



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

Drinking Water System Field Inspection Report

System Name: Cottonwood Municipal Water CW1	PWS: AZ0413025
Physical Location: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspection No.: 253710
County: Yavapai	Arrival Date and Time: 2/3/2016 12:00 PM
Mailing Address: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspector(s): Steven Schoen
Owner/Responsible Party: Cottonwood Municipal Water /Roger Biggs Address: 111 N. Main St., Cottonwood AZ 86326 Phone: 928-634-0186 Email: rbiggs@cottonwood.az.us	Inspector Phone: 602-771-4475 Inspector Email: SS12@azdeq.gov
Administrative Contact/Title: Debbie Breitreutz Address: 1480 W. Mingus Ave Phone: 928-634-3413 Email: dbreitreutz@cottonwoodaz.gov	System Grade: 2D, 2T (Grading worksheet attached) Population: 11265 Classification: Community
Operator/ID: Gregg Webber / OP023285 Phone: 928-634-0186 Email: ichfh2oddophos@msn.com	Op. Cert. Grade/Expiration: 2D, 3T / July 31, 2016
Compliance Summary: Certified Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Inspection: <input checked="" type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.	
Inspection Report Issued: Via flashdrive at facility	Facility Initial:  ADEQ Initial: 
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments
1. Approved Source(s)? Quantity: Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Ground Water Under the Influence of Surface Water? <i>(R18-4-212)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
B. WELL REQUIREMENTS		Comments (7 wells)
1. Sampling Tap Installed Prior to Distribution? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Sanitary Seal and Slab? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. WELL RECOMMENDATIONS:		Comments
1. State well number posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Casing Extends 12" above slab	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. DISINFECTION REQUIREMENTS:		Comments
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		Arsenic
3. Is the treatment operational and properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments (3 storage tanks)
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

H. PRESSURE TANK REQUIREMENTS:		Comments
1. Operational Pressure Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. DISTRIBUTION REQUIREMENTS:		Comments
1. System Pressure >20 PSI Throughout System <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	50 psi
2. Cross Connection/Backflow Prevention <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Separate Non-Potable System With Connections Labeled <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
K. GENERAL REQUIREMENTS:		Comments
1. Emergency Plan for Community System in Accessible Location <i>(R18-4-204)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Microbiological Site Sampling Plan <i>(R18-4-105, 40CFR 141.21)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Components Enclosed by Building or Security Fencing <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Operation and Maintenance <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments
1. Operator in Direct Charge Certified at Correct Grade <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Onsite Operator for Grade 3 or 4 Facility <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. Relief Operator Certificate No Lower than 1 Grade Below System <i>(R18-5-104 A.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:

Backwash tanks for the Arsenic removal systems are plumbed to sanitary sewer.
System has 5 storage tanks (See system diagram)

No deficiencies were noted at time of inspection.

PRE-INSPECTION CHECKLIST						Comments
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) 4						
<input checked="" type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 RT / Monthly
<input checked="" type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly
<input checked="" type="checkbox"/>	Lead & Copper	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 RT / 3 years
<input checked="" type="checkbox"/>	Disinfection By Products	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 RT / Year
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Year
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS005/010 1 RT / 3 Years EPDS007/008 1 RT / 9 years
<input type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years
<input type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / 3 Years
<input type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Quarter
<input type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS005/008/010 1 RT / 6 Years EPDS007 1 RT / 9 Years
<input type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS005/008/010 1 RT / 6 Years EPDS007 1 RT / 9 Years
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: Cottonwood CW1 AZ0413025

DATE: 2/3/16

WL 55-609074-8 -----| |--- ST (75,000)----|
|----- TP008 (Ferric/Cl2) – Arsenic Removal ----| ----ST (450,000)--| -- EPDS008 --- DS
WL 55-530748-9 -----|

WL 55-560414 – 5 -----TP005 (Ferric/Cl2) – Arsenic Removal ---- ST (1,000,000) ----- EPDS005 ----- DS

WL 55-609078 – 4 ----- |
WL 55-609075 – 7 -----| -----TP007(Ferric/Cl2)- Arsenic Removal ----EPDS007 ----- DS

