



0000148030

ORIGINAL

1 Steve Wene, State Bar No. 019630
2 MOYES SELLERS & HENDRICKS LTD.
3 1850 N. Central Ave., Suite 1100
4 Phoenix, Arizona 85004
5 Telephone: 602-604-2141
6 e-mail: swene@law-msh.com

RECEIVED
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AZ CORP COMMISSION
DOCKET CONTROL

7 **BEFORE THE ARIZONA CORPORATION COMMISSION**

9 **COMMISSIONERS**

10 BOB STUMP – CHAIRMAN
11 GARY PIERCE
12 BRENDA BURNS
13 BOB BURNS
14 SUSAN BITTER SMITH

Arizona Corporation Commission

DOCKETED

SEP 11 2013

DOCKETED BY [Signature]

16 **IN THE MATTER OF THE**
17 **APPLICATION OF CLEAR SPRINGS**
18 **UTILITY CO., INC., FOR AN**
19 **INCREASE IN RATES**

Docket Nos. W-01689A-11-0401
WS-01689A-11-0402

NOTICE OF COMPLIANCE FILING
REGARDING WATER TESTING

20 **and**

21 **IN THE MATTER OF THE**
22 **APPLICATION OF CLEAR SPRINGS**
23 **UTILITY CO., INC., FOR AUTHORITY**
24 **TO INCUR LONG-TERM DEBT**

25 Pursuant to Decision 74037 (“Decision”), Clear Springs Utility Co. (“Company”),
26
27 hereby files the test results and affidavit affirming that all three of the Company’s small
28 water systems are delivering water that meets applicable standards. The affidavit is set

1 forth in Attachment 1 and the test results are set forth in the exhibits to the affidavit.

2 Dated this 11th day of September, 2013.

3
4 **MOYES SELLERS & HENDRICKS LTD.**

5 
6 _____
7 Steve Wene

8 Original and 13 copies of the foregoing
9 filed this 11^m day of September, 2013 with:

10 Docket Control
11 Arizona Corporation Commission
12 1200 West Washington
13 Phoenix, Arizona 85007

14 
15 _____

ATTACHMENT 1

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AFFIDAVIT

STATE OF ARIZONA)
) ss.
County of Pima)

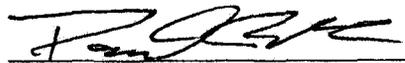
I, the undersigned, after being first duly sworn upon my oath, hereby affirm as follow:

- 1) My name is Keith Dojaquez. I am above the age of 18. I am working as the Operations Manager at Southwestern Utility Management, Inc., located at 2015 N. Forbes Boulevard Tucson, Arizona 85745.
- 2) I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.
- 3) I certify that on behalf of Clear Springs Utility Company, Inc. ("Company"), on August 28, 2013, I caused to be collected water samples for testing levels of bacteria, nitrites, lead and copper from Public Water Systems 02-048, 02-050, and 02-051. These water samples were properly delivered to Turner Laboratories, Inc. According to the documentation provided by Turner Laboratories, Inc. following testing, the levels of these constituents are all within safe drinking (potable) water standards. See Exhibits 1, 2, and 3.



Keith Dojaquez

SUBSCRIBED AND SWORN TO before me, a Notary Public, this 11 day of September, 2013.



Notary Public

My Commission Expires:
5/27/13

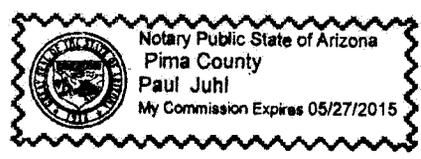


EXHIBIT 1

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER INORGANIC CHEMICAL ANALYSIS REPORTING FORM
 *** Entry Point to the Distribution System (EDPS) Only ***

PWS ID# 02-048

PWS Name: Clear Springs Utility Co.

