

ORIGINAL



0000127209

ARROYO WATER COMPANY, INC.

1400 N. Beeline Highway

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 5/8/2011 from Test America

- Well meter read: 65917200

Arizona Corporation Commission

DOCKETED

JUN 30 2011

Thank You,

Athena Mikulak

Arroyo Water Company

DOCKETED BY

AZ CORP COMMISSION
DOCKET CONTROL

2011 JUN 30 A 9:55

RECEIVED

**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: 5/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:40	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
1A EXTENDED MONTHLY JAKES CORNER WATER SUPPLY		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
PUE0454-01	SM 9223B	ABSENT	Method	Result	Method	Result	5/9/2011	15:15	5/10/2011	9:55
					SM 9223B	ABSENT	5/9/2011	15:15	5/10/2011	9:55
Only report below for Ground Water Rule, 4 th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										
			Method	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: 5/11/2011	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**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:45	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
1B EXTENDED MONTHLY JAKES CORNER WATER SUPPLY		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
PUE0454-02	SM 9223B	ABSENT	 	 	 	 	5/9/2011	15:15	5/10/2011	9:55
 	 	 	 	 	SM 9223B	ABSENT	5/9/2011	15:15	5/10/2011	9:55
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.
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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: 5/11/2011	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:

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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: 5/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:50	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
1C EXTENDED MONTHLY JAKES CORNER WATER SUPPLY		55- <input type="text"/>
		Cl ₂ <input type="text"/> mg/L

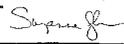
(Not for MRDL reporting)

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
PUE0454-03	SM 9223B	ABSENT	Method	Result	Method	Result	5/9/2011	15:15	5/10/2011	9:55
					SM 9223B	ABSENT	5/9/2011	15:15	5/10/2011	9:55
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: 	
Date PWS Notified: 5/11/2011	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:

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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: 5/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:55	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
1D EXTENDED MONTHLY JAKES CORNER WATER SUPPLY		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
PUE0454-04	SM 9223B	ABSENT	 	 	 	 	5/9/2011	15:15	5/10/2011	9:55
 	 	 	 	 	SM 9223B	ABSENT	5/9/2011	15:15	5/10/2011	9:55
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: 5/11/2011	PWS Person Notified: JAMES R HARRELL
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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: 5/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 10:05	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

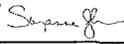
Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1E EXTENDED MONTHLY JAKES CORNER WATER SUPPLY		55- <input type="text"/>
		Cl ₂ <input type="text"/> mg/L
(Not for MRDL reporting)		

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
PUE0454-05	SM 9223B	ABSENT	 	 	 	 	5/9/2011	15:15	5/10/2011	9:55
 	 	 	 	 	SM 9223B	ABSENT	5/9/2011	15:15	5/10/2011	9:55
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 Name TestAmerica Phoenix	Lab Certified ID Number: AZ0728
Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: 	
Date PWS Notified: 5/11/2011	PWS Person Notified: JAMES R HARRELL
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Date ADEQ Notified:	ADEQ Person Notified:

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**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: 5/8/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 10:30	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
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
PUE0454-06	SM 9223B	ABSENT	 	 	 	 	5/9/2011	15:15	5/10/2011	9:55
 	 	 	 	 	SM 9223B	ABSENT	5/9/2011	15:15	5/10/2011	9:55

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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Signature: <i>Suzanne Glass</i>	
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