WL 55-609080-2 ----|
WL 55-580166-1 ----| --- TP010(ion Exchange/Arsenic removal) ---Cl2 ---| --- ST (300,000) -|--- EPDS010— DS
| --- ST (300,000)-|

WL-55-530748 – 9

WL-55-560414 – 5

WL-55-580166 – 1

WL-55-609074 – 8

WL-55-609075 – 7

WL-55-609078 – 4

WL-55-609080 – 2

ST001 – 500,000, ST002 – 175,000, St003 – 1,000,000

EPDS005/007/008/010

TP005/007/008/010 – AS, Cl2



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

Drinking Water System Field Inspection Report

System Name: Cottonwood Municipal Water VV6	PWS: AZ0413106
Physical Location: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspection No.: 253718
County: Yavapai	Arrival Date and Time: 2/2/2016 9:30 AM
Mailing Address: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspector(s): Steven Schoen
Owner/Responsible Party: Cottonwood Municipal Water Address: 111 N. Main St., Cottonwood AZ 86326 Phone: 928-634-0186 Email: Click here to enter text.	Inspector Phone: 602-771-4475 Inspector Email: SS12@azdeq.gov
Administrative Contact/Title: Debbie Breitreutz Address: 1480 W. Mingus Ave., Cottonwood AZ 86326 Phone: 928-634-3413 Email: dbreitreutz@cottonwoodaz.gov	System Grade: 2T / 2D (Grading worksheet attached) Population: 3868 Classification: Community
Operator/ID: Greg Webber / OP023285 Phone: 928-634-0186 Email: ichfh2ossophos@msn.com	Op. Cert. Grade/Expiration: 2D, 3T / July 31, 2016
Compliance Summary: Certified Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Inspection: <input checked="" type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.	
Inspection Report Issued: Via flashdrive at facility	Facility Initial:  ADEQ Initial: 
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments
1. Approved Source(s)? Quantity: Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Ground Water Under the Influence of Surface Water? <i>(R18-4-212)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
B. WELL REQUIREMENTS		Comments (6 wells)
1. Sampling Tap Installed Prior to Distribution? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Sanitary Seal and Slab? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. WELL RECOMMENDATIONS:		Comments
1. State well number posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Casing Extends 12" above slab	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. DISINFECTION REQUIREMENTS:		Comments
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		Arsenic – Ion Exchange
3. Is the treatment operational and properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

H. PRESSURE TANK REQUIREMENTS:		Comments
1. Operational Pressure Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. DISTRIBUTION REQUIREMENTS:		Comments
1. System Pressure >20 PSI Throughout System <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	50 psi
2. Cross Connection/Backflow Prevention <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Separate Non-Potable System With Connections Labeled <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
K. GENERAL REQUIREMENTS:		Comments
1. Emergency Plan for Community System in Accessible Location <i>(R18-4-204)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Microbiological Site Sampling Plan <i>(R18-4-105, 40CFR 141.21)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Components Enclosed by Building or Security Fencing <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Operation and Maintenance <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments
1. Operator in Direct Charge Certified at Correct Grade <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Onsite Operator for Grade 3 or 4 Facility <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. Relief Operator Certificate No Lower than 1 Grade Below System <i>(R18-5-104 A.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:

Well 55-904399 – 2 and Well 55-201188 – 1 had signs that had system 0413274 on them. Believe this was an old system that was merged with 0413106.

Well slab for 55-904399-2 is scheduled to be replaced summer 2016.

No deficiencies were noted at time of inspection.

PRE-INSPECTION CHECKLIST						Comments
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) 6						
<input type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 RT / Month
<input checked="" type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly
<input checked="" type="checkbox"/>	Lead & Copper	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 RT / 3 Years
<input checked="" type="checkbox"/>	Disinfection By Products	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 RT / Year
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Year per EPDS
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years per EPDS
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years per EPDS
<input checked="" type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years per EPDS
<input checked="" type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 RT / 3 Years per EPDS (Start 2016)
<input checked="" type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / 3 Years per EPDS
<input checked="" type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS002/006 1 RT / Quarter
<input checked="" type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPSD002/007/008 1 RT / 6 Years EPDS003/004/006 1 RT / 9 Years (Starts 2016)
<input checked="" type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPSD002/007/008 1 RT / 6 Years EPDS003/004/006 1 RT / 9 Years (Starts 2016)
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: Cottonwood VV6 AZ0413106

