



Cibola Mutual Water Company
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Web Page Cibolamutualwatercompany.com

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AZ CORP COMMISSION
DOCKET CONTROL

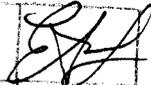
October 28, 2014

ORIGINAL

Arizona Corporation Commission
Docket Control enter
1200 West Washington Street
Phoenix AZ 85007

Arizona Corporation Commission
DOCKETED

NOV 05 2014

DOCKETED BY 

Docket No. W-4106A-13-0266
Decision 74445

We are currently waiting for the Commission tom approve our Financing Application. This will allow CMWCo. to further pursue a loan with WIFA to purchase equipment needed to become ADEQ compliant for MCL's.

Our last and most current MCL test results on October 1, 2014 are attached.

Any questions, contact the office.

Dave Grundy
General Manager

**Arizona Department of Environmental Quality
Drinking Water Analytical Report
Stage 2 Disinfection By-Products (TTHM & HAA5), Individual Sample Report**

STAGE 2

PWS ID Number	Sample Date	Sample Time	System Name
AZ04-15-123	10/01/2014	11:15	Cibola Mutual Water

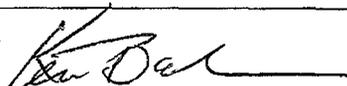
Owner / Contact Person	Phone Number	Fax Number
Maria Ramirez	928-317-0456	928-317-1329

Site ID (TTHM / HAA5) (see DWAR 30 Table D)	01-A	Stage 2 Compliance Monitoring Site ID (taken from Stage 2 Compliance Monitoring Plan/ IOSE Report)	B&B Store
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Disinfection By-Products Analysis (To be completed by laboratory personnel)

Analysis Method	MCL mg/L	Reporting Limit mg/L	Contaminant Name	Code	Analysis Run Date	Results mg/L	Exceeds Trigger
524.2	---	< 0.0010	Chloroform	2941	10/07/2014 13:24	0.068	
524.2	---	< 0.0010	Bromoform	2942	10/07/2014 13:24	0.0012	
524.2	---	< 0.0010	Bromodichloromethane	2943	10/07/2014 13:24	0.029	
524.2	---	< 0.0010	Dibromochloromethane	2944	10/07/2014 13:24	0.013	
524.2	0.080	---	TTHM	2950	10/07/2014 13:24	0.11	<input checked="" type="checkbox"/>
552.2	---	< 0.0020	Monochloroacetic Acid	2450	10/08/2014 23:04	<0.0020	
552.2	---	< 0.0010	Dichloroacetic Acid	2451	10/08/2014 23:04	<0.0010	
552.2	---	< 0.0010	Trichloroacetic Acid	2452	10/08/2014 23:04	<0.0010	
552.2	---	< 0.0010	Monobromoacetic Acid	2453	10/08/2014 23:04	<0.0010	
552.2	---	< 0.0010	Dibromoacetic Acid	2454	10/08/2014 23:04	<0.0010	
552.2	0.060	---	HAA5	2456	10/09/2014 09:29	<0.0010	<input type="checkbox"/>

Laboratory Information (To be completed by laboratory personnel)

Specimen Number: 550-32486-2	Lab Name: TestAmerica Phoenix
Lab Certified ID Number: AZ0728	Lab Phone Number: (602) 659-7624
	Lab Contact, name: Baker, Ken
Date PWS Notified:	Signature: 

Comments: 552.2 by T.A. Irvine AZ0671;

Please mail completed form to:
Arizona Department of Environmental Quality
Water Quality Data Unit, MC 5415B-1
1110 West Washington Street
Phoenix, Arizona 85007

Questions Regarding TTHM / HAA5:
Call (602) 771-4624
Within AZ (800) 234-5677 ext. 771-4624
Fax (602) 771-4505

**Arizona Department of Environmental Quality
Drinking Water Analytical Report**

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**Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report
Limited Scope – Treatment**

