



0000110385

**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 2/1/2010 from Test America

Well meter read: 5285230

Thank You,

Athena Mikulak  
Arroyo Water Company

Arizona Corporation Commission  
**DOCKETED**  
APR 26 2010

DOCKETED BY

**RECEIVED**  
2010 APR 26 A 9:39  
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: 2/1/2010             | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 09:30 | 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:xxxxxx                            |
| 1 JAKES CORNER WATER SUPPLY    |    | 55- <input type="text"/>                  |
|                                |    | Cl <sub>2</sub> <input type="text"/> mg/L |

(Not for MRDL reporting)

**Microbiological Analysis (To be filled out by lab personnel)**

| Lab Specimen ID  | 3100<br>Total Coliform |         | 3013<br>Fecal Coliform |              | 3014<br>E. coli |              | Analysis Start |       | Analysis Complete |       |
|--|------------------------|---------|------------------------|--------------|-----------------|--------------|----------------|-------|-------------------|-------|
|  | Method                 | Result  | Method                 | Result       | Method          | Result       | Date           | Time  | Date              | Time  |
| PTB0123-01   | SM9223 B               | PRESENT | <del> </del>           | <del> </del> | <del> </del>    | <del> </del> | 2/2/2010       | 15:30 | 2/3/2010          | 16:10 |
|  |                        |         |                        |              | SM9223 B        | ABSENT       | 2/2/2010       | 15:30 | 2/3/2010          | 16:10 |
| <small>Only report below for Ground Water Rule, 4<sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result.</small> |                        |         |                        |              |                 |              |                |       |                   |       |
|  |                        |         | <del> </del>           | <del> </del> |                 |              |                |       |                   |       |

**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: 2/4/2010  | PWS Person Notified: JAY HARRELL |
| <b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b> |                                  |
| 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: AZ0404029          | PWS Name: JAKES CORNER WATER SUPPLY |
| Sample Date: 2/8/2010             | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 13:20 | Phone Number: 928-472-3109          |

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

PTB0123-01  
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                            |
| ORIGINAL LOCATION              |    | 55- <input type="text"/>                  |
|                                |    | Cl <sub>2</sub> <input type="text"/> mg/L |
| (Not for MRDL reporting)       |    |   |

**Microbiological Analysis (To be filled out by lab personnel)**

| Lab Specimen ID  | 3100<br>Total Coliform |        | 3013<br>Fecal Coliform |        | 3014<br>E. coli |        | Analysis Start |       | Analysis Complete |       |
|--|------------------------|--------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
|  | Method                 | Result | Method                 | Result | Method          | Result | Date           | Time  | Date              | Time  |
| PTB0565-01   | SM9223 B               | ABSENT | X                      |        | X               |        | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |
|  |                        |        | X                      |        | SM9223 B        | ABSENT | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |
| Only report below for Ground Water Rule, 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result. |                        |        |                        |        |                 |        |                |       |                   |       |
|  |                        |        | X                      |        |                 |        |                |       |                   |       |

**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: 2/11/2010   | PWS Person Notified: JAY HARRELL |
| <b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b> |                                  |
| Date ADEQ Notified: 2/11/2010  | 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: AZ0404029          | PWS Name: JAKES CORNER WATER SUPPLY |
| Sample Date: 2/8/2010             | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 13:20 | Phone Number: 928-472-3109          |

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

PTB0123-01  
 \_\_\_\_\_  
 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                            |
| ABOVE LOCATION                 |    | 55- <input type="text"/>                  |
|                                |    | Cl <sub>2</sub> <input type="text"/> mg/L |
|                                |    | <small>(Not for MRDL reporting)</small>   |

**Microbiological Analysis** (To be filled out by lab personnel)

| Lab Specimen ID  | 3100<br>Total Coliform |        | 3013<br>Fecal Coliform |        | 3014<br>E. coli |        | Analysis Start |       | Analysis Complete |       |
|--|------------------------|--------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
|  | Method                 | Result | Method                 | Result | Method          | Result | Date           | Time  | Date              | Time  |
| PTB0565-02   | SM9223 B               | ABSENT |                        |        |                 |        | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |
|  |                        |        |                        |        | SM9223 B        | ABSENT | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |
| Only report below for Ground Water Rule, 4 <sup>th</sup> 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: <i>Suzanne Glass</i>  |                                  |
| Date PWS Notified: 2/11/2010   | PWS Person Notified: JAY HARRELL |
| <b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b> |                                  |
| Date ADEQ Notified: 2/11/2010  | 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: AZ0404029          | PWS Name: JAKES CORNER WATER SUPPLY |
| Sample Date: 2/8/2010             | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 13:20 | Phone Number: 928-472-3109          |

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

PTB0123-01  
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

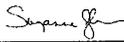
|                                |    |   |
|--------------------------------|----|---|
| Sampling Distribution Site ID: | OR | Well 55-xxxxxx                            |
| BELOW LOCATION                 |    | 55- <input type="text"/>                  |
|                                |    | Cl <sub>2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

**Microbiological Analysis** (To be filled out by lab personnel)

| Lab Specimen ID  | 3100<br>Total Coliform |        | 3013<br>Fecal Coliform |        | 3014<br>E. coli       |        | Analysis Start |       | Analysis Complete |       |
|--|------------------------|--------|------------------------|--------|-----------------------|--------|----------------|-------|-------------------|-------|
|  | Method                 | Result | Method                 | Result | Method                | Result | Date           | Time  | Date              | Time  |
| PTB0565-03   | SM9223 B               | ABSENT | <del>          </del>  |        | <del>          </del> |        | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |
|  |                        |        |                        |        | SM9223 B              | ABSENT | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |
| Only report below for Ground Water Rule. 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result. |                        |        |                        |        |                       |        |                |       |                   |       |
|  |                        |        | <del>          </del>  |        |                       |        |                |       |                   |       |