DATE: 2-2-16

WL 55-904399-2 -----TP008(CI2) -----EPDS008 ----- Distribution system

WL 55-201188-1 ----- TP007(CI2) ----EPDS007 ---- Distribution System

WL 55-609336-6-2 ---- TP002 AS (ion exchange) --- CL2 ----|--- ST (40,000) ----- Distribution System

|
EPDS002

WL 55-507639-7-1 ---- TP003 (CL2) ----- EPDS003 --- ST (40,000) --- Distribution System

WL 55-518871-7-2 ---- TP004 AS (ion exchange) --- CL2 --- ST (100,000) ----- Distribution system

| - ST (40,000) -----Distribution System
|
EPDS004

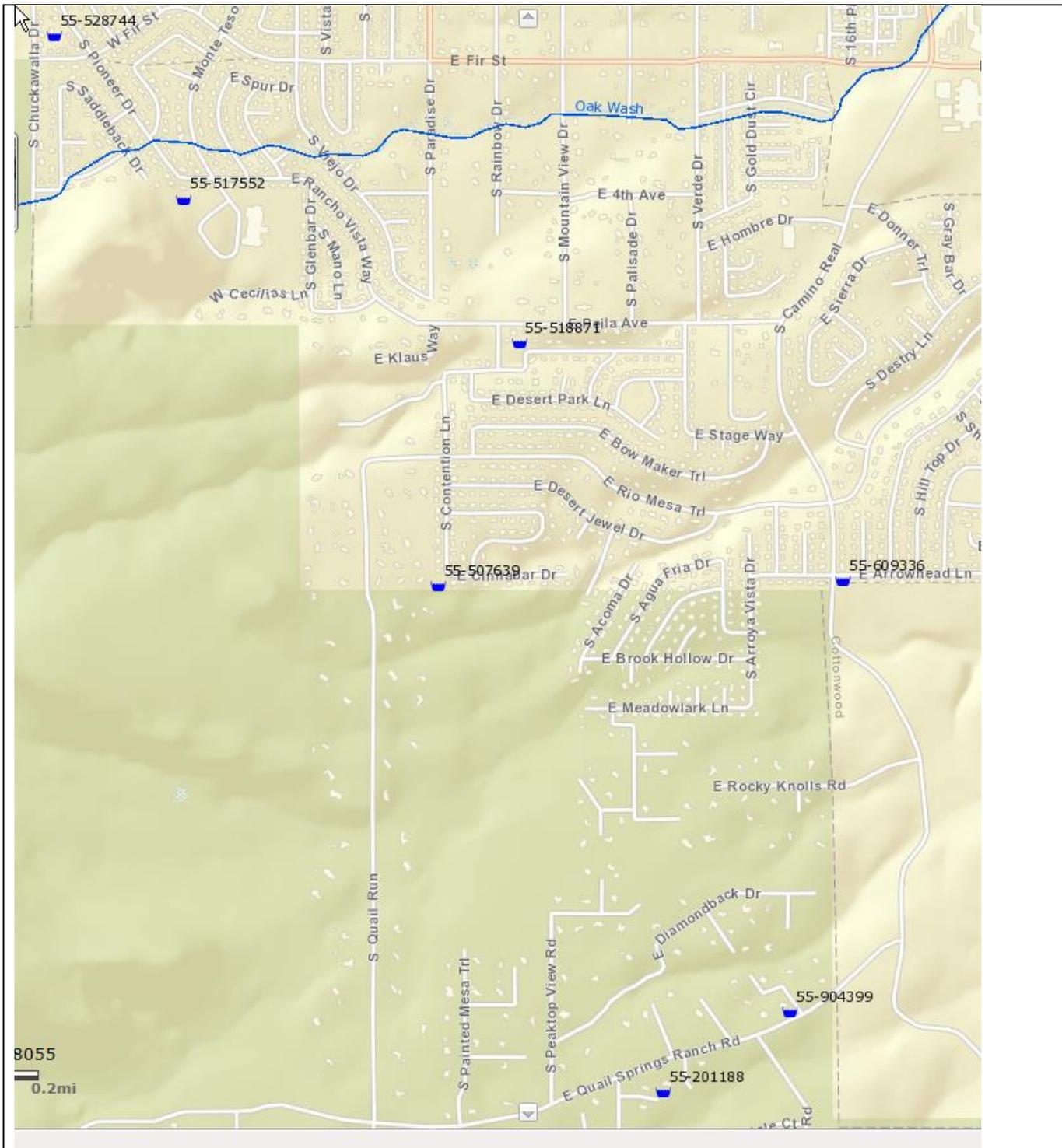
WL 55-528744-8-2 --- TP006 AS (ion exchange) ---CL2 --- ST (100,000)—EPDS006 ----- Distribution System