Treatment Process Evaluation Checklist

Page 1 of 4

NO DATA AVAILABLE

Facility Name: Cibola Mutual Water Company

PWS ID: AZ04- 1 5 1 2 3

Checklist Completed by: Paul H. Massey

Date: 10/29/2014

A. Review finished water data for the time period prior to the OEL exceedance(s) and compare to historical finished water data using the following questions:

- Were DBP precursors (TOC, DOC, SUVA, bromide, etc.) higher than normal? Yes No
- Was finished water pH higher or lower than normal? Yes No
- Was the finished water temperature higher than normal? Yes No
- Was finished water turbidity higher than normal? Yes No
- Was the disinfectant concentration leaving the plant(s) higher than normal? Yes No
- Were finished water TTHM/HAA5 levels higher than normal? Yes No
- Were operational and water quality data available to the system operator for effective decision making? Yes No

B. Does the treatment process include pre-disinfection? Yes No

If NO, proceed to item C. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was disinfected raw water stored for an unusually long time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were treatment plant flows lower than normal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were treatment plant flows equally distributed among different trains? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were water temperatures high or warmer than usual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were chlorine feed rates outside the normal range? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was a disinfectant residual present in the treatment train following pre-disinfection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were online instruments utilized for process control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you switch to free chlorine as the oxidant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a recent change (or addition) of pre-oxidant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change the location of the pre-disinfection application? |

**Arizona Department of Environmental Quality
Drinking Water Analytical Report
Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report
Limited Scope – Treatment**

Treatment Process Evaluation Checklist Page 2 of 4

C. Does your treatment process include presedimentation? Yes No

If NO, proceed to item D. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were flows low? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were flows high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were online instruments utilized for process control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge removed from the presedimentation basin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge allowed to accumulate for an excessively long time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you add a coagulant to your presedimentation basin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a problem with the coagulant feed? |

D. Does your treatment process include coagulation and/or flocculation? Yes No

If NO, proceed to item E. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any feed pump failures or were feed pumps operating at improper feed rates? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were chemical feed systems controlled by flow pacing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in coagulation practices or the feed point? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change the type or manufacturer of the coagulant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suspect that the coagulant in use at the time of the OEL exceedance did not meet industry standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the pH or alkalinity change at the point of coagulant addition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there broken or plugged mixers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were flow rates above the design rate or was there short-circuiting? |

E. Does your treatment process include sedimentation or clarification? Yes No

If NO, proceed to item F. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in plant flow rate that may have resulted in a decrease in settling time or carry-over of process solids? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were settled water turbidities higher than normal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any disruption in the sludge blanket that may have resulted in carryover to the point of disinfection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any maintenance in the basin that may have stirred sludge from the bottom of the basin and caused it to carry over to the point of disinfectant addition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge allowed to accumulate for an excessively long time or was there a malfunction in the sludge removal equipment? |

**Arizona Department of Environmental Quality
Drinking Water Analytical Report**

**Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report
Limited Scope – Treatment**

Treatment Process Evaluation Checklist

Page 3 of 4

F. Does your treatment process include filtration? Yes No

If NO, proceed to item G. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there an increase in individual or combined filter effluent turbidity or particle counts? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there an increase in turbidity or particle loading onto the filters? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there an increase in flow onto the filters or malfunction of the rate of flow controllers? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any filters taken off-line for an extended period of time that caused the other filters to operate near maximum design capacity and creating the conditions for possible breakthrough? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any filters operated beyond their normal filter run time? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were there any unusual spikes in individual filter effluent turbidity (which may indicate particulate or colloidal TOC breakthrough) in the days leading to the excursion? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were all filters run in a filter-to-waste mode during initial filter ripening? |
| <input type="checkbox"/> | <input type="checkbox"/> | If GAC filters are used, is it possible the adsorptive capacity of the GAC bed was reached before reactivation occurred (leave blank if not applicable)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If biological filtration is used, were there any process upsets that may have resulted in the breakthrough of TOC (leave blank if not applicable)? |