08/28/2013 12:19 (24 hr clock)
 Sample date Sample Time

Keith Dojaquez
 Owner / Contact Person Name

(520) 794-9087
 Owner / Contact Fax Number

(520) 623-5172
 Owner / Contact Person Phone Number

Sample Type

Compliance Monitoring

Sample Collection Point

EPDS # _____

Well 3

Sampling Site ID

For MCL or Composite Level Exceedance	
Original Violation Specimen Number	
Sample Type	
<input type="checkbox"/> Confirmation	
<input type="checkbox"/> Confirmation Composite	

INORGANIC CHEMICAL ANALYSIS

>>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Trigger Limit
	0.010	0.005	Arsenic	1005			<input type="checkbox"/>	
	2	1	Barium	1010			<input type="checkbox"/>	
	0.005	0.0025	Cadmium	1015			<input type="checkbox"/>	
	0.1	0.05	Chromium	1020			<input type="checkbox"/>	
	4.0	0.5	Fluoride	1025			<input type="checkbox"/>	
	0.002	0.001	Mercury	1035			<input type="checkbox"/>	
E300	10	2.5	Nitrate (as N)	1040	08/29/2013	<1.0	<input type="checkbox"/>	(5 mg/L) <input type="checkbox"/>
	1	0.25	Nitrite (as N)	1041			<input type="checkbox"/>	(0.5 mg/L) <input type="checkbox"/>
	0.05	0.025	Selenium	1045			<input type="checkbox"/>	
	0.006	0.003	Antimony	1074			<input type="checkbox"/>	
	0.004	0.002	Beryllium	1075			<input type="checkbox"/>	
	0.2	0.1	Cyanide	1024			<input type="checkbox"/>	
	No MCL	0.05	Nickel*	1036			<input type="checkbox"/>	
	0.002	0.001	Thallium	1085			<input type="checkbox"/>	
	No MCL	10	Sodium*	1052			<input type="checkbox"/>	

>>>> LABORATORY INFORMATION <<<<<

To be completed by laboratory personnel

LabID Number: AZ0066

Specimen Number: 13H0816-02(21)

Name: Turner Laboratories, Inc.

Printed Name and Phone Number of Lab Contact: Terri L. Garcia, Technical Director

Authorized Signature: *Terri L. Garcia*

Date Public Water System Notified: _____

Comments: _____

All units must be reported in milligrams per liter (mg/L)

* Unregulated Contaminants

DWAR 21N: Revised 8/2009

**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiology Analysis Report**

PWS ID Number AZ 04 -02-048	PWS Name: Clear Springs Utility Co.
Sample Date: 08/28/13	Owner / Contact Person: Keith Dojaquez
Sample Time (24-hr. clock): 12:37	Phone Number: (520) 623-5172

**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
370 Hayen		55 <input type="text"/>
		Cl ₂ <input type="text"/> mg/L

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
13H0816-01(1)	SM9223B	A	 	 	 	 	08/28/2013	17:15	08/29/2013	17:15
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E.coli as a 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 laboratory personnel)

Lab Name: Turner Laboratories, Inc.	Lab Certified ID Number: AZ0066
Lab Contact, printed name: Terri Garcia, Technical Director	Lab Phone Number: 520-882-5880
Signature: <i>Terri Garcia</i>	
Date PWS Notified:	PWS Person Notified:
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
 For Questions Call: (602) 771-4641 or within AZ

Questions Regarding the Total Coliform Rule:
 Call: (602) 771-4641
 within AZ (800) 234-5677 ext. 771-4641

DWAR-1 last modified 12-01-09

Arizona Department of Environmental Quality
Drinking Water Lead and Copper Analysis Reporting Form

>>>> System Information <<<<

PWS ID# 02-048

PWS Name: Clear Springs Utility Co.

Keith Dojaquez

(520) 623-5172

(520) 794-9087

Owner/Contact Person

Owner/Contact Phone Number

Owner/Contact Fax Number

SAMPLE COLLECTION POINT/ID:

- Zone/Distribution
- Other - Direct from source
 - Surface
 - Well

Contaminant	Lead (Pb)	Copper (Cu)
Action Level	0.015 mg/l	1.3 mg/l
Analysis Methods	200.8	200.8
Sample Type:	_____	_____

Sample Type:
 Triennial (3YR) Compliance
 Annual Compliance
 6 Month Initial Compliance

Specimen #	Collection Point	Sample Date	Analysis Completion Date	Lead (mg/L) (1030) Result	Analysis Completion Date	Copper (mg/L) (1022) Result
13H0845-01(8C)	787 Topaz	08/29/2013	09/02/2013	ND	09/02/2013	0.0094
13H0845-02(8C)	370 Hager	08/29/2013	09/02/2013	0.00091	09/02/2013	0.028
13H0845-03(8C)	343 Hager	08/30/2013	09/02/2013	0.0011	09/02/2013	0.042
13H0845-04(8C)	340 Arbor	08/30/2013	09/02/2013	0.00074	09/02/2013	0.018
13H0845-05(8C)	409 Belmar	08/30/2013	09/02/2013	0.0031	09/02/2013	0.15