WL 55-201188 – 1, WL-55-507639 - 7-1, WL-55-518871 - 7-2, WL-55-528744 - 8-2, WL-55-609336 - 6-2
WL-55-904399 – 2

EPDS002/003/004/006/007/008

TP002/006 – AS, CI2

TP003/004/007/008 – CI2





Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

Drinking Water System Field Inspection Report

System Name: Cottonwood Municipal Water VV3	PWS: AZ0413105
Physical Location: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspection No.: 253716
County: Yavapai	Arrival Date and Time: 2/2/2016 9:30 AM
Mailing Address: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspector(s): Steven Schoen
Owner/Responsible Party: Cottonwood Municipal Water Address: 111 N. Main St., Cottonwood AZ 86326 Phone: 928-634-0186 Email: Click here to enter text.	Inspector Phone: 602-771-4475 Inspector Email: SS12@azdeq.gov
Administrative Contact/Title: Debbie Breitreutz Address: 1480 W. Mingus Ave., Cottonwood AZ 86326 Phone: 928-634-3413 Email: dbreitreutz@cottonwoodaz.gov	System Grade: 2T/2T (Grading worksheet attached) Population: 1689 Classification: Community
Operator/ID: Greg Webber / OP023285 Phone: 928-634-0186 Email: ichfh2ossophos@msn.com	Op. Cert. Grade/Expiration: 2D, 3T / July 31, 2016
Compliance Summary: Certified Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Inspection: <input checked="" type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.	
Inspection Report Issued: Via flashdrive at facility	Facility Initial:  ADEQ Initial: 
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments
1. Approved Source(s)? Quantity: Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Ground Water Under the Influence of Surface Water? <i>(R18-4-212)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
B. WELL REQUIREMENTS		Comments (2 wells)
1. Sampling Tap Installed Prior to Distribution? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Sanitary Seal and Slab? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. WELL RECOMMENDATIONS:		Comments
1. State well number posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Casing Extends 12" above slab	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. DISINFECTION REQUIREMENTS:		Comments
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		Arsenic – ion exchange
3. Is the treatment operational and properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments (2 Storage tanks)
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

H. PRESSURE TANK REQUIREMENTS:		Comments
1. Operational Pressure Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. DISTRIBUTION REQUIREMENTS:		Comments
1. System Pressure >20 PSI Throughout System <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Cross Connection/Backflow Prevention <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Separate Non-Potable System With Connections Labelled <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
K. GENERAL REQUIREMENTS:		Comments
1. Emergency Plan for Community System in Accessible Location <i>(R18-4-204)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Microbiological Site Sampling Plan <i>(R18-4-105, 40CFR 141.21)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Components Enclosed by Building or Security Fencing <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Operation and Maintenance <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments
1. Operator in Direct Charge Certified at Correct Grade <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Onsite Operator for Grade 3 or 4 Facility <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. Relief Operator Certificate No Lower than 1 Grade Below System <i>(R18-5-104 A.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:

During the inspection no deficiencies were noted.

PRE-INSPECTION CHECKLIST					Comments	
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) 2						
<input type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / Monthly
<input checked="" type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly
<input checked="" type="checkbox"/>	Lead & Copper	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 RT / 3 years
<input checked="" type="checkbox"/>	Disinfection By Products	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / Yearly
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Yearly
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 RT / 3 Years (starts 2016)
<input checked="" type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years
<input checked="" type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Quarterly per EPDS
<input checked="" type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 6 Years
<input checked="" type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 6 Years
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: Cottonwood VV3 AZ0413105

DATE: 2/2/16

WL 55-609339 -3-2 --- TP002 (AS) ---- CL2 ---- ST002 (30,000) ----- Distribution System

WL 55-609340 – 3-1 ----- TP001 (AS) ---- CL2 ---- ST001 (100,000) ----- Distribution System

All AS removal is ion exchange.