**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: 2/11/2010   | PWS Person Notified: JAY HARRELL |
| <b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b> |                                  |
| Date ADEQ Notified: 2/11/2010  | 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: AZ0404029          | PWS Name: JAKES CORNER WATER SUPPLY |
| Sample Date: 2/8/2010             | Owner / Contact Person: JAY HARRELL |
| Sample Time (24-hr. clock): 13:40 | Phone Number: 928-472-3109          |

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**  
 PTB0123-01  
 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

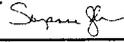
|                                |    |   |
|--------------------------------|----|---|
| Sampling Distribution Site ID: | OR | Well 55-xxxxx   |
| WELL SITE                      |    | 55- <input type="text"/>  |
|                                |    | Cl <sub>2</sub> <input type="text"/> mg/L<br>(Not for MRDL reporting) |

**Microbiological Analysis (To be filled out by lab personnel)**

| Lab Specimen ID  | 3100<br>Total Coliform |        | 3013<br>Fecal Coliform |        | 3014<br>E. coli |        | Analysis Start |       | Analysis Complete |       |
|--|------------------------|--------|------------------------|--------|-----------------|--------|----------------|-------|-------------------|-------|
|  | Method                 | Result | Method                 | Result | Method          | Result | Date           | Time  | Date              | Time  |
|  |                        |        |                        |        |                 |        |                |       |                   |       |
| Only report below for Ground Water Rule, 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result. |                        |        |                        |        |                 |        |                |       |                   |       |
| PTB0565-04   | SM9223 B               | ABSENT |                        |        | SM9223 B        | ABSENT | 2/9/2010       | 15:45 | 2/10/2010         | 16:00 |

**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: 2/11/2010   | PWS Person Notified: JAY HARRELL |
| <b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b> |                                  |
| Date ADEQ Notified: 2/11/2010  | 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**  
**Ground Water Rule - Triggered Source Water Monitoring**  
 Drinking Water Microbiological Analysis Report  
 (This form is only for RAW WELL WATER compliance samples)

|   |   |
|---|---|
| PWS ID Number: AZ0404029                          | PWS Name: JAKES CORNER WATER SUPPLY     |
| Owner/Contact Person: JAY HARRELL                 | Phone Number: 928-472-3109              |
| Well Number (required): WELL SITE                 | <b>Only one well per reporting form</b> |
| Original Lab Specimen ID # (required): PTB0123-01 |   |

**Type of Sample - Check One**

- 4th Repeat "Other" Sample Taken at Well  
 (Only PWS serving 1,000 people or less)
- GWR Triggered Source Sample(s)
- GWR Additional Source Water Monitoring Samples (5 per well)
- Replacement GWR Sample (if original was invalidated) for  
 Lab Specimen ID at top -  
**MUST CALL REGULATORY AGENCY FOR APPROVAL**

- Check if PWS serves 1,000 people or less
- Check if PWS serves more than 1,000 people

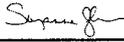
**A positive Fecal Indicator GWR result is an  
 Acute Violation requiring Public Notice  
 Contact ADEQ immediately,  
 (602) 771-4560 or (602) 771-4641**

**Microbiological Analysis for GWR Fecal indicators** (To be filled out by lab personnel)

| Sample Collection |       | Lab Specimen ID | Total Cl <sub>2</sub><br>mg/L | 3100<br>Total<br>Coliform<br>P/A/NA | Fecal Indicator <sup>2</sup>             |        | Analysis Start |       | Analysis Complete |       |
|-------------------|-------|-----------------|-------------------------------|-------------------------------------|--|--------|----------------|-------|-------------------|-------|
| Date              | Time  |                 |                               |                                     | Method                                   | Result | Date           | Time  | Date              | Time  |
| 2/8/2010          | 13:20 | PTB0565-01      |                               | A                                   | <input checked="" type="checkbox"/> 3014 | A      | 2/10/2010      | 16:00 | 2/10/2010         | 16:00 |
| 2/8/2010          | 13:20 | PTB0565-02      |                               | A                                   | <input type="checkbox"/> 3002            | A      | 2/10/2010      | 16:00 | 2/10/2010         | 16:00 |
| 2/8/2010          | 13:20 | PTB0565-03      |                               | A                                   | <input type="checkbox"/> 3028            | A      | 2/10/2010      | 16:00 | 2/10/2010         | 16:00 |
| 2/8/2010          | 13:40 | PTB0565-04      |                               | A                                   |  | A      | 2/10/2010      | 16:00 | 2/10/2010         | 16:00 |

- 1- Use only when method provides TC and E. coli results.  
 2- See page 2 for Fecal Indicator Analyte Code and Method Citation. Check one box.

**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: 2/11/2010   | PWS Person Notified: JAY HARRELL |
| <b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b> |                                  |
| Date ADEQ Notified: 2/11/2010  | ADEQ Person Notified:            |

Comments:

**Please mail completed form to:**  
 Arizona Department of Environmental Quality  
 Water Quality Data Unit 54  
 1110 West Washington Street  
 Phoenix, Arizona 85007

**Questions Regarding the Ground Water Rule:**  
 Call (602) 771-4560  
 within AZ (800) 234-5677 ext. 771-4560