

ORIGINAL



0000130524

**ARROYO WATER COMPANY, INC. RECEIVED**

1400 N. Beeline Highway | 2011 OCT 17 A 10: 21

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

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, dated 7/24/2011 from Test America

- Well meter read: 70149300

Arizona Corporation Commission

**DOCKETED**

OCT 17 2011

DOCKETED BY 

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: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 7/24/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 13:30	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
1E WATER SUPPLY		55- _____
		Cl <sub>2</sub> _____ 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
PUG1509-05	SM 9223B	ABSENT	<del>Method</del>	<del>Result</del>	<del>Method</del>	<del>Result</del>	7/25/2011	14:40	7/26/2011	14:40
					SM 9223B	ABSENT	7/25/2011	14:40	7/26/2011	14:40
Only report below for Ground Water Rule, 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										
			<del>Method</del>	<del>Result</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: 7/29/2011	PWS Person Notified: JAY 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:

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

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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1D WATER SUPPLY		55- <input type="text"/>
		Cl <sub>2</sub> <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
PUG1509-04	SM 9223B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	7/25/2011	14:40	7/26/2011	14:40
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM 9223B	ABSENT	7/25/2011	14:40	7/26/2011	14:40
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<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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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1C WATER SUPPLY		55- <input type="text"/>
		Cl <sub>2</sub> <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
PUG1509-03	SM 9223B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	7/25/2011	14:40	7/26/2011	14:40
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM 9223B	ABSENT	7/25/2011	14:40	7/26/2011	14:40

Only report below for Ground Water Rule, 4<sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result.

<del> </del>										
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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1B WATER SUPPLY		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L

(Not for MRDL reporting)

**Microbiological Analysis (To be filled out by lab personnel)**

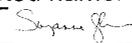
Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUG1509-02	SM 9223B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	7/25/2011	14:40	7/26/2011	14:40
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM 9223B	ABSENT	7/25/2011	14:40	7/26/2011	14:40

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Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1A JAKES CORNER		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L

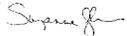
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Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUG1509-01	SM 9223B	PRESENT					7/25/2011	14:40	7/26/2011	14:40
					SM 9223B	ABSENT	7/25/2011	14:40	7/26/2011	14:40
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