CC001 – 13104 (Cottonwood VV2)

EPDS001/002

ST001 – 100,000 ST002 – 30,000

TP001/002 – AS, Cl2

WL-55-609339 - 3-2

WL-55-609340 - 3-1



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

Drinking Water System Field Inspection Report

System Name: Cottonwood Municipal Water VV2	PWS: AZ0413104
Physical Location: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspection No.: 253714
County: Yavapai	Arrival Date and Time: 2/2/2016 9:30 AM
Mailing Address: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspector(s): Steven Schoen
Owner/Responsible Party: Cottonwood Municipal Water Address: 111 N. Main St., Cottonwood AZ 86326 Phone: 928-634-0186 Email: Click here to enter text.	Inspector Phone: 602-771-4475 Inspector Email: SS12@azdeq.gov
Administrative Contact/Title: Debbie Breitreutz Address: 1480 W. Mingus Ave., Cottonwood AZ 86326 Phone: 928-634-3413 Email: dbreitreutz@cottonwoodaz.gov	System Grade: 2T / 2D (Grading worksheet attached) Population: 3164 Classification: Community
Operator/ID: Greg Webber / OP023285 Phone: 928-634-0186 Email: ichfh2ossophos@msn.com	Op. Cert. Grade/Expiration: 2D, 3T / July 31, 2016
Compliance Summary: Certified Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Inspection: <input checked="" type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.	
Inspection Report Issued: Via flashdrive at facility Facility Initial: ADEQ Initial:	
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments (5 Wells, CC001)
1. Approved Source(s)? Quantity: Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Ground Water Under the Influence of Surface Water? <i>(R18-4-212)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B. WELL REQUIREMENTS		Comments
1. Sampling Tap Installed Prior to Distribution? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Sanitary Seal and Slab? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. WELL RECOMMENDATIONS:		Comments
1. State well number posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Casing Extends 12" above slab	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. DISINFECTION REQUIREMENTS:		Comments
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		Arsenic - ion exchange
3. Is the treatment operational and properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments (8 storage tanks)
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

H. PRESSURE TANK REQUIREMENTS:		Comments
1. Operational Pressure Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. DISTRIBUTION REQUIREMENTS:		Comments
1. System Pressure >20 PSI Throughout System <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	52 psi
2. Cross Connection/Backflow Prevention <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Separate Non-Potable System With Connections Labeled <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
K. GENERAL REQUIREMENTS:		Comments
1. Emergency Plan for Community System in Accessible Location <i>(R18-4-204)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Microbiological Site Sampling Plan <i>(R18-4-105, 40CFR 141.21)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Components Enclosed by Building or Security Fencing <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Operation and Maintenance <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments
1. Operator in Direct Charge Certified at Correct Grade <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Onsite Operator for Grade 3 or 4 Facility <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. Relief Operator Certificate No Lower than 1 Grade Below System <i>(R18-5-104 A.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:

WL55-609338 4-2 - Well vent screen missing, replaced at time of inspection.

No other deficiencies were noted.

PRE-INSPECTION CHECKLIST					Comments	
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) 5						
<input checked="" type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection (See below)						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 RT / Monthly
<input checked="" type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly
<input checked="" type="checkbox"/>	Lead & Copper	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 RT / 3 Years
<input checked="" type="checkbox"/>	Disinfection By Products	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / Yearly
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Yearly per EPDS
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 years per EPDS
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 years per EPDS
<input checked="" type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS001/002/003/004 – 1 RT / 9 years EPDS005 1 RT / 3 Years
<input checked="" type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 RT / 3 Years per EPDS (start 2016)
<input checked="" type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years per EPDS
<input checked="" type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Quarter per EPDS
<input checked="" type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS001/005 1 RT / 9 years EPDS002/003/004 1 RT / 6 years
<input checked="" type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS001/005 1 RT / 9 years EPDS002/003/004 1 RT / 6 years
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: Cottonwood VV2 – AZ0413104

