

ORIGINAL



0000118466

ARROYO WATER COMPANY, INC.

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 6/01/2010
from Test America

Well meter read: 5596390

Thank You,

Athena Mikulak
Athena Mikulak
Arroyo Water Company

Arizona Corporation Commission
DOCKETED

SEP 30 2010

DOCKETED BY *[Signature]*

ARROYO WATER COMPANY
DOCKET CONTROL

2010 SEP 30 A 10:10

RECEIVED

**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: 6/1/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 10:50	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
ARROYO WATER CO		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
PTF0115-07	SM9223 B	ABSENT					6/2/2010	14:45	6/3/2010	14:45
					SM9223 B	ABSENT	6/2/2010	14:45	6/3/2010	14:45
<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: 6/9/2010	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: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 6/1/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	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	OR	Well #
JAKES CORNER WATER SUPPLY 1A		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	Total Coliform		Fecal Coliform		E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTF0115-01	SM9223 B	ABSENT					6/2/2010	14:45	6/3/2010	14:45
					SM9223 B	ABSENT	6/2/2010	14:45	6/3/2010	14:45
<small>Only report below Ground Water Rule. Repeat "Other" (raw water sample). Must use method that provides fecal coliform results.</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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 6/9/2010	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: 6/1/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	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: JAKES CORNER WATER SUPPLY 1B	OR	Well ID: _____ 55- _____ Cl ₂ _____ mg/L (Not for MRDL reporting)
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Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	TTC		TTC		TTC		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTF0115-02	SM9223 B	ABSENT					6/2/2010	14:45	6/3/2010	14:45
					SM9223 B	ABSENT	6/2/2010	14:45	6/3/2010	14:45
<small>Only report below for Ground Water Rule. Repeat Other (raw water sample) - Microcystin method (if provided) - Coliform results</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: 6/9/2010	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: 6/1/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	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: JAKES CORNER WATER SUPPLY 1C	OR	Well #55-33000 55- <input type="text"/> Clz <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	3000		30157		101		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTF0115-03	SM9223 B	ABSENT					6/2/2010	14:45	6/3/2010	14:45
					SM9223 B	ABSENT	6/2/2010	14:45	6/3/2010	14:45
Only report below for Ground Water Rule 4 (Rural) Other (raw water samples). Must use method that provides 1-coll as result.										

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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 6/9/2010	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: 6/1/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	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

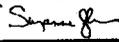
Sampling Distribution Site ID: JAKES CORNER WATER SUPPLY 1D	OR	Well ID: 55- <input type="text"/> Cl2 <input type="text"/> mg/L (Not for MRDL reporting)
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Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	100 Total Coliform		30/3 Fecal Coliform		30/4 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTF0115-04	SM9223 B	ABSENT					6/2/2010	14:45	6/3/2010	14:45
					SM9223 B	ABSENT	6/2/2010	14:45	6/3/2010	14:45
Only a repeat for Grand Water Rule 4 Repeat Other (raw water sample) must use method that provides coliform result										

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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: 	
Date PWS Notified: 6/9/2010	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: 6/1/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	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: JAKES CORNER WATER SUPPLY 1E	OR	Well ID: 55- <input type="text"/> Cl2 <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	3010 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTF0115-05	SM9223 B	ABSENT					6/2/2010	14:45	6/3/2010	14:45
					SM9223 B	ABSENT	6/2/2010	14:45	6/3/2010	14:45
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides TCR colias/result.										

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)

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Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 6/9/2010	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: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**
PTE0657-01
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
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 BELOW
	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
PTE1125-06	SM9223 B	ABSENT					5/19/2010	14:45	5/20/2010	14:45
					SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45
Only report below for Ground Water Rule 4th 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: 5/25/2010	PWS Person Notified: JAY HARRELL
Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.	
Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

Comments:

Please mail completed form to:
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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: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

Repeat Samples Only - Check One
Use if Initial Sample was Positive
PTE0657-01
 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
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 ORIGINAL
	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
PTE1125-07	SM9223 B	ABSENT					5/19/2010	14:45	5/20/2010	14:45
					SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45
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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 5/25/2010	PWS Person Notified: JAY HARRELL
Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.	
Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

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**Arizona Department of Environmental Quality
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Drinking Water Microbiological Analysis Report**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One
Use if Initial Sample was Positive**
PTE0657-01
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
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 ABOVE
		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
PTE1125-05	SM9223 B	ABSENT	Method	Result	Method	Result	5/19/2010	14:45	5/20/2010	14:45
					SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45
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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
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Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

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Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

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

PTE0657-01
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
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 WELL
		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
Only report below for Ground Water Rule. 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										
PTE1125-08	SM9223 B	ABSENT			SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45

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: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 5/25/2010	PWS Person Notified: JAY HARRELL
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Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

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