



0000107655

ORIGINAL

ARROYO WATER COMPANY, INC.

HC 6 Box 1048-L

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

200 JAN 21 11 A 9:51

ARIZONA CORPORATION COMMISSION
DOCKET CONTROL

December 22, 2009

Docket Control

Arizona Corporation Commission

1200 W. Washington St.

Phoenix, AZ 85007

RE: W-04286A-04-0774

Decision # 70206

Enclosed for docket is the monthly coliform test results, dated 12/08/09 from Test America

Well meter read: 5180680

Thank You,

Athena Mikulak

Athena Mikulak

Arroyo Water Company

Arizona Corporation Commission
DOCKETED

JAN 21 2010

DOCKETED BY *MMW*

**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**



COPY

| | |
|-----------------------------------|-------------------------------------|
| PWS ID Number: AZ0404083 | PWS Name: ARROYO WATER CO |
| Sample Date: 12/8/2009 | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 12:08 | Phone Number: 928-472-3109 |

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**

Lab Specimen ID # of Initial Sample

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Other Location (Distribution System)
 4th Repeat "Other" Sample Taken at Well
 (raw water) if PWS serves 1,000 people or less

| Sampling Distribution Site ID | OR | Well 55-xxxxx |
|-------------------------------|----|--|
| 3 | | 55- <input type="text"/> Cl2 <input type="text"/> mg/L <small>(Not for MRDL reporting)</small> |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | 3100 Total Coliform | | 3013 Fecal Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|---|------------------------|---------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
| | Method | Result | Method | Result | Method | Result | Date | Time | Date | Time |
| PSL0571-03 | SM9223 B | PRESENT | | | | | 12/9/2009 | 15:25 | 12/10/2009 | 15:25 |
| | | | | | SM9223 B | ABSENT | 12/9/2009 | 15:25 | 12/10/2009 | 15:25 |
| <small>Only report below for Ground Water Rule. 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.</small> | | | | | | | | | | |
| | | | | | | | | | | |

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 lab personnel)

| | |
|--|----------------------------------|
| Lab Name TestAmerica Phoenix | Lab Certified ID Number: AZ0728 |
| Lab Contact, printed name: Ken Baker | Lab Phone Number: (602) 437-3340 |
| Signature: <i>Ken Baker</i> | |
| Date PWS Notified: 12/11/2009 | PWS Person Notified: JAY HARRELL |
| Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification. | |
| Date ADEQ Notified: | ADEQ Person Notified: |

Comments:

Please mail completed form to:
 Arizona Department of Environmental Quality
 Water Quality Data Unit 5415B-1
 1110 West Washington Street
 Phoenix, Arizona 85007

Questions Regarding the Total Coliform Rule:
 Call (602) 771-4560
 within AZ (800) 234-5677 ext. 771-4560

**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**

| | |
|-----------------------------------|-------------------------------------|
| PWS ID Number: AZ0404083 | PWS Name: ARROYO WATER CO |
| Sample Date: 12/13/2009 | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 11:00 | Phone Number: 928-472-3109 |

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**

PSL0571-03
Lab Specimen ID # of Initial Sample

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Other Location (Distribution System)
 4th Repeat "Other" Sample Taken at Well
 (raw water) if PWS serves 1,000 people or less

| | | |
|-------------------------------|----|-------------------------------|
| Sampling Distribution Site ID | OR | Well 55- 00000 |
| | | 55- <input type="text"/> |
| | | Clz <input type="text"/> mg/L |
| (Not for MRDL reporting) | | |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | 3100 Total Coliform | | 3013 Fecal Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|---|------------------------|--------|------------------------|-----------------|-----------------|-----------------|-------------------|-------|----------------------|-------|
| | Method | Result | Method | Result | Method | Result | Date | Time | Date | Time |
| PSL0774-01 | SM9223 B | ABSENT | XXXX | XXXX | XXXX | XXXX | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |
| | | | | | SM9223 B | ABSENT | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |
| Only report below for Ground Water Rule, 4: Repeat "Other" (raw water sample). Must use method that provides E. coli as result. | | | | | | | | | | |
| | | | XXXX | XXXX | | | | | | |

