

ORIGINAL *Original*



0000097891

**ARROYO WATER COMPANY, INC.**

HC6 BOX 1048-L  
PAYSON, AZ 85541  
(928) 474-1766  
Fax (928) 474-7812

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July 5, 2009

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

*04286*  
**RE: W-0286A-04-0774**  
**Decision # 70206**

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Enclosed for docket is the monthly coliform test results, dated 06/07/09 from Test America.

Well meter read: 4640360

Thank you.

Arizona Corporation Commission  
**DOCKETED**

**AUG 14 2009**

DOCKETED BY 

ARIZONA CORPORATION COMMISSION  
DOCKET CONTROL

2009 AUG 14 P 2:34

RECEIVED

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

AZ0404029

JAKES CORNER WATER SYSTEM

PWS ID Number

Name of Public Water System

06/07/09

09:10

JAY HARRELL P: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
SM9223 B	Present/2 or more coliform)	Total Coliform	3100	06/09/2009 15:15	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		
	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014	06/09/2009 15:15	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: PSF0467-01 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: 6/11/2009

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)

AZ0404083 ARROYO WATER CO  
 PWS ID Number Name of Public Water System  
 06/07/09 10:00 JAY HARRELL P:928-472-3109  
 Sample Date Time Owner/Contact Person and 10-Digit Phone Number  
 (24- hour clock)

3  
 Sampling Site ID or Name

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

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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)

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**Laboratory Information**

(To be filled out by laboratory personnel)

Specimen Number: PSF0467-03 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: 6/11/2009  
 Comments: \_\_\_\_\_

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