

ORIGINAL



0000123479

ARROYO WATER COMPANY, INC.

1400 N. Beeline Highway

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

Arizona Corporation Commission
DOCKETED

MAR 3 2011

DOCKETED BY 

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 2/8/2011 from Test America

- Well meter read: 63669300

Thank You,

Athena Mikulak

Athena Mikulak

Arroyo Water Company

AZ CORP COMMISSION
DOCKET CONTROL

2011 MAR - 3 A 10: 51

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: 2/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:20	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
6 ARROYO WATER		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	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUB0575-06	SM9223 B	PRESENT					2/9/2011	14:50	2/10/2011	14:55
					SM9223 B	ABSENT	2/9/2011	14:50	2/10/2011	14:55
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: 2/10/2011	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

 **COPY**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 2/8/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 09:00	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

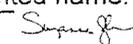
Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1 JAKES CORNER		55- <input type="text"/> Cl ₂ <input type="text"/> mg/L <small>(Not for MRDL reporting)</small>

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUB0575-01	SM9223 B	ABSENT	 	 	 	 	2/9/2011	14:50	2/10/2011	14:55
 	 	 	 	 	SM9223 B	ABSENT	2/9/2011	14:50	2/10/2011	14:55
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

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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: 2/15/2011	PWS Person Notified: JAY HARRELL
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Date ADEQ Notified:	ADEQ Person Notified:

Comments:

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PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 2/8/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 09:00	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 55-xxxx
2 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	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUB0575-02	SM9223 B	ABSENT	X	X	X	X	2/9/2011	14:50	2/10/2011	14:55
					SM9223 B	ABSENT	2/9/2011	14:50	2/10/2011	14:55
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.
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Signature: <i>Suzanne Glass</i>	
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Date ADEQ Notified:	ADEQ Person Notified:

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PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 2/8/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 09:00	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 55xxxxx
3 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	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUB0575-03	SM9223 B	ABSENT					2/9/2011	14:50	2/10/2011	14:55
					SM9223 B	ABSENT	2/9/2011	14:50	2/10/2011	14:55
Only report below Ground Water Rule 4th Repeat "Other" (raw water sample) Must use method that provides E. coli as result										

MCL: If system is $\leq 33,000$, then MCL is 2 or more total coliform-positive.
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Signature: <i>Suzanne Glass</i>	
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Date ADEQ Notified:	ADEQ Person Notified:

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PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 2/8/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 09:00	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 55-xxxxxx
4 JAKES CORNER		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
PUB0575-04	SM9223 B	ABSENT					2/9/2011	14:50	2/10/2011	14:55
					SM9223 B	ABSENT	2/9/2011	14:50	2/10/2011	14:55
Only report below Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

MCL: If system is \leq 33,000, then MCL is 2 or more total coliform-positive.
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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: 2/15/2011	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:

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Sample Time (24-hr. clock): 09:00	Phone Number: 928-472-3109

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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-xxxx
5 JAKES CORNER		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	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUB0575-05	SM9223 B	PRESENT					2/9/2011	14:50	2/10/2011	14:55
					SM9223 B	ABSENT	2/9/2011	14:50	2/10/2011	14:55
Only report flow for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

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Date ADEQ Notified:	ADEQ Person Notified:

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



COPY

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 1/27/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 10:30	Phone Number: 928-474-3109

Repeat Samples Only - Check One
Use if Initial Sample was Positive
PUA1116-01
 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: 1 ABOVE	OR	Well 55-xxxxxx
		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		3018 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUA1666-01	SM9223 B	ABSENT					1/28/2011	15:45	1/29/2011	10:25
					SM9223 B	ABSENT	1/28/2011	15:45	1/29/2011	10:25
Only report below for Ground Water Rule, 4 th Repeat "Other" (raw water sample) Must use method that provides E. coli as result.										

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Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 2/3/2011	PWS Person Notified: JAMES R HARRELL
Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.	
Date ADEQ Notified: 2/3/2011	ADEQ Person Notified:

Comments:

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**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: 1/27/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 10:30	Phone Number: 928-474-3109

Repeat Samples Only - Check One
Use if Initial Sample was Positive
PUA1116-01
 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
2 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
PUA1666-02	SM9223 B	ABSENT	X	X	X	X	1/28/2011	15:45	1/29/2011	10:25
					SM9223 B	ABSENT	1/28/2011	15:45	1/29/2011	10:25
Only report below for Ground Water Rule 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										
			X	X						

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PUA1116-01
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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
3 ORIGINAL		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	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUA1666-03	SM9223 B	ABSENT	Method	Result	Method	Result	1/28/2011	15:45	1/29/2011	10:25
					SM9223 B	ABSENT	1/28/2011	15:45	1/29/2011	10:25
Only report below for Ground Water Rule, 4 th Repeat "Other" (raw water sample). Must use method that provides E. coli as result										

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PUA1116-01
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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
4 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
PUA1666-04	SM9223 B	ABSENT					1/28/2011	15:45	1/29/2011	10:25
					SM9223 B	ABSENT	1/28/2011	15:45	1/29/2011	10:25
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