform	3013			0

>>>> LABORATORY INFORMATION <<<<<  
 To be filled out by laboratory personnel

SPECIMEN NUMBER  
0309-08557-001  
 ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.  
 Comments: \_\_\_\_\_  
 Authorized Signature: [Signature]  
 Date Public Water System Notified: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

[ 0171-151014 ]  
System ID

American Water / Anthem  
System Name

[ 9/10/03 ] [ 11:22 ] (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623-465-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN2-2 40937 Wild West Tr  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/10/03 11:22	9/11/03 11:50	⊘
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0309-08557-002 ]

ID Number [AZ 0/0/0/4] Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [ [Signature] ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

0,7,-1,5,0,4

American Water / Anthem

System ID

System Name

9,10,03

10:35

(24 hr clock)

Richard Moore

Sample Date

Sample Time

623-465-3001

Owner/Contact Person

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN2-3 42520 Cross Timbers Ct

**SAMPLING SITE ID**

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/10/03 1050	9/11/03 1050	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<<**

To be filled out by laboratory personnel.

**SPECIMEN NUMBER**

0309-08557-003

ID Number [AZ 0/0/0/4]

Name:

Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[ 10/7/15/0/4 ]  
System ID

American Water / Anthem  
System Name

[ 9/17/03 ] [ 07 : 19 ] (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623-465-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

<p align="center"><b>USE IF INITIAL SAMPLE WAS POSITIVE</b></p> <p>Original Violating Specimen Number  <input type="checkbox"/> Repeat, Original Location  <input type="checkbox"/> Repeat, Other Location  <input type="checkbox"/> Repeat, Downstream Location  <input type="checkbox"/> Repeat, Upstream Location  <input type="checkbox"/> 400 ml Repeat (Single Tap Only)  <input type="checkbox"/> 300 ml Repeat (Single Tap Only)</p>
--

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-1 40717 Capital Ct  
SAMPLING SITE ID

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	<u>9/17/03 1525</u>	<u>9/17/03 1525</u>	<u>+</u>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

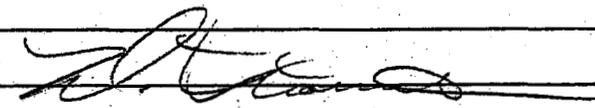
To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0309-08843-001 ]

ID Number [AZ 0/0/0/4] Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[0171-15/014]

American Water / Anthem

9-17-03 System ID  
~~7/19/03~~  
Don't 0-17-03 Sample Date

[08:13] (24 hr clock) Sample Time

System Name  
Richard Moore

623-465-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-2 42017 Emerald Lake Ct  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

[ ]  
Original Violating Specimen Number  
 Repeat, Original Location  
 Repeat, Other Location  
 Repeat, Downstream Location  
 Repeat, Upstream Location  
 400 ml Repeat (Single Tap Only)  
 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/12/03 1525	9/18/03 1525	⊕
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

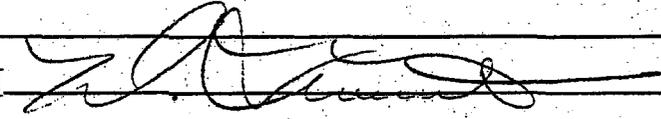
**SPECIMEN NUMBER**

[0309-08843-002]

**Legend Technical Services of Arizona, Inc.**

ID Number [AZ 0/0/0/4] Name: [ ]

Comments: [ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[ 0,7,15,0,4 ]

American Water / Anthem

System ID [ 9,17,03 ] [ 08:05 ] (24 hr clock)

System Name  
Richard Moore

Sample Date [ 623-465-3001 ]

Owner/Contact Person  
623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-3 2915 W Plum Hollow

**SAMPLING SITE ID**

<b>USE IF INITIAL SAMPLE WAS POSITIVE</b>	
[ ]	
Original Violating Specimen Number	
<input type="checkbox"/>	Repeat, Original Location
<input type="checkbox"/>	Repeat, Other Location
<input type="checkbox"/>	Repeat, Downstream Location
<input type="checkbox"/>	Repeat, Upstream Location
<input type="checkbox"/>	400 ml Repeat (Single Tap Only)
<input type="checkbox"/>	300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/17/03 1525	9/15/03 1525	⊘
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

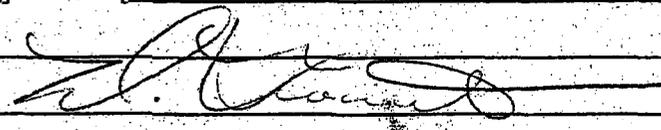
**SPECIMEN NUMBER**

0309-08843003

**Legend Technical Services of Arizona, Inc.**

ID Number [AZ 0/0/0/4] Name: [ ]

Comments: [ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

[0171-151014] American Water / Anthem  
**System ID** **System Name**  
 [9/8/03] [12:15] (24 hr clock) Richard Moore  
**Sample Date** **Sample Time** **Owner/Contact Person**  
623-465-3001 623-445-2474  
**Owner/Contact Fax Number** **Owner/Contact Person Phone Number**