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 lab personnel)

| | |
|--|----------------------------------|
| Lab Name TestAmerica Phoenix | Lab Certified ID Number: AZ0728 |
| Lab Contact, printed name: Ken Baker | Lab Phone Number: (602) 437-3340 |
| Signature: <i>Ken Baker</i> | |
| Date PWS Notified: 12/16/2009 | PWS Person Notified: JAY HARRELL |
| Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification. | |
| Date ADEQ Notified: | ADEQ Person Notified: |

Comments:

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Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**

| | |
|-----------------------------------|-------------------------------------|
| PWS ID Number: AZ0404083 | PWS Name: ARROYO WATER CO |
| Sample Date: 12/13/2009 | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 11:00 | Phone Number: 928-472-3109 |

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**

PSL0571-03
Lab Specimen ID # of Initial Sample

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Other Location (Distribution System)
 4th Repeat "Other" Sample Taken at Well
 (raw water) if PWS serves 1,000 people or less

| | | |
|-------------------------------|----|---|
| Sampling Distribution Site ID | OR | Well 55-000000 |
| | | 55- <input type="text"/> |
| | | Cl ₂ <input type="text"/> mg/L |
| (Not for MRDL reporting) | | |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | 3100 Total Coliform | | 3013 Fecal Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|---|------------------------|--------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
| | Method | Result | Method | Result | Method | Result | Date | Time | Date | Time |
| PSL0774-02 | SM9223 B | ABSENT | | | | | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |
| | | | | | SM9223 B | ABSENT | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |
| Only report below for Ground Water Rule 4 th Repeat "Other" (raw water sample). Must use method that provides E. coli as result. | | | | | | | | | | |
| | | | | | | | | | | |

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 lab personnel)

| | |
|--|----------------------------------|
| Lab Name TestAmerica Phoenix | Lab Certified ID Number: AZ0728 |
| Lab Contact, printed name: Ken Baker | Lab Phone Number: (602) 437-3340 |
| Signature: <i>Ken Baker</i> | |
| Date PWS Notified: 12/16/2009 | PWS Person Notified: JAY HARRELL |
| Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification. | |
| Date ADEQ Notified: | ADEQ Person Notified: |

Comments:

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**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**

| | |
|-----------------------------------|-------------------------------------|
| PWS ID Number: AZ0404083 | PWS Name: ARROYO WATER CO |
| Sample Date: 12/13/2009 | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 11:00 | Phone Number: 928-472-3109 |

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**

PSL0571-03
Lab Specimen ID # of Initial Sample

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Other Location (Distribution System)
 4th Repeat "Other" Sample Taken at Well
 (raw water) if PWS serves 1,000 people or less

| | | |
|-------------------------------|----|-------------------------------|
| Sampling Distribution Site ID | OR | Well 55-xxxxxx |
| | | 55- <input type="text"/> |
| | | Cl2 <input type="text"/> mg/L |
| (Not for MRDL reporting) | | |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | 3100 Total Coliform | | 3013 Fecal Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|---|------------------------|--------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
| | Method | Result | Method | Result | Method | Result | Date | Time | Date | Time |
| PSL0774-03 | SM9223 B | ABSENT | | | | | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |
| | | | | | SM9223 B | ABSENT | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |
| Only report below for Ground Water Rule, or Repeat "Other" (raw water sample). Must use method that provides E. coli as result. | | | | | | | | | | |
| | | | | | | | | | | |

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 lab personnel)

| | |
|--|----------------------------------|
| Lab Name TestAmerica Phoenix | Lab Certified ID Number: AZ0728 |
| Lab Contact, printed name: Ken Baker | Lab Phone Number: (602) 437-3340 |
| Signature: <i>Ken Baker</i> | |
| Date PWS Notified: 12/16/2009 | PWS Person Notified: JAY HARRELL |
| Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification. | |
| Date ADEQ Notified: | ADEQ Person Notified: |