G. Does your treatment process include primary disinfection by injecting chlorine prior to a clearwell? Yes No

If NO, proceed to item H. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there a sudden increase in the amount of chlorine fed or an increase in the chlorine residual? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there an increase in clearwell holding time? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was the plant shut down or were plant flows low? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there an increase in clearwell water temperature? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did you switch to free chlorine recently as the primary disinfectant? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was the inactivation of <i>Giardia</i> and/or viruses exceptionally high? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was there a change in the mixing strategy (i.e. mixers not used, adjustment of tank level)? |

H. Does your plant recycle spent filter backwash or other streams? Yes No

If NO, proceed to item I. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did a change in the recycle stream quality contribute to increased DBP precursor loading that was not addressed by treatment plant processes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did a recycle event result in flows in excess of typical or design flows? |

Arizona Department of Environmental Quality
Drinking Water Analytical Report

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Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report
Limited Scope – Treatment

Treatment Process Evaluation Checklist

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I. Do you inject a disinfectant after your clearwell to maintain a distribution system residual? Yes No

If NO, proceed to item J. If YES, answer the following questions for the period in which an OEL exceedance occurred:

Yes No

Was there a sudden increase in the amount of chlorine fed?

Was there a switch from chloramines to free chlorine for a burnout period?

If using chloramines, was the chlorine to ammonia ratio in the proper range?

Was there a problem with either chlorine or ammonia mixing?

J. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the LT2ESWTR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by other treatment targets/requirements in your ability to control precursors in coagulation/flocculation? Yes No

If NO, proceed to item K. If YES, explain below and consult EPA's *Simultaneous Compliance Guidance Manual* for alternative compliance approaches.

K. Conclusion

Did treatment factors and/or variations in the plant performance contribute to the OEL exceedance(s)?

Yes No

Possibly

If YES or POSSIBLY, explain below.

After tghе water is filtered through membrane filter, goes in a white plastic 200 gallon tank, then when tank reaches 200 gals it over flows to a 1500 gallon steel bolted storage tank then at 5 feet is pumped and injected with chlorne as it leaves to enter the clear well. The 200 gallon tank is used for backwash and CIP when membranes each a point of fouling. This tank is outdoors and sun hits it and algea will start growing in spring and summer. Clean as much as 2 times a week soon as it is spotted. When reaches clear well sits in there up to 7 to 12 days.

Please mail completed form to:

Arizona Department of Environmental Quality
Water Quality Data Unit, MC 5415B-1
1110 West Washington Street
Phoenix, AZ 85007

Questions Regarding TTHM / HAA5:

Call (602) 771-4641
Within AZ (800) 234-5677, ext. 771-4641
Fax (602) 771-4505

**Arizona Department of Environmental Quality
Drinking Water Analytical Report**

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**Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report
Limited Scope - Distribution**