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN1-1 40145 Gershwin Dr  
**SAMPLING SITE ID**

<p align="center"><b>USE IF INITIAL SAMPLE WAS POSITIVE</b></p> <p>[ ]</p> <p>Original Violating Specimen Number</p> <p><input type="checkbox"/> Repeat, Original Location</p> <p><input type="checkbox"/> Repeat, Other Location</p> <p><input type="checkbox"/> Repeat, Downstream Location</p> <p><input type="checkbox"/> Repeat, Upstream Location</p> <p><input type="checkbox"/> 400 ml Repeat (Single Tap Only)</p> <p><input type="checkbox"/> 300 ml Repeat (Single Tap Only)</p>
---

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*  
>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1450	9/9/03 1650	<input checked="" type="checkbox"/>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<  
To be filled out by laboratory personnel

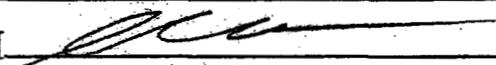
**SPECIMEN NUMBER**

[0207-06389-001]

**Legend Technical Services of Arizona, Inc.**

ID Number [AZ 0/0/0/4] Name: [ ]

Comments: [ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

10/71-19/0/4

System ID

American Water / Anthem

System Name

9/8/03

Sample Date

12:22 (24 hr clock)

Sample Time

Richard Moore

Owner/Contact Person

623-465-3001

Owner/Contact Fax Number

623-445-2474

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN1-2-40104 Integrity Trail

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 11:50	7/9/03 11:50	⊘
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<<**

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0309-08389-002

ID Number [AZ 0/0/0/4]

Name:

Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
 >>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
 >>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

[ 0171-151014 ]

American Water / Anthem

System ID

System Name

[ 9 / 8 / 03 ]

[ 13 : 40 ] (24 hr clock)

Richard Moore

Sample Date

Sample Time

Owner/Contact Person

623-445-3001

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN1-3 3527 Plymouth Dr

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1050	9/9/03 1050	+
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<<**

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0309-08389-003 ]

**Legend Technical Services of Arizona, Inc.**

ID Number [AZ 0/0/0/4] Name:

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

10171-151014  
System ID

American Water / Anthem  
System Name

9/8/03 13:10 (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623-465-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN1-4 42413 CrossWater Way  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1650	9/9/03 1850	<input checked="" type="checkbox"/>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0309-08389-004

ID Number [AZ 0/0/0/4] Name:

**Legend Technical Services of Arizona, Inc.**

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

07-1504  
[ 1/1-1504 ]

American Water / Anthem

System ID  
[ 9/8/03 ] [ 12:30 ] (24 hr clock)

System Name  
Richard Moore

Sample Date  
623-465-3001

Owner/Contact Person  
623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

ANZ-1 3450 Steinbeck Dr

**SAMPLING SITE ID**

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1650	9/9/03 1650	<input checked="" type="checkbox"/>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0309-08389-005 ]

ID Number [AZ 0/0/0/4] Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [ \_\_\_\_\_ ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

10/7/15/0/4  
System ID

American Water / Anthem  
System Name

9/8/03 10:39 (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623-445-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN2-2 40927 Wild West Trail  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1650	9/9/03 1650	Ø
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0309-08289-000

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

10/7/03-15/0/4  
System ID

American Water / Anthem  
System Name

19/8/03  
Sample Date

12:20 (24 hr clock)  
Sample Time

Richard Moore  
Owner/Contact Person

623-445-  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN2-3 42520 Cross Timbers Ct  
SAMPLING SITE ID

<p align="center"><b>USE IF INITIAL SAMPLE WAS POSITIVE</b></p> <p>[ _____ ] Original Violating Specimen Number</p> <p><input type="checkbox"/> Repeat, Original Location</p> <p><input type="checkbox"/> Repeat, Other Location</p> <p><input type="checkbox"/> Repeat, Downstream Location</p> <p><input type="checkbox"/> Repeat, Upstream Location</p> <p><input type="checkbox"/> 400 ml Repeat (Single Tap Only)</p> <p><input type="checkbox"/> 300 ml Repeat (Single Tap Only)</p>
--

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	<u>7/8/03 11:50</u>	<u>7/9/03 11:50</u>	<u>⊘</u>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<

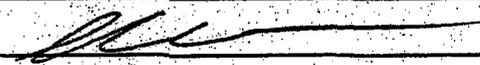
To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0207-02339-007 ]

ID Number [AZ 0/0/0/4] Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

0,7,1,5,0,4

American Water / Anthem

System ID

System Name

9,8,1,0,3

12:48 (24 hr clock)

Richard Moore

Sample Date

Sample Time

Owner/Contact Person

623-465-3051

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-1 40717 Capital CT

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1050	9/9/03 1050	<input checked="" type="checkbox"/>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<**

To be filled out by laboratory personnel

SPECIMEN NUMBER

0307-08389-008

ID Number [AZ 0/0/0/4]

Name:

Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

10171-151014  
System ID

American Water / Anthon  
System Name

9/8/03 13:30 (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623-465-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-2 40017 Emerald Lake Ct  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	<u>9/8/03 1650</u>	<u>9/9/03 1650</u>	<u>1</u>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			<u>SB</u>

