

ORIGINAL



**ARROYO WATER COMPANY, INC.**

1400 N. Beeline Highway

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

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**Docket Control**

**Arizona Corporation Commission**

1200 W. Washington St.

Phoenix, AZ 85007

**RE: W-04286A-04-0774**

**Decision # 70206**

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Enclosed for docket is the monthly coli form test results, dated <sup>12/9/2010 am</sup> ~~10/18/2010~~  
from Test America

- Well meter read: 62733600

Thank You,

Athena Mikulak

Arroyo Water Company

Arizona Corporation Commission

**DOCKETED**

**JAN 19 2011**

DOCKETED BY

ARROYO WATER COMPANY  
DOCKET CONTROL

2011 JAN 19 A 9:16

RECEIVED

**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: 12/9/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:40	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
2) ARROYO WATER CO.		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		3012 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTL0738-02	SM9223 B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	12/10/2010	15:20	12/11/2010	9:35
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM9223 B	ABSENT	12/10/2010	15:20	12/11/2010	9:35
<small>Only report below for Ground Water Rule 4 Repeat Other (raw water sample) Must use method that provides E. coli as result.</small>										
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<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: 12/17/2010	PWS Person Notified: JAMES R 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:

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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**



**COPY**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 12/9/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:20	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 <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	3000 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTL0738-01	SM9223 B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	12/10/2010	15:20	12/11/2010	9:35
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM9223 B	ABSENT	12/10/2010	15:20	12/11/2010	9:35
<small>Only report below for Ground Water Rule 4 Repeat "Other" (raw water sample). Must use method that provides E. coli as result.</small>										
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

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Comments:

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