

ORIGINAL



0000130525

**ARROYO WATER COMPANY, INC.**

1400 N. Beeline Highway

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

RECEIVED

2011 OCT 17 A 10: 22

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 8/14/2011 from Test America

- Well meter read: 71982800

Thank You,

Athena Mikulak

Arroyo Water Company

Arizona Corporation Commission

**DOCKETED**

OCT 17 2011

DOCKETED BY

**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: 8/14/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:15	Phone Number: 928-472-3109

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

PUG1508-05  
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
R5 ARROYO WATER CO		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
PUH1041-05	SM 9223B	ABSENT					8/15/2011	13:40	8/16/2011	13:50
					SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50
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.										

**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: 8/22/2011	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: 8/22/2011	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: AZ0404083	PWS Name: ARROYO WATER CO
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PUG1508-05  
Lab Specimen ID # of Initial Sample

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 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:	<b>OR</b>	Well 55-xxxxxx
R6 ARROYO WATER CO		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	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUH1041-06	SM 9223B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	8/15/2011	13:40	8/16/2011	13:50
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50
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>	<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.  
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PUG1508-05  
Lab Specimen ID # of Initial Sample

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 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
R7 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		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUH1041-07	SM 9223B	ABSENT					8/15/2011	13:40	8/16/2011	13:50
					SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50
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Sample Date: 8/14/2011	Owner / Contact Person: JAMES R HARRELL
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PUG1508-05  
Lab Specimen ID # of Initial Sample

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 Upstream Location (Distribution System)  
 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
R8 ARROYO WATER CO		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
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.										
PUH1041-08	SM 9223B	ABSENT			SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50

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Date ADEQ Notified: 8/22/2011	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: 8/14/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 08:45	Phone Number: 928-472-3109

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**  
 PUG1508-01  
 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
R1 JAMES CORNER WATER SUPPLY		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		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUH1041-01	SM 9223B	ABSENT					8/15/2011	13:40	8/16/2011	13:50
					SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50
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.										

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Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 8/22/2011	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: 8/22/2011	ADEQ Person Notified:

Comments:

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Drinking Water Microbiological Analysis Report**

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Sample Date: 8/14/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 08:45	Phone Number: 928-472-3109

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PUG1508-01  
 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
R3 JAMES CORNER 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
PUH1041-03	SM 9223B	PRESENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	8/15/2011	13:40	8/16/2011	13:50
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50
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>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

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Date PWS Notified: 8/16/2011	PWS Person Notified: JAY HARRELL
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Date ADEQ Notified: 8/22/2011	ADEQ Person Notified:

Comments:

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Drinking Water Microbiological Analysis Report**

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Sample Date: 8/14/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 08:45	Phone Number: 928-472-3109

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

PUG1508-01  
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:	<b>OR</b>	Well 55-xxxxxx
R4 JAMES CORNER 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
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.										
PUH1041-04	SM 9223B	ABSENT			SM 9223B	ABSENT	8/15/2011	13:40	8/16/2011	13:50

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**Total Coliform Rule Distribution System Monitoring**  
 Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 8/30/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	Phone Number: 928-472-3109

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**  
PUH1041-03  
 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

(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
PUH2015-01	SM 9223B	ABSENT	<del>Method</del>	<del>Result</del>	<del>Method</del>	<del>Result</del>	8/31/2011	15:25	9/1/2011	15:30
					SM 9223B	ABSENT	8/31/2011	15:25	9/1/2011	15:30

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Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 9/6/2011	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: 9/6/2011	ADEQ Person Notified:

Comments:

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Sample Date: 8/30/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	Phone Number: 928-472-3109

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PUH1041-03  
 Lab Specimen ID # of Initial Sample

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 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 JAKES CORNER 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
PUH2015-02	SM 9223B	PRESENT	<del>Method</del>	<del>Result</del>	<del>Method</del>	<del>Result</del>	8/31/2011	15:25	9/1/2011	15:30
					SM 9223B	ABSENT	8/31/2011	15:25	9/1/2011	15:30
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			<del>Method</del>	<del>Result</del>						

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Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 9/2/2011	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: 9/6/2011	ADEQ Person Notified:

Comments:

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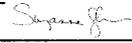
Sampling Distribution Site ID:	OR	Well 55-xxxxxx
3 JAKES CORNER WATER SUPPLY		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L
(Not for MRDL reporting)		

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PUH2015-03	SM 9223B	ABSENT	<del> </del>	<del> </del>	<del> </del>	<del> </del>	8/31/2011	15:25	9/1/2011	15:30
					SM 9223B	ABSENT	8/31/2011	15:25	9/1/2011	15:30
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Date ADEQ Notified: 9/6/2011	ADEQ Person Notified:

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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**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 8/30/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:00	Phone Number: 928-472-3109

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**  
 PUH1041-03  
 \_\_\_\_\_  
 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

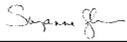
Sampling Distribution Site ID:	OR	Well 55-xxxxxx
4 JAKES CORNER WATER SUPPLY		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L (Not for MRDL reporting)

**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
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.										
PUH2015-04	SM 9223B	ABSENT			SM 9223B	ABSENT	8/31/2011	15:25	9/1/2011	15:30

**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: 	
Date PWS Notified: 9/6/2011	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: 9/6/2011	ADEQ Person Notified:

Comments:

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