

ORIGINAL



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*Original*  
**ARROYO WATER COMPANY, INC.**

HC 6 Box 1048-L  
Payson, AZ 85541  
(928) 474-1766  
Fax (928) 474-7812

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November 18, 2009

**Docket Control**

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

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

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

Well meter read: 4809340

Thank You,  
Arroyo Water Company

Arizona Corporation Commission  
**DOCKETED**

NOV 30 2009

DOCKETED BY *[Signature]*

AZ CORP COMMISSION  
DOCKET CONTROL

2009 NOV 30 P 2:02

RECEIVED

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

AZ0404029  
 PWS ID Number  
 09/09/09 10:10  
 Sample Date Time  
 (24- hour clock)

JAKES CORNER WATER SUPPLY  
 Name of Public Water System  
 JAY HARRELL P:928-472-3109  
 Owner/Contact Person and 10-Digit Phone Number

1  
 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)

**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	09/11/2009 14:15	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		
SM9223 B	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014	09/11/2009 14:15	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: PSI0547-01 Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: Ken Baker - (602) 437-3340  
 Authorized Signature: *Ken Baker*  
 Date Public Water System Notified: 9/16/2009  
 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  
 PWS ID Number  
 09/09/09      11:00  
 Sample Date      Time  
 (24- hour clock)

ARROYO WATER CO  
 Name of Public Water System  
 JAY HARRELL P: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

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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	Present/2 or more coliform)	Fecal Coliform	3013		
SM9223 B	Present/2 or more coliform)	<i>Escherichia coli</i> or <i>E. Coli</i>	3014	09/11/2009 14:15	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: PSI0547-03      Lab ID Number: AZ0728  
 Lab Name: TestAmerica Phoenix  
 Printed Name and Phone Number of Lab Contact: Ken Baker - (602) 437-3340  
 Authorized Signature: *Ken Baker*  
 Date Public Water System Notified: 9/16/2009  
 Comments: \_\_\_\_\_

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