Comments:

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Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**

| | |
|-----------------------------------|-------------------------------------|
| PWS ID Number: AZ0404083 | PWS Name: ARROYO WATER CO |
| Sample Date: 12/13/2009 | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 11:30 | Phone Number: 928-472-3109 |

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**

PSL0571-03
Lab Specimen ID # of Initial Sample

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Other Location (Distribution System)
 4th Repeat "Other" Sample Taken at Well
 (raw water) if PWS serves 1,000 people or less

| | | |
|--------------------------------|----|---|
| Sampling Distribution Site ID: | OR | Well 55-0000000 |
| | | 55- <input type="text"/> |
| | | Clz <input type="text" value="0.0"/> mg/L |
| (Not for MRDL reporting) | | |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | 3190 Total Coliform | | 3013 Fecal Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|---|------------------------|--------|------------------------|--------|-----------------|--------|-------------------|-------|----------------------|-------|
| | Method | Result | Method | Result | Method | Result | Date | Time | Date | Time |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Only report below for Ground Water Rule - Repeat "Other" (raw water sample). Must use method that provides E. coli as result. | | | | | | | | | | |
| PSL0774-04 | SM9223 B | ABSENT | | | SM9223 B | ABSENT | 12/14/2009 | 13:40 | 12/15/2009 | 13:40 |

MCL: If system is $\leq 33,000$, 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 lab personnel)

| | |
|--|----------------------------------|
| Lab Name TestAmerica Phoenix | Lab Certified ID Number: AZ0728 |
| Lab Contact, printed name: Ken Baker | Lab Phone Number: (602) 437-3340 |
| Signature: <i>Ken Baker</i> | |
| Date PWS Notified: 12/16/2009 | PWS Person Notified: JAY HARRELL |
| Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification. | |
| Date ADEQ Notified: | ADEQ Person Notified: |

Comments:

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**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiological Analysis Report**

| | |
|-----------------------------------|-------------------------------------|
| PWS ID Number: AZ0404029 | PWS Name: JAKES CORNER WATER SUPPLY |
| Sample Date: 12/8/2009 | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 11:15 | Phone Number: 928-472-3109 |

**Repeat Samples Only - Check One
Use If Initial Sample was Positive**

Lab Specimen ID # of Initial Sample

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Other Location (Distribution System)
 4th Repeat "Other" Sample Taken at Well
 (raw water) if PWS serves 1,000 people or less

| Sampling/Distribution Site ID | OR | Well ID |
|-------------------------------|----|--|
| 1 | | 55- <input type="text"/> Cl2 <input type="text"/> mg/L <small>(Not for MRDL reporting)</small> |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | 3004 Total Coliform | | 3013 Fecal Coliform | | 3014 E. coli | | Analysis Start | | Analysis Complete | |
|---|------------------------|--------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
| | Method | Result | Method | Result | Method | Result | Date | Time | Date | Time |
| PSL0571-01 | SM9223 B | ABSENT | | | | | 12/9/2009 | 15:25 | 12/10/2009 | 15:25 |
| | | | | | SM9223 B | ABSENT | 12/9/2009 | 15:25 | 12/10/2009 | 15:25 |
| <small>Only report 3014 for Ground Water Rule. Repeat "Other" (raw water sample) must use method that provides E. coli as result.</small> | | | | | | | | | | |

MCL: If system is \leq 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 lab personnel)

| | |
|--|----------------------------------|
| Lab Name TestAmerica Phoenix | Lab Certified ID Number: AZ0728 |
| Lab Contact, printed name: Ken Baker | Lab Phone Number: (602) 437-3340 |
| Signature: <i>Ken Baker</i> | |
| Date PWS Notified: 12/11/2009 | PWS Person Notified: JAY HARRELL |
| Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification. | |
| Date ADEQ Notified: | ADEQ Person Notified: |

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