DATE: 02.02.16

WL 55-500663-2-1 ---- TP001 (AS) ----- CL2 ---- ST (2 – 30,000)---- EPDS001 ----- Distribution System

WL 55-555560-Verde 2-2 -----TP003 (AS) ---- CL2 ----- ST (100,000) ---- EPDS003 -- Distribution System

WL 55-609337 4-1 -----TP004 (AS) ---- CL2 ----- ST (100,000) ---- EPDS004 ---- Distribution System

WL 55-609338 4-2 ----- TP005 (AS) ---- CL2 ---- ST (2-40,000) ---- EPDS005 ---- Distribution system

WL 55-513042 5-1 ----- TP002 (AS) ----- CL2 ---- ST (30,000) ---- EPDS002 ----- Distribution System

All AS removal is ion exchange.

CC001 – 13105 (Cottonwood VV3)

WL 55-500663-2-1

WL 55-513042-5-1

WL 55-555560-Verde 2-2

WL 55-609337-4-1

WL 55-609338-4-2



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

AZ0413060 Drinking Water System Field Inspection Report

System Name: Cottonwood Municipal Water VV1	PWS: AZ0413060
Physical Location: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspection No.: 253712
County: Yavapai	Arrival Date and Time: 2/2/2016 9:30 AM
Mailing Address: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspector(s): Steven Schoen
Owner/Responsible Party: Cottonwood Municipal Water Address: 111 N. Main St., Cottonwood AZ 86326 Phone: 928-634-0186 Email: Click here to enter text.	Inspector Phone: 602-771-4475 Inspector Email: SS12@azdeq.gov
Administrative Contact/Title: Debbie Breitreutz Address: 1480 W. Mingus Ave., Cottonwood AZ 86326 Phone: 928-634-3413 Email: dbreitreutz@cottonwoodaz.gov	System Grade: 2T/2d (Grading worksheet attached) Population: 704 Classification: Community
Operator/ID: Greg Webber / OP023285 Phone: 928-634-0186 Email: ichfh2ossophos@msn.com	Op. Cert. Grade/Expiration: 2D, 3T / July 31, 2016
Compliance Summary: Certified Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Inspection: <input checked="" type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this Inspection may be forthcoming.	
Inspection Report Issued: Via flashdrive at facility Facility Initial: ADEQ Initial:	
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments (2 Wells)
1. Approved Source(s)? Quantity: Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Ground Water Under the Influence of Surface Water? <i>(R18-4-212)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
B. WELL REQUIREMENTS		Comments
1. Sampling Tap Installed Prior to Distribution? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Sanitary Seal and Slab? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. WELL RECOMMENDATIONS:		Comments
1. State well number posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Casing Extends 12" above slab	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. DISINFECTION REQUIREMENTS:		Comments
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		Arsenic- ion exchange
3. Is the treatment operational and properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments (2 Storage tanks)
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

H. PRESSURE TANK REQUIREMENTS:		Comments
1. Operational Pressure Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. DISTRIBUTION REQUIREMENTS:		Comments
1. System Pressure >20 PSI Throughout System <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	50 psi
2. Cross Connection/Backflow Prevention <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Separate Non-Potable System With Connections Labeled <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
K. GENERAL REQUIREMENTS:		Comments
1. Emergency Plan for Community System in Accessible Location <i>(R18-4-204)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Microbiological Site Sampling Plan <i>(R18-4-105, 40CFR 141.21)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Components Enclosed by Building or Security Fencing <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Operation and Maintenance <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments
1. Operator in Direct Charge Certified at Correct Grade <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Onsite Operator for Grade 3 or 4 Facility <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. Relief Operator Certificate No Lower than 1 Grade Below System <i>(R18-5-104 A.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:

During inspection no deficiencies were noted.