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

9-2-03

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013	<u>9-8-03 1650</u>	<u>9-9-03 1650</u>	<u>0</u>
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0309 08289-009

ID Number [AZ 0/0/0/4] Name:

**Legend Technical Services of Arizona, Inc.**

Comments:

Authorized Signature:

Date Public Water System Notified:

9-9-03 Verbal SB

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

077-15104

American Water / Anthem

System ID

System Name

[ 9 / 8 / 03 ] [ 13 : 00 ] (24 hr clock)

Richard Moore

Sample Date      Sample Time

Owner/Contact Person

623-465-3001

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-3 2915 W Plum Hollow

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/8/03 1650	9/9/03 1650	<input checked="" type="checkbox"/>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<

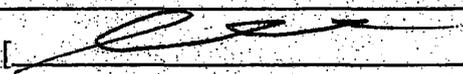
To be filled out by laboratory personnel

SPECIMEN NUMBER

[ 0309-08389-00 ]

FD Number [AZ 0/0/0/4] Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

10/71-1510/41 System ID      American Water / Anthem System Name

9/10/03 Sample Date      10:13 (24 hr clock) Sample Time      Richard Moore Owner/Contact Person

623-465-3001 Owner/Contact Fax Number      623-445-2474 Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN3-2 42017 Emerald Lake Ct  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

0309-08389-009  
Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

C. Donat  
10-1-03

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*  
>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	<u>9/10/03 11050</u>	<u>9/11/03 11050</u>	<u>Ø</u>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<  
To be filled out by laboratory personnel

SPECIMEN NUMBER

0309-08557-004

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

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

Authorized Signature: [Signature]

Date Public Water System Notified: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

0,7,1,5,0,4

American Water / Anthem

System ID

System Name

9,10,03

10:26 (24 hr clock)

Richard Moore

Sample Date

Sample Time

Owner/Contact Person

623-465-3001

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

41917 Emerald Lake Ct

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

[ 0309-08389-009 ]

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

C. Donut  
10-1-03

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/10/03 1050	9/11/03 1650	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<**

To be filled out by laboratory personnel

SPECIMEN NUMBER

[ 0309-08557-006 ]

ID Number [AZ.0/0/0/4]

Name:

Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

10/7/15/0/4 ]  
System ID

American Water / Anthem  
System Name

9/10/03 ] [ 10:19 ] (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623 465 3001  
Owner/Contact Fax Number

623 465 3474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

42035 Emerald lake Ct  
SAMPLING SITE ID

<b>USE IF INITIAL SAMPLE WAS POSITIVE</b>	
[ 0309-08389-009 ]	
Original Violating Specimen Number	
<input type="checkbox"/>	Repeat, Original Location
<input type="checkbox"/>	Repeat, Other Location
<input checked="" type="checkbox"/>	Repeat, Downstream Location <span style="float:right">C. Dant 10-1-03</span>
<input type="checkbox"/>	Repeat, Upstream Location
<input type="checkbox"/>	400 ml Repeat (Single Tap Only)
<input type="checkbox"/>	300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*  
>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	9/10/03 1050	9/11/03 1050	⊘
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<  
To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0309-08557-005 ]

ID Number [AZ 0/0/0/4] Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [ \_\_\_\_\_ ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[071-15104]

American Water / Anthem

System ID

System Name

[10/1/03] [11:17] (24 hr clock)

Richard Moore

Sample Date      Sample Time

Owner/Contact Person

623-465-3001

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

ANI-1 40145 Gershwin

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/1/03 1700	10/2/03 1700	+
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

SPECIMEN NUMBER

[0310-09335-001]

ID Number [AZ 0/0/0/4] Name: [Legend Technical Services of Arizona, Inc.]

Comments: [\_\_\_\_\_]

Authorized Signature: [\_\_\_\_\_]

Date Public Water System Notified: [\_\_\_\_\_]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*  
>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

0, 7, -1, 5, 0, 4

American Water / Anthem

System ID

System Name

10 / 1 / 03

11 : 24 (24 hr clock)

Richard Moore

Sample Date

Sample Time

Owner/Contact Person

623-465-3001

623-445-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

ANI-2 40104 Integrity

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/1/03 1700	10/2/03 1700	Ø
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<**

To be filled out by laboratory personnel

SPECIMEN NUMBER

[ 0310-09335-002 ]

ID Number [AZ 0/0/0/4]

Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

10/7/15/0/4  
System ID

American Water / Anthem  
System Name

10/1/03 11:39 (24 hr clock)  
Sample Date Sample Time

Richard Moore  
Owner/Contact Person

623-445-3001  
Owner/Contact Fax Number

623-445-2474  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN-3 3527 Plymouth  
SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/1/03 1700	10/7/03 1700	Ø
9222B	Present/1	Total Coliform	3000	10/1/03 1700	10/7/03 1700	Ø
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

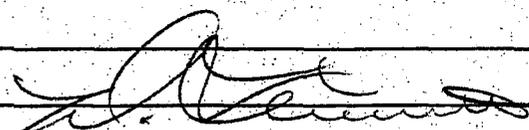
To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0310-09335-003

