



0000089312

ORIGINAL

# ARROYO WATER COMPANY

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

October 6, 2008

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

RE: W-04286A-04-0774  
Compliance: Monthly Monitoring & Well  
Meter Read

Enclosed for Docket is the Monthly Coliform Test Results for the month of September, dated, 9-8-08 and the **Well Meter read** for October, 2008. ( 3728520)

Please feel free to call if you have any questions or need further information.

Sincerely,

Nancy Moreno  
Office Manger

Arizona Corporation Commission  
RECEIVED

Enclosures: Coliform results 9-8-08  
Well Meter Read: October

RECEIVED

2008 OCT -9 PM 12:27

RECEIVED

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

04-083  
 PWS ID Number  
 09/08/08      09:20  
 Sample Date      Time  
 (24- hour clock)

Arroyo Water Company  
 Name of Public Water System  
 Jay Harrell 928-472-3109  
 Owner/Contact Person and 10-Digit Phone Number

3  
 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	09/10/2008 13:15	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: PRI0467-03A      Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: \_\_\_\_\_  
 Authorized Signature: *Long Schmid*  
 Date Public Water System Notified: [ 09/17/2008 ]  
 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**