



Douglas A. Ducey  
Governor

# ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera  
Director

## Drinking Water System Field Inspection Report

<b>System Name:</b> Pine Creek Canyon DWID	<b>PWS:</b> AZ0404044
<b>Physical Location:</b> LAT: 34°23' 55.5" / LONG: 111°28' 01.6" <b>City, State, Zip:</b> Pine, AZ 85544	<b>Inspection No.:</b> 360347
<b>County:</b> Gila	<b>Arrival Date and Time:</b> 11-13-2020 / 9:30 am
<b>Mailing Address:</b> PO Box 945 <b>City, State, Zip:</b> Pine, AZ 85544	<b>Inspector(s):</b> Steven Vogel
<b>Owner/Responsible Party:</b> Pine Creek Canyon DWID <b>Address:</b> PO Box 945 Pine, AZ 85544 <b>Phone:</b> 928-476-2260 <b>Email:</b> <a href="mailto:pccdwid@questoffice.com">pccdwid@questoffice.com</a>	<b>Inspector Phone:</b> <a href="tel:602-771-4570">602-771-4570</a> <b>Inspector Email:</b> <a href="mailto:602-771-4570@adeq.gov">602-771-4570@adeq.gov</a>
<b>Administrative Contact/Title:</b> Harry Jones / Admin Contact <b>Address:</b> PO Box 945 Pine, AZ 85544 <b>Phone:</b> 928-476-2260 <b>Email:</b> <a href="mailto:harryjoneshd@msn.com">harryjoneshd@msn.com</a>	<b>Classification:</b> C <b>System Grade:</b> D1 <b>Service Connections:</b> 112 <b>Population:</b> 169 <b>Changes/Updates:</b> <input checked="" type="checkbox"/> Yes
<b>Operator/ID:</b> Patrick Carpenter / OP007600 <b>Phone:</b> 928-606-0498 / 928-635-4689 <b>Email:</b> <a href="mailto:pataqualitywater@gmail.com">pataqualitywater@gmail.com</a>	<b>Op. Cert. Grade/Expiration:</b> D2/T3 / June 30, 2022 <b>Add/Remove/Update Operator:</b> <input type="checkbox"/> Yes
<b>Compliance Summary:</b> 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	
<b>Results of Inspection:</b> <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"/> Minor potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming. <input type="checkbox"/> Significant potential deficiencies were noted during the course of the inspection. The noted deficiencies were: <input type="checkbox"/> Committed intentionally <input type="checkbox"/> Not correctable within a reasonable period of time as determined by the agency. <input type="checkbox"/> Evidence of a pattern of noncompliance. <input type="checkbox"/> A risk to any person, the public health, safety or welfare or the environment. Additional correspondence regarding this inspection may be forthcoming.	
<b>Inspection Report Issued:</b>	<b>Facility Initial:</b> <i>PL</i> <b>ADEQ Initial:</b> <i>SAV</i>
<b>ADEQ Compliance Assistance Coordinator:</b> Matithia Eiland: Phone: 602-771-4572; Email: <a href="mailto:eiland.matithia@azdeq.gov">eiland.matithia@azdeq.gov</a>	
<b>Owner/AC and/or Update Contact information:</b> <input type="checkbox"/> Yes	
<b>PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST</b>	

<b>A. SOURCES</b>		<b>Comments</b>	<b>Inventory Changes:</b> Yes
<b>1. Approved Source(s)</b> Add New Source(s). (R18-5-507A) Click here to enter text.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Two wells: 55-218750 (New) 55-540845 (Old)	
<b>2. Ground Water Under the Influence of Surface Water</b> (R18-4-212)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>B. WELL REQUIREMENTS</b>		<b>Comments</b>	
<b>1. Raw water sampling tap installed to collect GW sample</b> (40 CFR §141.402.a.2)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>2. Sample Tap installed at Entry Point to the Distribution System (EPDS)</b> (40 CFR §141.23.a.1)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	EPDS001 Latitude: DMS Longitude: DMS	
<b>3. Vent turns down and terminates 2 ft. above the slab with #16-mesh screen.</b> (R18-5-502)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>4. Access to well restricted</b> (R18-5-502)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>5. Appropriate Drainage Away from Well.</b> (R18-4-203)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>6. Sanitary Seal and Slab.</b> (R18-4-203)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>C. WELL RECOMMENDATIONS</b>		<b>Comments</b>	
<b>1. State well number posted</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>2. Casing Extends 12" above slab</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>D. DISINFECTION REQUIREMENTS</b> (For Gaseous Chlorine, apply 2-6)		<b>Comments</b>	<b>Inventory Changes:</b> <input type="checkbox"/> Yes
<b>1. Disinfection Compound ANSI/NSF 60 Approved and Container Labelled</b> (R18-4-213)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
<b>2. Chlorine cylinder stored in upright position in a cool, well-ventilated room; one-ton containers stored on sides on level rack or platform with safety blocks to prevent rolling</b> (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
<b>3. Chlorine gas containers stored away from other compressed gases, turpentine, ether, finely divided</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