Lab ID# AZ0066

90th % Calc:

0.0021

0.0960

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Printed Name and Phone Number of Lab Contact: Terri L. Garcia, Technical Director Phone # (520) 882-5880

Signature: *Terri L. Garcia*

Mail completed form to: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St. Phoenix, AZ 85007.
 For questions call: (602) 771-4513 or within AZ 1-800-234-5677 Ext. 4513. Fax: (602) 771-4505

Copies of this form are available at <http://www.azdeq.gov/function/forms/appswater.html#sdw>. scroll down to laboratory reporting forms and click on DWAR 8: DW Lead & Copper Analysis Report.

Revised: 8/2008

EXHIBIT 2

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER INORGANIC CHEMICAL ANALYSIS REPORTING FORM

*** Entry Point to the Distribution System (EDPS) Only ***

PWS ID# 02-050

PWS Name: Clear Springs Utility Co.

08/28/2013 11:14 (24 hr clock)
 Sample date Sample Time

Keith Dojaquez
 Owner / Contact Person Name

(520) 794-9087
 Owner / Contact Fax Number

(520) 623-5172
 Owner / Contact Person Phone Number

Sample Type
 Compliance Monitoring
 Sample Collection Point
 EPDS # _____

For MCL or Composite Level Exceedance Original Violation Specimen Number _____ Sample Type <input type="checkbox"/> Confirmation <input type="checkbox"/> Confirmation Composite	
--	--

Well 7
 Sampling Site ID

INORGANIC CHEMICAL ANALYSIS
 >>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Trigger Limit
	0.010	0.005	Arsenic	1005			<input type="checkbox"/>	
	2	1	Barium	1010			<input type="checkbox"/>	
	0.005	0.0025	Cadmium	1015			<input type="checkbox"/>	
	0.1	0.05	Chromium	1020			<input type="checkbox"/>	
	4.0	0.5	Fluoride	1025			<input type="checkbox"/>	
	0.002	0.001	Mercury	1035			<input type="checkbox"/>	
E300	10	2.5	Nitrate (as N)	1040	08/29/2013	<1.0	<input type="checkbox"/>	(5 mg/L) <input type="checkbox"/>
	1	0.25	Nitrite (as N)	1041			<input type="checkbox"/>	(0.5 mg/L) <input type="checkbox"/>
	0.05	0.025	Selenium	1045			<input type="checkbox"/>	
	0.006	0.003	Antimony	1074			<input type="checkbox"/>	
	0.004	0.002	Beryllium	1075			<input type="checkbox"/>	
	0.2	0.1	Cyanide	1024			<input type="checkbox"/>	
	No MCL	0.05	Nickel*	1036			<input type="checkbox"/>	
	0.002	0.001	Thallium	1085			<input type="checkbox"/>	
	No MCL	10	Sodium*	1052			<input type="checkbox"/>	

>>>> LABORATORY INFORMATION <<<<<
 To be completed by laboratory personnel

LabID Number: AZ0066
 Specimen Number: 13H0818-02(21)
 Name: Turner Laboratories, Inc.
 Printed Name and Phone Number of Lab Contact: Terri L. Garcia, Technical Director
 Authorized Signature: *Terri L. Garcia*
 Date Public Water System Notified: _____
 Comments: _____

All units must be reported in milligrams per liter (mg/L.)

* Unregulated Contaminants

DWAR 2IN: Revised 8/2009

**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiology Analysis Report**

PWS ID Number AZ 04 -02-050	PWS Name: Clear Springs Utility Co.
Sample Date: 08/28/13	Owner / Contact Person: Keith Dojaquez
Sample Time (24-hr. clock): 11:22	Phone Number: (520) 623-5172

**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
167 Lehigh		55 <input type="text"/>
		Cl ₂ <input type="text"/> mg/L

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
13H0818-01(1)	SM9223B	A	 	 	 	 	08/28/2013	17:15	08/29/2013	17:15
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E.coli as a 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 laboratory personnel)

Lab Name: Turner Laboratories, Inc.	Lab Certified ID Number: AZ0066
Lab Contact, printed name: Terri Garcia, Technical Director	Lab Phone Number: 520-882-5880
Signature: <i>Terri Garcia</i>	
Date PWS Notified:	PWS Person Notified:
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

For Questions Call: (602) 771-4641 or within AZ

Questions Regarding the Total Coliform Rule:
 Call: (602) 771-4641
 within AZ (800) 234-5677 ext. 771-4641

DWAR-1 last modified 12-01-09

Arizona Department of Environmental Quality
Drinking Water Lead and Copper Analysis Reporting Form

>>>> System Information <<<<

PWS ID# 02-050

PWS Name: Clear Springs Utility Co.