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

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

Authorized Signature: 

Date Public Water System Notified: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

07, 5, 04  
1, 1, 1, 1, 1, 1

AMERICAN WATER / ANTHEM

System ID: 10, 1, 03  
Sample Time: 11:57 (24 hr clock)

System Name: Richard Moore

Sample Date: 623 465 3001

Owner/Contact Person: 423-945-2474

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN1-4 42413 Crosswater

**SAMPLING SITE ID**

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/1/03 1700	10/2/03 1700	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0310-09335-004

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature:

Date Public Water System Notified:

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

[ 0171-151014 ]

System ID

AZ AMERICAN

System Name

[ 10/9/03 ]

Sample Date

[ 10:23 ] (24 hr clock)

Sample Time

R. MOORE

Owner/Contact Person

623-465-3001

Owner/Contact Fax Number

623-465-2400

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

ANJ-1 3450 Steinbeck DR

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/9/03 1600	10/10/03 1635	<i>[Signature]</i>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<<**

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

[ 0310-09688-001 ]

ID Number [AZ 0/0/0/4]

Name: [ Legend Technical Services of Arizona, Inc. ]

Comments: [ ]

Authorized Signature: [ *[Signature]* ]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[ 017-151014 ]

AZ AMERICAN

System ID [ 1019103 ] [ 10:13 ] (24 hr clock)

System Name R. MOORE

Sample Date 623-465-3001

Owner/Contact Person 623-465-2400

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

AN2-2 40937 Wild West TR.

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

- Original Violating Specimen Number
- Repeat, Original Location
- Repeat, Other Location
- Repeat, Downstream Location
- Repeat, Upstream Location
- 400 ml Repeat (Single Tap Only)
- 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/9/03 1000	10/10/03 1635	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

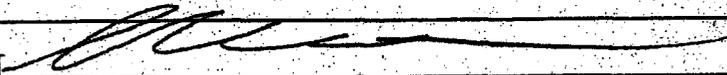
SPECIMEN NUMBER

[ 0310-09688-002 ]

**Legend Technical Services of Arizona, Inc.**

ID Number [AZ 0/0/0/4] Name: [ \_\_\_\_\_ ]

Comments: [ \_\_\_\_\_ ]

Authorized Signature: [  ]

Date Public Water System Notified: [ \_\_\_\_\_ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

10171-1510141  
System ID

AZ AMERICAN  
System Name

1019103 9:08 (24 hr clock)  
Sample Date Sample Time

R. MOORE  
Owner/Contact Person

623-465-3001  
Owner/Contact Fax Number

623-465-2400  
Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

<b>USE IF INITIAL SAMPLE WAS POSITIVE</b>	
[ ]	
Original Violating Specimen Number	
<input type="checkbox"/> Repeat, Original Location	
<input type="checkbox"/> Repeat, Other Location	
<input type="checkbox"/> Repeat, Downstream Location	
<input type="checkbox"/> Repeat, Upstream Location	
<input type="checkbox"/> 400 ml Repeat (Single Tap Only)	
<input type="checkbox"/> 300 ml Repeat (Single Tap Only)	

ANJ-3 42520 CROSS TIMBERS CT.  
SAMPLING SITE ID

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/9/03 1600	10/10/03 1635	<i>[Signature]</i>
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<

To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0310 09688 003

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

Comments: [ ]

Authorized Signature: [Signature]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

0171-15104 System ID      Arizona American Water Company System Name  
10/15/03 Sample Date      10:45 (24 hr clock) Sample Time      R Moore Owner/Contact Person  
623-465-3001 Owner/Contact Fax Number      623-445-2400 Owner/Contact Person Phone Number

SAMPLE TYPE  
 Compliance Monitoring

SAMPLE COLLECTION POINT/ID  
 Zone  
AV3-1      40717 Capital CT  
 SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number  
 Repeat, Original Location  
 Repeat, Other Location  
 Repeat, Downstream Location  
 Repeat, Upstream Location  
 400 ml Repeat (Single Tap Only)  
 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*  
 >>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/15/03 1155	10/16/03 1155	Ø
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<  
 To be filled out by laboratory personnel

SPECIMEN NUMBER

0310-09836-001  
 ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

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

Authorized Signature: [Signature]

Date Public Water System Notified: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

07504  
1-1-1

Arizona American Water Company

System ID: 101503  
Sample Time: 11:05 (24 hr clock)

System Name: R. Moore

Sample Date: 623-465-3001

Owner/Contact Person: 623-465-2400

Owner/Contact Fax Number

Owner/Contact Person Phone Number

SAMPLE TYPE  
 Compliance Monitoring

<p align="center"><b>USE IF INITIAL SAMPLE WAS POSITIVE</b></p> <p>Original Violating Specimen Number</p> <p><input type="checkbox"/> Repeat, Original Location</p> <p><input type="checkbox"/> Repeat, Other Location</p> <p><input type="checkbox"/> Repeat, Downstream Location</p> <p><input type="checkbox"/> Repeat, Upstream Location</p> <p><input type="checkbox"/> 400 ml Repeat (Single Tap Only)</p> <p><input type="checkbox"/> 300 ml Repeat (Single Tap Only)</p>
--

