

ORIGINAL



0000092754

**ARROYO WATER COMPANY, INC.**

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

RECEIVED  
2009 MAR 18 P 2:50  
AZ CORP COMMISSION  
DOCKET CONTROL

March 09, 2009

DOCKET # W-04286A-04-0774  
DEC. # 70206

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

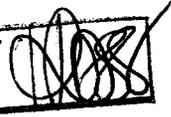
Enclosed for Docket is the monthly coliform test results, dated 2/22/09 and 3/02/09 from test America.

Well Meter Read: 4000610

Thank you.

Arizona Corporation Commission  
**DOCKETED**

MAR 18 2009

DOCKETED BY 

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

AZ04-04-083 \_\_\_\_\_ Arroyo Water Company \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 03/02/09 13:50 \_\_\_\_\_ 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

Choose One:  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	03/04/2009 10:35	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: PSC0112-05A 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: 03/04/2009  
 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)

AZ04-04-029

PWS ID Number

02/22/09

09:45

Sample Date

Time

(24- hour clock)

Jakes Corner Water Supply

Name of Public Water System

Jay Harrell 928-472-3109

Owner/Contact Person and 10-Digit Phone Number

1  
 Sampling Site ID or Name

<b>-Only use if Initial Sample was Positive-</b>	
Specimen ID Number of Initial Sample	
Choose One:	<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	02/24/2009 14:50	PRESENT

**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	02/24/2009 14:50	ABSENT

**\*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: PSB1241-01A 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: 02/25/2009

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

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 Water Quality Data Unit 5415B-1

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For Questions Call: (602) 771-4641 or within AZ (800) 234-5677 ext. 771-4641

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**Drinking Water Microbiological Analysis Report**  
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AZ04-04-029 \_\_\_\_\_ Jake's Corner Water Supply \_\_\_\_\_  
 PWS ID Number \_\_\_\_\_ Name of Public Water System \_\_\_\_\_  
 03/02/09 \_\_\_\_\_ 12:30 \_\_\_\_\_ Jay Harrell 928-472-3109 \_\_\_\_\_  
 Sample Date \_\_\_\_\_ Time \_\_\_\_\_ Owner/Contact Person and 10-Digit Phone Number \_\_\_\_\_  
 (24- hour clock)

\_\_\_\_\_  
 Sampling Site ID or Name

**-Only use if Initial Sample was Positive-**  
**PSB1241-01**

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Specimen ID Number of Initial Sample

Choose One:

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	03/04/2009 10:35	ABSENT

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**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0112-01A 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: 03/04/2009  
 Comments: \_\_\_\_\_

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

AZ04-04-029

PWS ID Number

03/02/09

Sample Date

12:35

Time

(24- hour clock)

Jake's Corner Water Supply

Name of Public Water System

Jay Harrell 928-472-3109

Owner/Contact Person and 10-Digit Phone Number

\_\_\_\_\_  
 Sampling Site ID or Name

<b>-Only use if Initial Sample was Positive-</b>	
PSB1241-01	
Specimen ID Number of Initial Sample	
Choose One:	<input type="checkbox"/> Repeat, Original Location <input type="checkbox"/> Repeat, Other Location <input type="checkbox"/> Repeat, Downstream Location <input checked="" 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	03/04/2009 10:35	ABSENT

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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	_____	_____

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**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0112-02A 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: 03/04/2009

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

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AZ04-04-029 \_\_\_\_\_

Jake's Corner Water Supply \_\_\_\_\_

PWS ID Number \_\_\_\_\_

Name of Public Water System \_\_\_\_\_

03/02/09 \_\_\_\_\_

Jay Harrell 928-472-3109 \_\_\_\_\_

Sample Date \_\_\_\_\_

12:40  
Time  
(24- hour clock)

Owner/Contact Person and 10-Digit Phone Number

<b>-Only use if Initial Sample was Positive-</b>	
PSB1241-01	
Specimen ID Number of Initial Sample	
Choose One:	<input type="checkbox"/> Repeat, Original Location <input type="checkbox"/> Repeat, Other Location <input checked="" 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)

Sampling Site ID or Name \_\_\_\_\_

**Microbiological Analysis**

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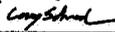
**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSC0112-03A Lab ID Number: AZ0728

Lab Name: TestAmerica Phoenix

Printed Name and Phone Number of Lab Contact: Corey Schrader 602-437-3340

Authorized Signature: 

Date Public Water System Notified: 03/04/2009

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

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AZ04-04-029

PWS ID Number

03/02/09

Sample Date

12:50

Time

(24- hour clock)

Jake's Corner Water Supply

Name of Public Water System

Jay Harrell 928-472-3109

Owner/Contact Person and 10-Digit Phone Number

\_\_\_\_\_  
 Sampling Site ID or Name

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

PSB1241-01

Specimen ID Number of Initial Sample

Choose One:

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Authorized Signature: *Corey Schrader*

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

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