Keith Dojaquez

(520) 623-5172

(520) 794-9087

Owner/Contact Person

Owner/Contact Phone Number

Owner/Contact Fax Number

SAMPLE COLLECTION POINT/ID:

- Zone/Distribution
- Other - Direct from source
 - Surface
 - Well

Contaminant	Lead (Pb)	Copper (Cu)
Action Level	0.015 mg/l	1.3 mg/l
Analysis Methods	200.8	200.8
Sample Type:	_____	_____

Sample Type:
 Triennial (3YR) Compliance
 Annual Compliance
 6 Month Initial Compliance

Specimen #	Collection Point	Sample Date	Analysis Completion Date	Lead (mg/L) (1030) Result	Analysis Completion Date	Copper (mg/L) (1022) Result
13H0844-01(8C)	133 Lehigh	08/29/2013	09/02/2013	0.00068	09/02/2013	0.027
13H0844-02(8C)	155 Lehigh	08/29/2013	09/02/2013	0.011	09/02/2013	0.17
13H0844-03(8C)	167 Lehigh	08/29/2013	09/02/2013	0.00064	09/02/2013	0.021
13H0844-04(8C)	220 Lehigh	08/29/2013	09/02/2013	0.00066	09/02/2013	0.053
13H0844-05(8C)	170 Treasure	08/29/2013	09/02/2013	0.00062	09/02/2013	0.019

Lab ID# AZ0066

90th % Calc:

0.0058

0.1115

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Printed Name and Phone Number of Lab Contact: Terri L. Garcia, Technical Director Phone # (520) 882-5880

Signature:

Terri L. Garcia

Mail completed form to: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St. Phoenix, AZ 85007.

For questions call: (602) 771-4513 or within AZ 1-800-234-5677 Ext. 4513. Fax: (602) 771-4505

Copies of this form are available at <http://www.azdeq.gov/function/forms/appswater.html#sdw>, scroll down to laboratory reporting forms and click on DWAR 8: DW Lead & Copper Analysis Report.

Revised: 8/2008

EXHIBIT 3

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER INORGANIC CHEMICAL ANALYSIS REPORTING FORM
 *** Entry Point to the Distribution System (EDPS) Only ***

PWS ID# 02-051

PWS Name: Clear Springs Utility Co.

08/28/2013 11:44 (24 hr clock)
 Sample date Sample Time

Keith Dojaquez
 Owner / Contact Person Name

(520) 794-9087
 Owner / Contact Fax Number

(520) 623-5172
 Owner / Contact Person Phone Number

Sample Type
 Compliance Monitoring
 Sample Collection Point
 EPDS # _____

For MCL or Composite Level Exceedance	
Original Violation Specimen Number	
Sample Type	
<input type="checkbox"/> Confirmation	
<input type="checkbox"/> Confirmation Composite	

Well 9
 Sampling Site ID

INORGANIC CHEMICAL ANALYSIS
 >>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Trigger Limit
	0.010	0.005	Arsenic	1005			<input type="checkbox"/>	
	2	1	Barium	1010			<input type="checkbox"/>	
	0.005	0.0025	Cadmium	1015			<input type="checkbox"/>	
	0.1	0.05	Chromium	1020			<input type="checkbox"/>	
	4.0	0.5	Fluoride	1025			<input type="checkbox"/>	
	0.002	0.001	Mercury	1035			<input type="checkbox"/>	
E300	10	2.5	Nitrate (as N)	1040	08/29/2013	1.4	<input type="checkbox"/>	(5 mg/L) <input type="checkbox"/>
	1	0.25	Nitrite (as N)	1041			<input type="checkbox"/>	(0.5 mg/L) <input type="checkbox"/>
	0.05	0.025	Selenium	1045			<input type="checkbox"/>	
	0.006	0.003	Antimony	1074			<input type="checkbox"/>	
	0.004	0.002	Beryllium	1075			<input type="checkbox"/>	
	0.2	0.1	Cyanide	1024			<input type="checkbox"/>	
	No MCL	0.05	Nickel*	1036			<input type="checkbox"/>	
	0.002	0.001	Thallium	1085			<input type="checkbox"/>	
	No MCL	10	Sodium*	1052			<input type="checkbox"/>	

