

ORIGINAL



0000091651

# ARROYO WATER COMPANY, INC.

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

December 8, 2008

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

**RE: W-0286A-04-0774**  
**Decision # 70206**

Enclosed for Docket is the Monthly Coliform Test Results, dated 12-01-08 from Test America, and we are enclosing the Well Meter reads for :  
**December 3884160**

Thank you.

Arizona Corporation Commission  
**DOCKETED**

**DEC 10 2008**

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

<u>04-083</u>	<u>Arroyo Water Company</u>
<u>PWS ID Number</u>	<u>Name of Public Water System</u>
<u>12/01/08</u>	<u>Jay Harrell 928-472-3109</u>
<u>Sample Date</u>	<u>Owner/Contact Person and 10-Digit Phone Number</u>
<u>11:30</u>	
<u>Time</u>	
<u>(24- hour clock)</u>	

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
<u>9223</u>	<u>Present/2 or more coliform)</u>	<u>Total Coliform</u>	<u>3100</u>	<u>12/03/2008 09:25</u>	<u>ABSENT</u>

**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
<u>9223</u>	<u>Present/2 or more coliform)</u>	<u>Fecal Coliform</u>	<u>3013</u>		
<u>9223</u>	<u>Present/2 or more coliform)</u>	<u>Escherichia coli or E. Coli</u>	<u>3014</u>		

\*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: PRL0107-03A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
 Authorized Signature: *Corey Schrader*  
 Date Public Water System Notified: [ 12/05/2008 ]  
 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)

04-029 Jakes Corner Water Supply  
 PWS ID Number Name of Public Water System  
 12/01/08 10:30 Jay Harrell 928-472-3109  
 Sample Date Time Owner/Contact Person and 10-Digit Phone Number  
 (24- hour clock)

1  
 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	12/03/2008 09:25	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: PRL0107-01A Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340  
 Authorized Signature: *Corey Schrader*  
 Date Public Water System Notified: [ 12/05/2008 ]  
 Comments: \_\_\_\_\_

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