

ORIGINAL



0000118467

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 coli form test results, dated 08/05/2010
from Test America

Well meter read: 5921860

Arizona Corporation Commission
DOCKETED
SEP 30 2010

Thank You,

Athena Mikulak
Arroyo Water Company

DOCKETED BY

RECEIVED
2010 SEP 30 A 10:10
DOCKET CONTROL

**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: 8/5/2010 | Owner / Contact Person: JAMES R HARRELL |
| Sample Time (24-hr. clock): 08:45 | 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 |
| 2) 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 |
| PTH0419-02 | SM9223 B | ABSENT | X | X | X | X | 8/6/2010 | 14:20 | 8/7/2010 | 10:50 |
| | | | | | SM9223 B | ABSENT | 8/6/2010 | 14:20 | 8/7/2010 | 10:50 |
| Only report below for Ground Water Rule: 4 Repeat "Other" (raw water sample) must use method that provides E. coli as result | | | | | | | | | | |
| | | | X | 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: 8/19/2010 | 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: 8/5/2010 | Owner / Contact Person: JAMES R HARRELL |
| Sample Time (24-hr. clock): 08:25 | 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 ID |
|-------------------------------|----|--|
| 1) JAKES CORNER | | 55- <input type="text"/> Cl ₂ <input type="text"/> mg/L <small>(Not for MRDL reporting)</small> |

Microbiological Analysis (To be filled out by lab personnel)

| Lab Specimen ID | PWS ID | Result | Date | | Time | | Analysis | |
|--|----------|--------|--------|----------|----------|----------|----------|----------|
| | | | Sample | Received | Start | Complete | Start | Complete |
| PTH0419-01 | SM9223 B | ABSENT | | | 8/6/2010 | 14:20 | 8/7/2010 | 10:50 |
| | SM9223 B | ABSENT | | | 8/6/2010 | 14:20 | 8/7/2010 | 10:50 |
| <small>Only report detection of ground water TCR samples. Do not report TCR samples. Must use method that provides 5 coll 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: 8/19/2010 | 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:

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

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