SAMPLE COLLECTION POINT/ID  
 Zone: AN3-2  
 42017 Emerald CT

SAMPLING SITE ID

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/15/03 1655	10/16/03 1655	0
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<

To be filled out by laboratory personnel

SPECIMEN NUMBER

0310-09878-002

**Legend Technical Services of Arizona, Inc.**

ID Number [AZ 0/0/0/4] Name: [Signature]

Comments: [Signature]

Authorized Signature: [Signature]

Date Public Water System Notified: [ ]

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<<

017-15104 | Arizona American Water  
 System ID | System Name  
 10/15/03 | 11:35 (24 hr clock) | R. Moore  
 Sample Date | Sample Time | Owner/Contact Person  
 623-445-3801 | 623-445-2400  
 Owner/Contact Fax Number | Owner/Contact Person Phone Number

**SAMPLE TYPE**  
 Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**  
 Zone 2915 W Plum Hollow  
AN3-3  
 SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number  
 Repeat, Original Location  
 Repeat, Other Location  
 Repeat, Downstream Location  
 Repeat, Upstream Location  
 400 ml Repeat (Single Tap Only)  
 300 ml Repeat (Single Tap Only)

\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\*  
 >>>> To be filled out by laboratory personnel <<<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/15/03 11:55	10/16/03 11:55	Ø
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

>>>> LABORATORY INFORMATION <<<<<  
 To be filled out by laboratory personnel

SPECIMEN NUMBER

[0310-09878-003]  
 ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

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

Authorized Signature: [Signature]

Date Public Water System Notified: \_\_\_\_\_

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

\*\*\* SAMPLES MUST BE TAKEN IN DISTRIBUTION SYSTEM ONLY \*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<  
>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

10171-151014

AZ AMERICAN

System ID

System Name

1019103 8:33 (24 hr clock)

R. MOORE

Sample Date Sample Time

Owner/Contact Person

623-465-3001

623-465-2400

Owner/Contact Fax Number

Owner/Contact Person Phone Number

**SAMPLE TYPE**

Compliance Monitoring

**SAMPLE COLLECTION POINT/ID**

Zone

3709 GLACIER CT.

SAMPLING SITE ID

**USE IF INITIAL SAMPLE WAS POSITIVE**

Original Violating Specimen Number

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400 ml Repeat (Single Tap Only)

300 ml Repeat (Single Tap Only)

**\*\*\* MICROBIOLOGICAL ANALYSIS \*\*\***

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	Total Coliform	3000	10/9/03 1600	10/10/03 1635	P
9222B	Present/1	Total Coliform	3000			
9221D	Present/1	Total Coliform	3000			

**ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE**

Analysis Method	MCL Value	Contaminant Name	Cont. Code	Test Start Date/Time	Analysis Run Date/Time	Result
9223B	Present/1	E. Coli	3013			
9222B	Present/1	Fecal Coliform	3013			
9221D	Present/1	Fecal Coliform	3013			

**>>>> LABORATORY INFORMATION <<<<**

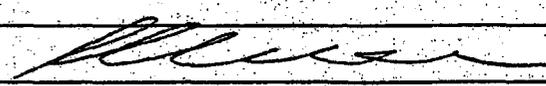
To be filled out by laboratory personnel

**SPECIMEN NUMBER**

0310-09688-004

ID Number [AZ 0/0/0/4] Name: Legend Technical Services of Arizona, Inc.

Comments:

Authorized Signature: 

Date Public Water System Notified:

# LEGEND

Technical Services of Arizona, Inc.

17631 North 25th Avenue • Phoenix, AZ • 85023  
(602) 324-6100 • F (602) 324-6101 • ADHS# AZ0004

4837 East 5th St., Ste 103 • Tucson, AZ • 85711  
(520) 327-1234 • F (520) 327-0518 • ADHS# AZ0004

Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 9/08/03  
Reported: 9/24/03  
Invoice No: 101132

Attn: Charles Donat

Project Name: Surface Water Analysis

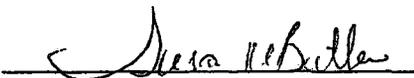
PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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Matrix: Surface Water  
Sample No: 0309-08398-001  
Sample ID: ANRAW (CAP INF Pipe)

