

ORIGINAL



0000130523

ARROYO WATER COMPANY, INC RECEIVED

1400 N. Beeline Highway

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

2011 OCT 17 A 10:23

AZ CORP COMMISSION
DOCKET CONTROL

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 re-test, dated 9/13/2011 from Test America

- Well meter read: 71982800

Arizona Corporation Commission

DOCKETED

OCT 17 2011

DOCKETED BY	
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Thank You,

Athena Mikulak

Arroyo Water Company

**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: 9/13/2011	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-xxxxxx
5 ARROYO WATER CO		55- _____ Cl ₂ _____ 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
PUI0778-05	SM 9223B	ABSENT					9/14/2011	13:35	9/15/2011	14:00
					SM 9223B	ABSENT	9/14/2011	13:35	9/15/2011	14:00
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: 9/19/2011	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: 9/13/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 08:30	Phone Number: 928-472-3109

Repeat Samples Only - Check One
Use if Initial Sample was Positive
 PUH2015-02

 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		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
PU10778-01	SM 9223B	ABSENT					9/14/2011	13:35	9/15/2011	14:00
					SM 9223B	ABSENT	9/14/2011	13:35	9/15/2011	14:00

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Drinking Water Microbiological Analysis Report**

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Sample Date: 9/13/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 08:30	Phone Number: 928-472-3109

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Use if Initial Sample was Positive
PUH2015-02
 Lab Specimen ID # of Initial Sample

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 Downstream Location (Distribution System)
 Other Location (Distribution System)
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 (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
2 JAKES CORNER WATER		55- <input type="text"/>
		Cl ₂ <input type="text"/> mg/L

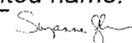
(Not for MRDL reporting)

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
PU10778-02	SM 9223B	ABSENT					9/14/2011	13:35	9/15/2011	14:00
					SM 9223B	ABSENT	9/14/2011	13:35	9/15/2011	14:00
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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
3 JAKES CORNER WATER		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
PU10778-03	SM 9223B	ABSENT	 	 	 	 	9/14/2011	13:35	9/15/2011	14:00
					SM 9223B	ABSENT	9/14/2011	13:35	9/15/2011	14:00

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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
4 JAKES CORNER WATER		55- <input type="text"/>
		Cl2 <input type="text"/> mg/L

(Not for MRDL reporting)

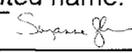
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Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUI0778-04	SM 9223B	ABSENT					9/14/2011	13:35	9/15/2011	14:00
					SM 9223B	ABSENT	9/14/2011	13:35	9/15/2011	14:00

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