>>>> LABORATORY INFORMATION <<<<<
 To be completed by laboratory personnel

LabID Number: AZ0066
 Specimen Number: 13H0817-02(21)
 Name: Turner Laboratories, Inc.
 Printed Name and Phone Number of Lab Contact: Terri L. Garcia, Technical Director
 Authorized Signature: *Terri L. Garcia*
 Date Public Water System Notified: _____
 Comments: _____

All units must be reported in milligrams per liter (mg/L.)

* Unregulated Contaminants

**Arizona Department of Environmental Quality
Total Coliform Rule Distribution System Monitoring
Drinking Water Microbiology Analysis Report**

PWS ID Number AZ 04 -02-051	PWS Name: Clear Springs Utility Co.
Sample Date: 08/28/13	Owner / Contact Person: Keith Dojaquez
Sample Time (24-hr. clock): 11:54	Phone Number: (520) 623-5172

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
700 Maich		55 <input type="checkbox"/>
		Cl ₂ <input type="checkbox"/> mg/L

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
13H0817-01(1)	SM9223B	A	X	X	X	X	08/28/2013	17:15	08/29/2013	17:15
X	X	X	X	X	X	X				
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E.coli as a result.										
X	X	X	X	X	X	X				

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 laboratory personnel)

Lab Name: Turner Laboratories, Inc.	Lab Certified ID Number: AZ0066
Lab Contact, printed name: Terri Garcia, Technical Director	Lab Phone Number: 520-862-5880
Signature: <i>Terri L. Garcia</i>	
Date PWS Notified:	PWS Person Notified:
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

For Questions Call: (602) 771-4641 or within AZ

Questions Regarding the Total Coliform Rule:
 Call: (602) 771-4641
 within AZ (800) 234-5677 ext. 771-4641

DWAR-1 last modified 12-01-09

Arizona Department of Environmental Quality
Drinking Water Lead and Copper Analysis Reporting Form

>>>> System Information <<<<

PWS ID# 02-051

PWS Name: Clear Springs Utility Co.

Keith Dojaquez

(520) 623-5172

(520) 794-9087

Owner/Contact Person

Owner/Contact Phone Number

Owner/Contact Fax Number

SAMPLE COLLECTION POINT/ID:

- Zone/Distribution
- Other - Direct from source
 - Surface
 - Well

Contaminant Lead (Pb) Copper (Cu)
 Action Level 0.015 mg/l 1.3 mg/l
 Analysis Methods 200.8 200.8
 Sample Type: _____ _____

Sample Type:
 Triennial (3YR) Compliance
 Annual Compliance
 6 Month Initial Compliance

Specimen #	Collection Point	Sample Date	Analysis Completion Date	Lead (mg/L) (1030) Result	Analysis Completion Date	Copper (mg/L) (1022) Result
13H0843-01(8C)	711 March	08/29/2013	09/02/2013	0.00066	09/02/2013	0.041
13H0843-02(8C)	700 March	08/29/2013	09/02/2013	ND	09/02/2013	0.0056
13H0843-03(8C)	787 March	08/30/2013	09/02/2013	0.00063	09/02/2013	0.052
13H0843-04(8C)	743 March	08/30/2013	09/02/2013	ND	09/02/2013	0.035
13H0843-05(8C)	203 Palm	08/30/2013	09/02/2013	0.0063	09/02/2013	0.12

Lab ID# AZ0066

90th % Calc:

0.0034

0.0860

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Printed Name and Phone Number of Lab Contact: Terri L. Garcia, Technical Director Phone # (520) 882-5880

Signature: *Terri L. Garcia*

Mail completed form to: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St. Phoenix, AZ 85007.
 For questions call: (602) 771-4513 or within AZ 1-800-234-5677 Ext. 4513. Fax: (602) 771-4505

Copies of this form are available at <http://www.azdeq.gov/function/forms/appswater.html#sdw>, scroll down to laboratory reporting forms and click on DWAR 8: DW Lead & Copper Analysis Report.

Revised: 8/2008