

WATER TREATMENT OPERATORS

14615 N. Fountain Hills Blvd.
Fountain Hills, AZ 85268

RECEIVED
OCT 10 2018
BY: _____

INVOICE

DATE **INVOICE#**

9/30/18

35446

SAGUARO VIEW MANAGEMENT CO.
c/o Colby Management
17220 N. Boswell Blvd
Suite #140
Sun City, AZ 85373-1984

(480) 837-6438 - Office
(480) 837-3923 - Fax
(602) 501-0713 - Cell
wto1@cox.net

TERMS	PWS ID#	WELL REG. #	WELL ADDRESS	WELL CITY & STATE
Due on receipt	04-07-169	55-618636	E. 166th Ave	Surprise, AZ
DATE	DESCRIPTION			AMOUNT
9/10/18	Certified Operator Services.			195.00
9/10/18	Bacterial Sample Analysis "D"			35.00
9/10/18	Travel Surcharge			35.00
9/21/18	Maximum Residual Disinfection Level (MRDL) Quarterly Report. Quarter #3. Tracking of Monthly Chlorine/Chloramines Residual for Quarterly Reporting to ADEQ as Required for Compliance. Enter Results into WTO Database.			65.00
Less Payments/Credits				\$0.00
INVOICE AMOUNT DUE				\$330.00



**DRINKING WATER ANALYSIS REPORTING FORM
MICROBIOLOGICAL/REVISED TOTAL COLIFORM RULE**

*** Distribution System Only ***

*** PUBLIC WATER SYSTEM INFORMATION ***

>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

AZ04-07-169
PWS ID Number

Saguaro View Management Co.
PWS Name

09/10/2018
Sample Date

18:15
Sample Time (24HR CLOCK)

JOE FIANO
Owner/Contact Person

480-837-6438
Owner/Contact Phone Number

Owner/Contact Email Address

Special Purpose Sample for state information only (NOT FOR COMPLIANCE)

REPEAT SAMPLES ONLY - Check One
*Use only if Routine Sample was Positive

Routine Positive Speciman ID _____

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Dual Purpose Sample taken at the Well*

Well _____ Cl2 _____ mg/L
* Must have Regulatory Agency approval (Not for MRDL reporting)

LOCATION ID:
RTCR001

SAMPLING SITE / TAP LOCATION:
29323 N. 161st Ave W/SCEHB (W. Cent)

*** MICROBIOLOGICAL ANALYSIS ***

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

Specimen ID	3100 Total Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time
550-109468-18	9223B	Absent			09/11/18	10:55	09/12/18	11:05
			9223B	Absent	09/11/18	10:55	09/12/18	11:05

If reporting for Dual Purpose, you must use method that provides E. coli as a result, and specify if E. coli is detected.
In case of any E. coli detected, contact your Compliance Assistance Coordinator by end of the business day (5pm).

*** LABORATORY INFORMATION ***

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

550-109468-18
Specimen Number

Comment _____

Lab ID Number AZ0728 Lab Name TestAmerica Phoenix Phone Number (602) 437-3340

Lab Contact, Printed Name Mary Hamilton Authorized Signature 

PWS Notification Date _____ PWS Person Notified JOE FIANO

Any positive routine or increased routine RTCR sample triggers the GWR and requires ADEQ notification:
 ADEQ Notification Date _____ ADEQ Person Notified _____

PLEASE DO NOT SUBMIT
MULTIPLE TIMES

DWAR 1R: Revised 12/2017

Submit completed form to:
 EMAIL: WQD.Compliance.Data@azdeq.gov -or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),
 For questions call: (602) 771-9200 1110 W. Washington St., Phoenix, AZ 85007.