PRE-INSPECTION CHECKLIST					Comments	
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) 2						
<input checked="" type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection (See Below)						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Month
<input checked="" type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly
<input checked="" type="checkbox"/>	Lead & Copper	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 RT / 3 years
<input checked="" type="checkbox"/>	Disinfection By Products	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / 3 Years
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Year per EPDS
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years per EPDS
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years per EPDS
<input checked="" type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years per EPDS
<input checked="" type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years per EPDS
<input checked="" type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years per EPDS
<input checked="" type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Quarterly per EPDS
<input checked="" type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS001 1RT / 9 Years EPDS002 1 RT / 6 Years
<input checked="" type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPDS001 1RT / 9 Years EPDS002 1 RT / 6 Years
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: Cottonwood VV1 (AZ0413060)

DATE: 02-02-16

WL 55-609342 – VV1-1 ----- TP001-AS (Ion Exchange) ---- Cl2 – ST001(40,000) –EPDS001 --- Distribution

WL 55-609343 – VV1 -2 ----- TP002-AS (Ion exchange) --- Cl2 --- ST002 (40,000) --- EPDS002 --- Distribution



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

Drinking Water System Field Inspection Report

System Name: Cottonwood Municipal Water VSF1	PWS: AZ0413164
Physical Location: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspection No.: 253722
County: Yavapai	Arrival Date and Time: 2/3/2016 10:00 AM
Mailing Address: 111 N. Main St. City, State, Zip: Cottonwood, AZ 86326	Inspector(s): Steven Schoen
Owner/Responsible Party: Cottonwood Municipal Water Address: 111 N. Main St., Cottonwood AZ 86326 Phone: 928-634-0186 Email: Click here to enter text.	Inspector Phone: 602-771-4475 Inspector Email: SS12@azdeq.gov
Administrative Contact/Title: Debbie Breitreutz Address: 1480 W. Mingus Ave., Cottonwood AZ 86326 Phone: 928-634-3413 Email: dbreitreutz@cottonwoodaz.gov	System Grade: 2T / 2D (Grading worksheet attached) Population: 2280 Classification: Community
Operator/ID: Greg Webber / OP023285 Phone: 928-634-0186 Email: ichfh2ossophos@msn.com	Op. Cert. Grade/Expiration: 2D, 3T / July 31, 2016
Compliance Summary: Certified Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Inspection: <input checked="" type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.	
Inspection Report Issued: Via flashdrive at facility	Facility Initial: ADEQ Initial:
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments
1. Approved Source(s)? Quantity: Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Ground Water Under the Influence of Surface Water? <i>(R18-4-212)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
B. WELL REQUIREMENTS		Comments (WL 55-533124-1)
1. Sampling Tap Installed Prior to Distribution? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Sanitary Seal and Slab? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. WELL RECOMMENDATIONS:		Comments
1. State well number posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Casing Extends 12" above slab	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. DISINFECTION REQUIREMENTS:		Comments
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		Arsenic – ion Exchange
3. Is the treatment operational and properly maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

H. PRESSURE TANK REQUIREMENTS:		Comments
1. Operational Pressure Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. DISTRIBUTION REQUIREMENTS:		Comments
1. System Pressure >20 PSI Throughout System <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	50 psi
2. Cross Connection/Backflow Prevention <i>(R18-4-215)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Separate Non-Potable System With Connections Labeled <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
K. GENERAL REQUIREMENTS:		Comments
1. Emergency Plan for Community System in Accessible Location <i>(R18-4-204)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Microbiological Site Sampling Plan <i>(R18-4-105, 40CFR 141.21)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Components Enclosed by Building or Security Fencing <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Appropriate Operation and Maintenance <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments
1. Operator in Direct Charge Certified at Correct Grade <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Onsite Operator for Grade 3 or 4 Facility <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. Relief Operator Certificate No Lower than 1 Grade Below System <i>(R18-5-104 A.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:

No deficiencies were noted at time of inspection.

PRE-INSPECTION CHECKLIST					Comments	
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) 1						
<input type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 RT / Month
<input checked="" type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly
<input checked="" type="checkbox"/>	Lead & Copper	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 RT / Year
<input checked="" type="checkbox"/>	Disinfection By Products	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Year
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Year
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years
<input checked="" type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 3 Years
<input checked="" type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / Quarter
<input checked="" type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
<input checked="" type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 RT / 9 Years
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: Cottonwood Municipal VSF1 (AZ0413164)

DATE: 2/3/16

WL 55-533124-1 ----- TP001 (AS – Ion Exchange) ---- Cl2 --- ST (750,000) -----EPDS001 ----- Distribution System