Time Sampled: 15:00  
Date Sampled: 9/08/2003

Chloride	SM 4500-CL B	81.	mg/L	5.	9/09/03
Color	SM 2120 B	20.	C.U.	1.	9/09/03
Fluoride	SM 4500-F C	0.3	mg/L	0.1	9/10/03
Sulfate	EPA 375.4	228.	mg/L	50.	9/09/03
Total Dissolved Solids	SM 2540C	588.	mg/L		9/10/03
Dissolved Oxygen	EPA 360.1	8.90	mg/L	0.01	9/09/03
pH	EPA 150.1	8.3	Std Unit		9/10/03
Temperature	EPA 170.1	20.4	Degrees C		9/10/03
Total Alkalinity (as CaCO3)	SM 2320B	144.	mg/L	10.	9/11/03
Aluminum	EPA 200.7	<0.2	mg/L	0.2	9/08/03
Arsenic	EPA 200.9	0.002	mg/L	0.002	9/08/03
Calcium	EPA 200.7	72.	mg/L	1.	9/08/03
Copper	EPA 200.7	<0.01	mg/L	0.01	9/08/03
Iron	EPA 200.7	0.07	mg/L	0.05	9/08/03
Magnesium	EPA 200.7	29.	mg/L	1.	9/08/03
Manganese	EPA 200.7	0.27	mg/L	0.02	9/08/03
Silver	EPA 200.7	<0.04	mg/L	0.04	9/08/03
Zinc	EPA 200.7	<0.02	mg/L	0.02	9/08/03
Hardness, Calcium	SM 2340B	180.	mg/L	2.5	9/08/03
Hardness, Total (Ca & Mg)	SM 2340B	299.	mg/L	7.	9/08/03
Langlier Index	CALCULATION	0.753		-5	9/12/03
Methyl Isoborneol	GC/MS	<5.0 T5	ng/L	5.0	9/12/03
Geosmin	GC/MS	<5.0 T5	ng/L	5.0	9/12/03

MIB and Geosmin analyzed by Environmental Health Labs, South Bend, IN; ADHS No. AZ#0432.



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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 9/09/03  
Reported: 9/30/03  
Invoice No: 101340

Attn: Charles Donat

Project Name: Arizona-American Water Co.

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
Matrix:	Surface Water				
Sample No:	0309-08473-001				
Sample ID:	WACANAL (Anthem Turnout)				
				Time Sampled: 12:00	
				Date Sampled: 9/09/2003	
Chloride	SM 4500-CL B	80.	mg/L	5.	9/11/03
Color	SM 2120 B	15.	C.U.	1.	9/10/03
Fluoride	SM 4500-F C	0.3	mg/L	0.1	9/10/03
Sulfate	EPA 375.4	228.	mg/L	50	9/10/03
Total Dissolved Solids	SM 2540C	603.	mg/L		9/10/03
Dissolved Oxygen	EPA 360.1	8.86	mg/L	0.01	9/10/03
pH	EPA 150.1	7.8	Std Unit		9/10/03
Temperature	EPA 170.1	20.8	Degrees C		9/10/03
Total Alkalinity (as CaCO3)	SM 2320B	142.	mg/L	10.	9/19/03
Aluminum	EPA 200.7	<0.2	mg/L	0.2	9/12/03
Arsenic	EPA 200.9	0.002	mg/L	0.002	9/12/03
Calcium	EPA 200.7	66.	mg/L	1.	9/12/03
Copper	EPA 200.7	<0.01	mg/L	0.01	9/12/03
Hardness, Calcium	SM 2340B	165	mg/L	2.5	9/12/03
Hardness, Total (Ca & Mg)	SM 2340B	276.	mg/L	7.	9/12/03
Iron	EPA 200.7	0.08	mg/L	0.05	9/12/03
Langlier Index	CALCULATION	0.209		-5.	9/30/03
Magnesium	EPA 200.7	27.	mg/L	1.	9/12/03
Manganese	EPA 200.7	0.18	mg/L	0.02	9/12/03
Silver	EPA 200.7	<0.04	mg/L	0.04	9/12/03
Zinc	EPA 200.7	<0.02	mg/L	0.02	9/12/03

  
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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 9/15/03  
Reported: 9/25/03  
Invoice No: 101186

Attn: Charles Donat

Project Name: AN Water Special Sampling

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
Matrix:	Drinking Water				
Sample No:	0309-08722-001				
Sample ID:	ANPOE1				
					Time Sampled: 15:45
					Date Sampled: 9/15/2003
pH	EPA 150.1	8.1	Std Unit		9/16/03
Temperature	EPA 170.1	20.7	Degrees C		9/16/03
Color	SM 2120 B	5.	C.U.	1.	9/16/03
Sulfate	EPA 300.0	238.	mg/L	25.	9/17/03
Total Dissolved Solids	SM 2540C	560.	mg/L		9/22/03
Calcium	EPA 200.7	69.	mg/L	1.	9/24/03
Iron	EPA 200.7	0.05	mg/L	0.02	9/24/03
Langlier Index	CALCULATION	0.535		-5.	9/24/03
Manganese	EPA 200.7	0.04	mg/L	0.02	9/24/03
Filtration for Diss Metals					
Iron, Dissolved	EPA 200.7	0.05	mg/L	0.02	9/24/03
Manganese, Dissolved	EPA 200.7	0.02	mg/L	0.02	9/24/03
Total Alkalinity (as CaCO3)	SM 2320B	144.	mg/L	10.	9/19/03

