

ORIGINAL



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**ARROYO WATER COMPANY** RECEIVED

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HC 6 BOX 1048 L  
PAYSON, ARIZONA 85541  
928-474-1766  
FAX: 928-474-7812

2008 MAY -2 A 11:39

AZ CORP COMMISSION  
DOCKET CONTROL

April 28, 2008

Arizona Corporation Commission  
Docket Control  
1200 W. Washington St.  
Phoenix, Arizona 85007

Re: Arroyo Water Company W-04286A-04-0774 Decision # 70206

We are submitting the current monitoring reports for April 2008, and will continue to docket the monthly monitoring for the next year.

Please feel free to call if there are any questions.

Sincerely,

*Nancy Moreno*

Nancy Moreno  
Office Manager

Arizona Corporation Commission  
DOCKETED

MAY 02 2008

DOCKETED BY	NR
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CC # 7003 0050 0000 8929 66661

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
 (This form is only for DISTRIBUTION SYSTEM compliance samples)

04-083 \_\_\_\_\_ Arroyo Water Company \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 04/06/08 09:55 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

3A \_\_\_\_\_  
 Sampling Site ID or Name

<b>Only use if Initial Sample was Positive-</b>	
_____	
Specimen ID Number of Initial Sample	
<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"/>	400mL Repeat (Single Tap Only)
<input type="checkbox"/>	300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	04/08/2008 15:00	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is < 33,000, then MCL is 2 or more total coliform-positive.  
 If system is ≥ 33,000, then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**  
 (To be filled out by laboratory personnel)

Specimen Number: PRD0439-01A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: Jane Paulhus  
 Date Public Water System Notified: [ 04/15/2008  
 Comments: \_\_\_\_\_

**Please mail completed form to:**

Arizona Department of Environmental Quality  
 Water Quality Data Unit 5415B-1  
 1110 West Washington Street, Phoenix, Arizona 85007  
 For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
 (This form is only for DISTRIBUTION SYSTEM compliance samples)

04-083 \_\_\_\_\_ Arroyo Water Company \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 04/06/08 09:55 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date \_\_\_\_\_ Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

3B \_\_\_\_\_  
 Sampling Site ID or Name

<b>Only use if Initial Sample was Positive-</b>	
_____	
Specimen ID Number of Initial Sample	
<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"/>	400mL Repeat (Single Tap Only)
<input type="checkbox"/>	300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	04/08/2008 15:00	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
_____	Present/2 or more coliform)	Fecal Coliform	3013	_____	_____
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014	_____	_____

\*MCL: If system is ≤ 33,000, then MCL is 2 or more total coliform-positive.  
 If system is ≥ 33,000, then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PRD0439-02A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: Jana Paulhus  
 Date Public Water System Notified: [ 04/15/2008  
 Comments: \_\_\_\_\_

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04-083 \_\_\_\_\_ Arroyo Water Company \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 04/06/08 10:00 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

3C \_\_\_\_\_  
 Sampling Site ID or Name

**Only use if Initial Sample was Positive-**

\_\_\_\_\_  
 Specimen ID Number of Initial Sample

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

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	04/08/2008 15:00	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is ≤ 33,000, then MCL is 2 or more total coliform-positive.  
 If system is ≥ 33,000, then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PRD0439-03A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: Jira Paulauskas  
 Date Public Water System Notified: [ 04/15/2008 ]  
 Comments: \_\_\_\_\_

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04-083 \_\_\_\_\_ Arroyo Water Company \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 04/06/08 10:10 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date \_\_\_\_\_ Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

3D \_\_\_\_\_  
 Sampling Site ID or Name

**Only use if Initial Sample was Positive-**

\_\_\_\_\_ Specimen ID Number of Initial Sample

Repeat, Original Location

Repeat, Other Location

Repeat, Downstream Location

Repeat, Upstream Location

400mL Repeat (Single Tap Only)

300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	04/08/2008 15:00	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

\*MCL: If system is  $\leq$  33,000, then MCL is 2 or more total coliform-positive.  
 If system is  $\geq$  33,000, then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PRD0439-04A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: Jane Pauluska  
 Date Public Water System Notified: [ 04/15/2008  
 Comments: \_\_\_\_\_

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**Drinking Water Microbiological Analysis Report**  
 (This form is only for DISTRIBUTION SYSTEM compliance samples)