**DRINKING WATER ANALYSIS REPORTING FORM
MICROBIOLOGICAL/REVISED TOTAL COLIFORM RULE**

*** Distribution System Only ***

*** PUBLIC WATER SYSTEM INFORMATION ***

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

Private _____	Saguaro View Mgmt. Co. _____
PWS ID Number _____	PWS Name _____
09/10/2018 _____	JOE FIANO _____
Sample Date _____	Owner/Contact Person _____
	480-837-6438 _____
Owner/Contact Email Address _____	Owner/Contact Phone Number _____

Special Purpose Sample for state information only (NOT FOR COMPLIANCE)

REPEAT SAMPLES ONLY - Check One
*Use only if Routine Sample was Positive

Routine Positive Speciman ID _____

Original Location (Distribution System)
 Upstream Location (Distribution System)
 Downstream Location (Distribution System)
 Dual Purpose Sample taken at the Well*

Well _____ C12 _____ mg/L
* Must have Regulatory Agency approval (Not for MRDL reporting)

LOCATION ID:
N/A

SAMPLING SITE / TAP LOCATION:

Well #1 / West WDL EHB

*** MICROBIOLOGICAL ANALYSIS ***

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

Specimen ID	3100 Total Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time
550-109468-17	9223B	Absent			09/11/18	10:55	09/12/18	11:05
			9223B	Absent	09/11/18	10:55	09/12/18	11:05

If reporting for Dual Purpose, you must use method that provides E. coli as a result, and specify if E. coli is detected.
In case of any E. coli detected, contact your Compliance Assistance Coordinator by end of the business day (5pm).

*** LABORATORY INFORMATION ***

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<

550-109468-17 _____
Specimen Number

Comment _____

Lab ID Number AZ0728 Lab Name TestAmerica Phoenix Phone Number (602) 437-3340

Lab Contact, Printed Name Mary Hamilton Authorized Signature

PWS Notification Date _____ PWS Person Notified JOE FIANO

Any positive routine or increased routine RTRC sample triggers the GWR and requires ADEQ notification:
 ADEQ Notification Date _____ ADEQ Person Notified _____

PLEASE DO NOT SUBMIT
MULTIPLE TIMES
DWAR 1R: Revised 12/2017

Submit completed form to:
 EMAIL: WQD.Compliance.Data@azdeg.gov -or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),
 1110 W. Washington St., Phoenix, AZ 85007.
 For questions call: (602) 771-9200

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
 QUARTERLY REPORT
 MAXIMUM RESIDUAL DISINFECTION LEVEL (MRDL)
 CHLORINE/CHLORAMINES - 1012/1066
 DISTRIBUTION SAMPLING**

3rd QUARTER 2018

9/30/2018

Report Date

04-07-169

SYSTEM ID

SAGUARO VIEW MANAGEMENT

SYSTEM NAME

This report is for (check one) **Qtr 1 { }** **Qtr 2 { }** **Qtr 3 { X }** **Qtr 4 { }**

MRDL must be measured at the same points and time as the microbiological sample(s) are collected.

A. Number of MRDL samples collected during each of the past 3 month's:

1	1	1
Last Mo Sep-18	2 Mo Ago Aug-18	3 Mo Ago Jul-18

B. Monthly average of all samples collected for the last 12 month's:

0.4	0.4	0.4
Last Mo Sep-18	2 Mo Ago Aug-18	3 Mo Ago Jul-18

0.7	0.6	0.8	1.4	0.6	0.6	0.6	0.5	0.4
4 Mo Ago Jun-18	5 Mo Ago May-18	6 Mo Ago Apr-18	7 Mo Ago Mar-18	8 Mo Ago Feb-18	9 Mo Ago Jan-18	10 Mo Ago Dec-17	11 Mo Ago Nov-17	12 Mo Ago Oct-17

During the first year of monitoring, insert 'N/A' for months monitoring was not required.
 (i.e. first quarter report for 2005 will have only three results & nine 'N/A')

C. Annual average of monthly averages for the previous 12 months:

0.6167
12 Month Average

When calculating the annual average, use monthly averages for the last twelve months. If the system has not completed a full year of monitoring, the annual average is calculated by adding the individual monthly averages, then dividing by the number of months sampled.

D. Did the annual average in "C" exceed the MRDL of 4.0 mg/l?

YES	X NO
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I hereby certify that the information provide in this report is accurate and the best of my knowledge.

Authorized By:

Joseph V. Fiano

Print Name



Signature

Arizona Department of Environmental Quality
 Water Quality Compliance Section 541B-1
 1110 W. Washington Street
 Phoenix, AZ 85007

For Questions Call: (602) 771-4624