Matrix: Surface Water  
Sample No: 0309-08722-002  
Sample ID: ANRAWCAP

Time Sampled: 15:55  
Date Sampled: 9/15/2003

pH	EPA 150.1	7.6	Std Unit		9/16/03
Temperature	EPA 170.1	20.3	Degrees C		9/16/03
Color	SM 2120 B	25.	C.U.	1.	9/16/03
Total Dissolved Solids	SM 2540C	520.	mg/L		9/22/03
Filtration for Diss Metals					
Iron, Dissolved	EPA 200.7	0.05	mg/L	0.02	9/24/03
Manganese, Dissolved	EPA 200.7	0.07	mg/L	0.02	9/24/03
Sulfate	EPA 300.0	231.	mg/L	25.	9/17/03
Total Alkalinity (as CaCO3)	SM 2320B	143.	mg/L	10.	9/19/03
Calcium	EPA 200.7	66.	mg/L	1.	9/24/03
Hardness, Calcium	SM 2340B	165	mg/L	2.5	9/24/03
Hardness, Total (Ca & Mg)	SM 2340B	272.	mg/L	7.	9/24/03
Iron	EPA 200.7	0.10	mg/L	0.02	9/24/03

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PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
Matrix:	Surface Water				
Sample No:	0309-08722-002			Time Sampled: 15:55	
Sample ID:	ANRAWCAP			Date Sampled: 9/15/2003	
Langlier Index	CALCULATION	0.012		-5.	9/24/03
Magnesium	EPA 200.7	26.	mg/L	1.	9/24/03
Manganese	EPA 200.7	0.26	mg/L	0.02	9/24/03



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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 10/02/03  
Reported: 0/00/00  
Invoice No: 000000

Attn: Troy Day

Project Name: Waddell Canal

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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Matrix: Surface Water  
Sample No: 0310-09352-001  
Sample ID: WC 2

Time Sampled: 8:10  
Date Sampled: 10/02/2003

Filtration for Diss Metals					
Iron, Dissolved	EPA 200.7	0.07	mg/L	0.05	10/04/03
Manganese, Dissolved	EPA 200.7	0.31	mg/L	0.02	10/04/03
Iron	EPA 200.7	0.13	mg/L	0.05	10/04/03
Manganese	EPA 200.7	0.31	mg/L	0.02	10/04/03
Methyl Isoborneol	GC/MS	<5.0	ng/L	5.0	10/06/03
Geosmin	GC/MS	11.	ng/L	5.0	10/06/03

MIB and Geosmin analyzed by Environmental Health Labs, South Bend, IN; ADHS No. AZ#0432.

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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 10/03/03  
Reported: 0/00/00  
Invoice No: 000000

Attn: Troy Day

Project Name: Waddell Canal

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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Matrix: Surface Water  
Sample No: 0310-09401-001  
Sample ID: WC3

Time Sampled: 8:55  
Date Sampled: 10/03/2003

Metals Digestion for ICP	EPA 200.7				10/06/03
Iron	EPA 200.7	0.12	mg/L	0.05	10/04/03
Manganese	EPA 200.7	0.35	mg/L	0.02	10/04/03
Filtration for Diss Metals					
Iron, Dissolved	EPA 200.7	0.07	mg/L	0.05	10/04/03
Manganese, Dissolved	EPA 200.7	0.33	mg/L	0.02	10/04/03
Methyl Isoborneol	GC/MS	5.8	ng/L	5.0	10/06/03
Geosmin	GC/MS	7.	ng/L	5.0	10/06/03

MIB and Geosmin analyzed by Environmental Health Labs, South Bend, IN; ADHS No. AZ#0432.

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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 9/08/03  
Reported: 9/11/03  
Invoice No: 100660

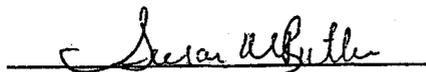
Attn: Charles Donat

Project Name: Anthem Bactis

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
Matrix: Drinking Water Sample No: 0309-08395-001 Sample ID: Anthem 1 (Anthem Elementary)					Time Sampled: 15:37 Date Sampled: 9/08/2003
Colilert	SM 9223B	0	P/A		9/08/03
Matrix: Drinking Water Sample No: 0309-08395-002 Sample ID: Anthem 2 (Gavilan Peak School)					Time Sampled: 15:48 Date Sampled: 9/08/2003
Colilert	SM 9223B	0	P/A		9/08/03

**NOTE: Interpretation of Colilert Results**

- 0 = Negative for Coliform bacteria
- 1 = Positive for Coliform bacteria and Negative for E.coli (fecal bacteria)
- 2 = Positive for Coliform bacteria and Positive for E.coli (fecal bacteria)



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Arizona-American Water Company  
Anthem  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024  
Attn: Troy Day

Received: 9/15/03  
Reported: 9/17/03  
Invoice No: 100885

Project Name: Anthem Microbiological Analysis

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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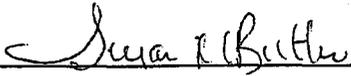
Matrix: Drinking Water  
Sample No: 0309-08717-001  
Sample ID: 2470 W. Warren Ln.