Distribution System Evaluation Checklist		Page 1 of 2
System Name: <u>Cibola Mutual Water Company</u>		PWS ID: AZ04- 1 5 1 2 3
Checklist Completed by: <u>Paul H. Massey</u>		Date: <u>10/29/2014</u>
A.	Do you have disinfectant residual or temperature data for the monitoring location where you experienced the OEL exceedance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, proceed to item B. If YES, answer the following questions for the period in which an OEL exceedance occurred: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Was the water temperature higher than normal for that time of the year at that location? <input type="checkbox"/> <input checked="" type="checkbox"/> Was the disinfectant residual lower than normal for that time of the year at that location? <input type="checkbox"/> <input checked="" type="checkbox"/> Was the disinfectant residual higher than normal for that time of the year at that location?	
B.	Do you have maintenance records available for the time period just prior to the OEL exceedance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, proceed to item C. If YES, answer the following questions Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Did any line breaks or replacements occur in the vicinity of the exceedance? <input type="checkbox"/> <input checked="" type="checkbox"/> Were any storage tanks or reservoirs taken off-line and cleaned? <input checked="" type="checkbox"/> <input type="checkbox"/> Did flushing or other hydraulic disturbances (e.g., fires) occur in the vicinity of the exceedance? <input type="checkbox"/> <input checked="" type="checkbox"/> Were any valves operated in the vicinity of the OEL exceedances?	
C.	If your system is metered, do you have access to historical records showing water use at individual service connections? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, proceed to item D. If YES, was overall water use in your system unusually low, indicating higher than normal water age? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D.	Do you have high-volume customers in your system (e.g., an industrial processing plant)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If NO, proceed to item E. If YES, was there a change in water use by a high-volume customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E.	Is there a finished water storage facility hydraulically upstream from the monitoring location where you experienced the OEL exceedance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, proceed to item F. If YES, review storage facility operations and water quality data to answer the following questions for the period in which the OEL exceedance occurred: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Was a disinfectant residual detected in the stored water or at the tank outlet? <input type="checkbox"/> <input checked="" type="checkbox"/> Do you know of any mixing problems with the tank or reservoir? <input type="checkbox"/> <input checked="" type="checkbox"/> Does the facility operate in "last in-first out" mode? <input type="checkbox"/> <input checked="" type="checkbox"/> Was the tank or reservoir drawn down more than usual prior to OEL exceedance, indicating a possible discharge of stagnant water? <input type="checkbox"/> <input checked="" type="checkbox"/> Was there a change in water level fluctuations that would have resulted in increased water age within the tank or reservoir?	

**Arizona Department of Environmental Quality
 Drinking Water Analytical Report
 Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report
 Limited Scope - Distribution**

Distribution System Evaluation Checklist		Page 2 of 2
<p>F. Does your system practice booster chlorination? If NO, proceed to item G. If YES, was there an increase in booster chlorination feed rates?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>G. Did you have customer complaints in the vicinity of the OEL exceedance? If NO, proceed to item H. If YES, explain.</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>H. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the TCR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by the need to maintain a detectable disinfectant residual in your ability to control DBP levels in the distribution system? If NO, proceed to item I. If YES, explain below and consult EPA's <i>Simultaneous Compliance Guidance Manual</i> for alternative compliance approaches.</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>I. Conclusion</p> <p>Did the distribution system cause or contribute to the OEL exceedance(s)?</p> <p align="right"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Possibly </p> <p>If NO, proceed to evaluations of treatment systems and source water. If YES or POSSIBLY, explain below.</p> <p><u>After the water leaves the water treatment plant from, where the storage tank is located, has TTHM allready when enters tghе distribution system. Then in system distribution average time in mainlines is 20 days. Have 25 deadends in community. Need the system looped to keep the water moving.</u></p>		

Please mail completed form to:
 Arizona Department of Environmental Quality
 Water Quality Data Unit, MC 5415B-1
 1110 West Washington Street
 Phoenix, AZ 85007

Questions Regarding TTHM / HAA5:
 Call (602) 771-4641
 Within AZ (800) 234-5677, ext. 771-4641
 Fax (602) 771-4505

**Arizona Department of Environmental Quality
Drinking Water Analytical Report
Stage 2 Disinfection By-Products (TTHM & HAA5) Quarterly Report**

STAGE 2

PRINT

PWS ID Number	System Name	Report Date
AZ04- 1 5 1 2 3	Cibola Mutual Water Company	10/01/2014

Contact Person	Phone Number	Fax Number
Paul H. Massey	928-857-3506	

This Report Covers Year and Calendar Quarter	Year 20 <u>14</u>	<input type="checkbox"/> 1 st Quarter	<input type="checkbox"/> 2 nd Quarter	<input checked="" type="checkbox"/> 3 rd Quarter	<input type="checkbox"/> 4 th Quarter
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Were any Operational Evaluation Levels (OEL) for TTHM exceeded during quarter? YES NO

If YES, list the calculated OEL per location (site ID) for TTHM. (Attach Additional Sheet if Needed)

Site ID <small>(see DWAR 30 Table D)</small>	Results	Current Quarter Sample Date	OEL Calculated Result (mg/L)
01-A	TTHM	10/01/2014	0.10
01-B	TTHM	10/01/2014	0.099
	TTHM		