04-083 \_\_\_\_\_ Arroyo Water Company \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 04/06/08 10:15 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date \_\_\_\_\_ Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

3E \_\_\_\_\_  
 Sampling Site ID or Name

<b>Only use if Initial Sample was Positive-</b>	
_____	
Specimen ID Number of Initial Sample	
<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"/>	400mL Repeat (Single Tap Only)
<input type="checkbox"/>	300mL Repeat (Single Tap Only)

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	04/08/2008 15:00	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
_____	Present/2 or more coliform)	Fecal Coliform	3013	_____	_____
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014	_____	_____

\*MCL: If system is  $\leq$  33,000, then MCL is 2 or more total coliform-positive.  
 If system is  $\geq$  33,000, then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PRD0439-05A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: Jana Pauluska  
 Date Public Water System Notified: [ 04/15/2008 ]  
 Comments: \_\_\_\_\_

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**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

Arizona Department of Environmental Quality  
**Drinking Water Microbiological Analysis Report**  
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04-029 \_\_\_\_\_ Jakes Corner Water Supply \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 04/06/08 09:00 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

**Only use if Initial Sample was Positive-**

\_\_\_\_\_  
 Specimen ID Number of Initial Sample

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

1 Jakes Corner Water Supply \_\_\_\_\_  
 Sampling Site ID or Name

**Microbiological Analysis**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
9223	Present/2 or more coliform)	Total Coliform	3100	04/08/2008 15:00	ABSENT

**Only Report Fecal/E.Coli Result if Total Coliform Result is Positive**

Analysis Method	MCL*	Contaminant Name	Cont Code	Analysis Run Date/Time	Result "P" = Present "A" = Absent
	Present/2 or more coliform)	Fecal Coliform	3013		
9223	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014		

**\*MCL:** If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
 If system is  $\geq 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information**  
 (To be filled out by laboratory personnel)

Specimen Number: PRD0440-01A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: Jana Paulhus  
 Date Public Water System Notified: [ 04/21/2008 ]  
 Comments: \_\_\_\_\_

**Please mail completed form to:**

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 Water Quality Data Unit 5415B-1

1110 West Washington Street, Phoenix, Arizona 85007

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**Instructions for the Arizona Drinking Water Microbiological Analysis Reporting Form**

**PWS ID Number**

A unique 9 digit code is assigned to each Public Water System (PWS) by ADEQ. The code always begins with the state abbreviation (AZ), followed by the state code (04), followed by a 5 digit number beginning with the county code.

**Name of Public Water System**

This should be the legal name the water system has registered with the Arizona Corporation Commission (ACC). If the system is a municipality or other non-ACC regulated entity, this should reflect the legal structure (e.g., XYZ Water Improvement District). Always notify ADEQ of any change in ownership or name.

**Sample Date**

The date the sample was collected in mm/dd/yy format.

**Sample Time**

The time the specimen was collected in the hh:mm format (24 hour time clock).

**Owner/Contact Person and 10-Digit Phone Number**

The first and last name of the owner or owner's representative (contact person) who should be contacted with sample results.

**Sampling Site ID or Name**

This is the identifier for where the sample was taken. It may be an address, a well local name, or other descriptive as referenced by the PWS. Remember these are to be sampled OUT IN THE DISTRIBUTION SYSTEM.

**Specimen ID Number**

A unique 15 character (maximum) alphanumeric code that identifies a particular sample used to test one contaminant or one category of contaminants. If the sample analysis is positive, then you are required to take repeat samples. This number will be used as the Specimen ID Number in the box "Only use if Initial Sample was Positive", for the follow up sample.

**Only use if Initial Sample was Positive**

Use this box if this analysis is a REPEAT sample. Make sure to enter the Specimen ID Number from the original sample. Please choose the repeat sample location by marking an "X" on the appropriate line.

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Please mail completed form to:

**Arizona Department of Environmental Quality  
Water Quality Data Unit 5415B-1  
1110 West Washington Street, Phoenix, Arizona 85007**

Note: These definitions are general in nature. For specific questions regarding your laboratory submittal, please contact (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641.

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Copies of this form are available from the ADEQ website at [www.azdeq.gov](http://www.azdeq.gov)

Go to <http://www.azdeq.gov/function/forms/appswater.html#sdw> , scroll down to laboratory reporting forms and click on DWAR-1: Drinking Water Microbiological Analysis Report.