Time Sampled: 13:30  
Date Sampled: 9/15/2003

Colilert	SM 9223B	0	P/A		9/15/03
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**NOTE: Interpretation of Colilert Results**

- 0 = Negative for Coliform bacteria
- 1 = Positive for Coliform bacteria and Negative for E.coli (fecal bacteria)
- 2 = Positive for Coliform bacteria and Positive for E.coli (fecal bacteria)



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Arizona-American Water Company  
Anthem  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024  
Attn: Troy Day

Received: 9/22/03  
Reported: 9/25/03  
Invoice No: 101200

Project Name: Anthem

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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Matrix: Drinking Water  
Sample No: 0309-08986-001  
Sample ID: 3709 W. Glacier Ct.

Time Sampled: 14:30  
Date Sampled: 9/22/2003

Colilert	SM 9223B	0	P/A		9/22/03
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**NOTE: Interpretation of Colilert Results**

- 0 = Negative for Coliform bacteria
- 1 = Positive for Coliform bacteria and Negative for E.coli (fecal bacteria)
- 2 = Positive for Coliform bacteria and Positive for E.coli (fecal bacteria)



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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 9/23/03  
Reported: 9/25/03  
Invoice No: 101217

Attn: Charles Donat

Project Name: AN Special Bacti.

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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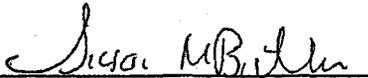
Matrix: Drinking Water  
Sample No: 0309-09038-001  
Sample ID: 42812 Courage Tr.

Time Sampled: 10:35  
Date Sampled: 9/23/2003

Colilert	SM 9223B	0	P/A		9/23/03
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**NOTE: Interpretation of Colilert Results**

- 0 = Negative for Coliform bacteria
- 1 = Positive for Coliform bacteria and Negative for E.coli (fecal bacteria)
- 2 = Positive for Coliform bacteria and Positive for E.coli (fecal bacteria)



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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 9/25/03  
Reported: 9/30/03  
Invoice No: 101374

Attn: Troy Day

Project Name: Anthem-Waddell

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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Matrix: Surface Water  
Sample No: 0309-09137-001  
Sample ID: WC

Time Sampled: 8:20  
Date Sampled: 9/25/2003

Filtration for Diss Metals

Iron, Dissolved	EPA 200.7	0.06	mg/L	0.02	9/30/03
Manganese, Dissolved	EPA 200.7	0.22	mg/L	0.02	9/30/03
Methyl Isoborneol	GC/MS	ND	ng/L	5.0	9/26/03
Geosmin	GC/MS	11	ng/L	5.0	9/26/03
Iron	EPA 200.7	0.11	mg/L	0.02	9/30/03
Manganese	EPA 200.7	0.25	mg/L	0.02	9/30/03

Geosmin & 2-Methylisoborneol (MIB) analyzed by Environmental Health Labs, South Bend, IN;  
ADHS No. AZ#0432.



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Arizona-American Water Company  
19820 N. 7th Street, Suite 201  
Phoenix, AZ 85024

Received: 10/02/03  
Reported: 10/13/03  
Invoice No: 101721

Attn: Troy Day

Project Name: Waddell Canal

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
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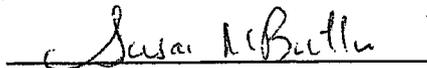
Matrix: Surface Water  
Sample No: 0310-09352-001  
Sample ID: WC 2

Time Sampled: 8:10  
Date Sampled: 10/02/2003

Filtration for Diss Metals

Iron, Dissolved	EPA 200.7	0.07	mg/L	0.05	10/04/03
Manganese, Dissolved	EPA 200.7	0.31	mg/L	0.02	10/04/03
Iron	EPA 200.7	0.13	mg/L	0.05	10/04/03
Manganese	EPA 200.7	0.31	mg/L	0.02	10/04/03
Methyl Isoborneol	GC/MS	<5.0	ng/L	5.0	10/06/03
Geosmin	GC/MS	11.	ng/L	5.0	10/06/03

MIB and Geosmin analyzed by Environmental Health Labs, South Bend, IN; ADHS No. AZ#0432.



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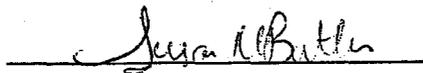
Received: 10/03/03  
Reported: 10/13/03  
Invoice No: 101726

Attn: Troy Day

Project Name: Waddell Canal

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
Matrix:	Surface Water				
Sample No:	0310-09401-001				
Sample ID:	WC3				
					Time Sampled: 8:55
					Date Sampled: 10/03/2003
Metals Digestion for ICP	EPA 200.7				10/06/03
Iron	EPA 200.7	0.12	mg/L	0.05	10/04/03
Manganese	EPA 200.7	0.35	mg/L	0.02	10/04/03
Filtration for Diss Metals					
Iron, Dissolved	EPA 200.7	0.07	mg/L	0.05	10/04/03
Manganese, Dissolved	EPA 200.7	0.33	mg/L	0.02	10/04/03
Methyl Isoborneol	GC/MS	5.8	ng/L	5.0	10/06/03
Geosmin	GC/MS	7.	ng/L	5.0	10/06/03

MIB and Geosmin analyzed by Environmental Health Labs, South Bend, IN; ADHS No. AZ#0432.



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