Were any Operational Evaluation Levels (OEL) for HAA5 exceeded during quarter? YES NO

If YES, list the calculated OEL per location (site ID) for HAA5. (Attach Additional Sheet if Needed)

Site ID <small>(see DWAR 30 Table D)</small>	Results	Current Quarter Sample Date	OEL Calculated Result (mg/L)
	HAA5		
	HAA5		
	HAA5		

$$\text{OEL} = \frac{\text{Current Quarter} \times 2 + \text{Sum of two previous Quarters}}{4}$$

Sec. 141.626 Operational Evaluation Levels.

(a) You have exceeded the operational evaluation level at any monitoring location where the sum of the two previous quarters' TTHM results plus twice the current quarter's TTHM result, divided by 4 to determine an average, exceeds 0.080 mg/L, or where the sum of the two previous quarters' HAA5 results plus twice the current quarter's HAA5 result, divided by 4 to determine an average, exceeds 0.060 mg/L.

Signature Paul H. Massey

**Arizona Department of Environmental Quality
Drinking Water Analytical Report
Stage 2 Disinfection By-Products (TTHM & HAA5) Quarterly Report**

TTHM MCL, 0.080 mg/L
HAA5 MCL, 0.060 mg/L

Report the Quarterly Results and Locational Running Annual Average for each Site ID. Period = 1 Quarter (90 days)

Stage 2 Compliance Monitoring Site ID (see DWAR 30 Table D)	Site ID	Results (mg/L)	Current Period	One Period Ago	Two Periods Ago	Three Periods Ago	LRAA mg/L	Exceeds MCL
B&B Store 01-A	01-A	Sample Date	10/01/2014	07/02/2014	04/01/2014	01/03/2013		
		TTHM	0.11	0.092	0.089	0.081	0.93	✓
		HAA5	<0.0010	0.010	0.015	0.0066	0.00815	
65770 N. Rice 01-B	01-B	Sample Date	10/01/2014	07/02/2014	04/01/2014	01/03/2014		
		TTHM	0.11	0.095	0.084	0.10	0.097	✓
		HAA5	0.026	0.010	0.015	0.0066	0.0144	
	03-A	Sample Date						
		TTHM						
		HAA5						
	04-A	Sample Date						
		TTHM						
		HAA5						
	05-A	Sample Date						
		TTHM						
		HAA5						
	06-A	Sample Date						
		TTHM						
		HAA5						
	07-A	Sample Date						
		TTHM						
		HAA5						
	08-A	Sample Date						
		TTHM						
		HAA5						
	09-A	Sample Date						
		TTHM						
		HAA5						
	10-A	Sample Date						
		TTHM						
		HAA5						
	11-A	Sample Date						
		TTHM						
		HAA5						

**Arizona Department of Environmental Quality
Drinking Water Analytical Report
Stage 2 Disinfection By-Products (TTHM & HAA5) Quarterly Report**

Stage 2 Compliance Monitoring Site ID (see DWAR 30 Table D)	Site ID	Results (mg/L)	Current Period	One Period Ago	Two Periods Ago	Three Periods Ago	LRAA mg/L	Exceeds MCL
	12-A	Sample Date					X	X
		TTHM						
		HAA5						
	13-A	Sample Date					X	X
		TTHM						
		HAA5						
	14-A	Sample Date					X	X
		TTHM						
		HAA5						
	15-A	Sample Date					X	X
		TTHM						
		HAA5						
	16-A	Sample Date					X	X
		TTHM						
		HAA5						
	17-A	Sample Date					X	X
		TTHM						
		HAA5						
	18-A	Sample Date					X	X
		TTHM						
		HAA5						
	19-A	Sample Date					X	X
		TTHM						
		HAA5						
	20-A	Sample Date					X	X
		TTHM						
		HAA5						
	21-A	Sample Date					X	X
		TTHM						
		HAA5						
	22-A	Sample Date					X	X
		TTHM						
		HAA5						

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