



0000110383

ARROYO WATER COMPANY, INC.

ORIGINAL

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

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 4/7/2010
from Test America

Well meter read: 5380120

Arizona Corporation Commission
DOCKETED
APR 26 2010

DOCKETED BY *Mu*

Thank You,

Athena Mikulak
Arroyo Water Company

RECEIVED
2010 APR 26 A 9:38
AZ CORP COMMISSION
DOCKET CONTROL

**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: 4/7/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 16:25	Phone Number: 928-474-3109

**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-xxxxxx
1 JAKES CORNER WATER SUPPLY		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		3012 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTD0457-01	SM9223 B	ABSENT					4/8/2010	14:25	4/9/2010	14:25
					SM9223 B	ABSENT	4/8/2010	14:25	4/9/2010	14:25
<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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 4/12/2010	PWS Person Notified: JAMES R 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: 4/7/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 17:00	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

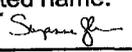
Sampling Distribution Site ID: 3 ARROYO WATER CO.	OR	Well 55-xxxxxx 55- <input type="text"/> Cl ₂ <input type="text"/> mg/L (Not for MRDL reporting)
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Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		8014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTD0457-03	SM9223 B	ABSENT					4/8/2010	14:25	4/9/2010	14:25
					SM9223 B	ABSENT	4/8/2010	14:25	4/9/2010	14:25
Only report below for Ground Water Rule 4 "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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: 	
Date PWS Notified: 4/12/2010	PWS Person Notified: JAMES R 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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