metals, and hydrocarbons. (R18-4-208)		
4. Weighing scale provided for weighing cylinders containing chlorine gas except for installations where automatic switchover from an empty to a full cylinder is provided (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. All cylinders secured to scale or support by chain or other approved means. (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6. Air outlet from the room with gas type chlorinator is near the floor and point of discharge is located as not to contaminate air inlets to any buildings and areas used by people. (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>E. DISINFECTION RECOMMENDATIONS</b> (For Gaseous Chlorine)		<b>Comments</b> <input type="checkbox"/> <b>Inventory Changes:</b> Yes
1. Approved gas masks with a self-contained air supply available where chlorine gas is handled, and stored at a convenient location but not inside any room where chlorine is used or stored (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
2. Bottle of strong ammonia water (10% NH3) available for chlorine leak detection. (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. A leak repair kit approved by the Chlorine Institute provided where ton containers are used. (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
4. Chlorine cylinders and chlorinators housed in separate rooms on the ground floor. (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Weights of chlorine cylinders recorded at regular intervals, at least once a day, in order to ascertain the actual quantity of gas being used (R18-4-208)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>F. TREATMENT REQUIREMENTS</b>		<b>Comments</b> <input type="checkbox"/> <b>Inventory Changes:</b> Yes
1. Treatment required Type: (As, N, 4-log, radionuclides, blending, POE, POU, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. 4-log compliance monitoring data available for the past year. (R18-4-121)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
3. 4-log monitoring data above required minimum residual? If below,	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

were required additional monitoring steps taken? (R18-4-121)		
4. Unapproved bypass. (R18-5-509)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>G. TREATMENT RECOMMENDATIONS</b>		<b>Comments</b>
1. ADEQ approved operations and maintenance manual available for review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>H. STORAGE REQUIREMENTS</b>		<b>Comments</b> <b>Inventory Changes:</b> <input type="checkbox"/> Yes
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance. (R18-4-215)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	One Storage Tank: ST001 250,000
2. Vents Protected (i.e. #16 Non-Corrodible Mesh). (R18-5-502)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh. (R18-5-502)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device. (R18-5-502)	<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 (R18-4-122)	<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 (R18-4-203)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>I. STORAGE RECOMMENDATIONS</b>		<b>Comments</b>
1. Working Mechanical, Automatic Gauge, or Alarm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>J. PRESSURE TANK REQUIREMENTS</b>		<b>Comments</b>
1. Operational Pressure Gauge (R18-4-203)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Operational Pressure Relief Valve (R18-4-203)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>K. PRESSURE TANK RECOMMENDATIONS</b>		<b>Comments</b>
1. Operational Water Level Gauge (R18-4-203)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>L. DISTRIBUTION REQUIREMENTS</b>		<b>Comments</b>
1. System Pressure >20 PSI Throughout System. (R18-5-502.B)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Cross Connection/ Testable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Backflow Prevention Devices (i.e. car washes, restaurants, hospitals, etc.) (R18-4-215)		
3. Separate Non-Potable System With Connections Labelled. (R18-5-502)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>M. GENERAL REQUIREMENTS</b>		<b>Comments</b>
1. Emergency Plan for Community System in Accessible Location (R18-4-204)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>The Emergency Operations Plan shall detail the steps that the Community water system will take to assure continuation of service in the following emergency situations; (R18-4-204.A)</b>		
i. Loss of source;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Loss of water supply due to major component failure;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Damage to power supply equipment or loss of power;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Contamination of water in distribution system from backflow;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
v. Collapse of a reservoir, reservoir roof, or pumphouse structure;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
vi. A break in transmission or distribution line;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
vii. Chemical or microbiological contamination of the water supply.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Emergency Operations Plan required by subsection (A) shall address all of the following; (R18-4-204.B)</b>		
i. Provisions of alternate sources of water during the emergency;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Notice procedures for regulatory agencies, news media, and users;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Disinfection and testing of the distribution system once service is restored;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Identification of critical components that shall remain in service or be returned to service quickly;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
v. Critical spare parts inventory;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
vi. Staff training in emergency response procedures.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Microbiological Sample Siting Plan (R18-4-126, 40 CFR §141.853)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3. Disinfectant By Product Sample Siting Plan.</b> <i>(R18-4-124, 40 CFR §141.622)</i>	Yes   No   N/A	
<b>4. Lead &amp; Copper Site Sampling Plan</b> <i>(R18-4-111, 40 CFR §141.91)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>5. Components Enclosed by Building or Security Fencing.</b> <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>6. Appropriate Operation and Maintenance.</b> <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>7. All Necessary Components Made of ANSI/NSF 61 Approved Material</b> <i>(R18-4-213)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>8. Approval to Construct (ATC) for System Upgrades and Expansions</b> <i>(R18-5-505)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>9. Approval of Construction (AOC) for System Upgrades and Expansions</b> <i>(R18-5-507)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>N. OPERATOR REQUIREMENTS</b>		<b>Comments</b> <b>Inventory Changes:</b> <input type="checkbox"/> Yes
<b>1. Operator in Direct Charge Certified at Correct Grade.</b> <i>(R18-5-104 A.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Onsite Operator for Grade 3 or 4 Facility.</b> <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>3. Relief Operator Certificate No Lower than 1 Grade Below System</b> <i>(R18-5-104 A.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>4. Remote Operator &lt;200 Road Miles from Facility.</b> <i>(R18-5-104 F.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>5. Remote Operator Inspects Grade 1 and 2 Systems at Least Monthly to ensure proper operation and maintenance.</b> <i>(R18-5-104 F.7)</i> <b>Date of Last Inspection:</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes      No      N/A	
<b>6. The remote operator instructs, supervises and provides written instructions to the onsite representative.</b> <i>(R18-5-104 F.3)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes      No      N/A	

**OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:**

OBSERVATION:

1. Pine saplings and grape vines growing <15 feet from storage tank

RECOMMENDATIONS:

1. Continue trimming and removing grape vines and pine saplings each year

**Inventory Changes to Existing PWS Includes:** *(please check all appropriate boxes)*

- PWS Name:**  Yes –
- Classification:**  Yes -
- Activation:**  Yes –
- Inactivation:**  Yes – Remove the second storage tank from the list
- Treatment:**  Yes –
- Disinfectant:**  Yes
- Admin Contact Info:**  Yes -
- Owner Contact Info:**  Yes -
- PWS Population:**  Yes –
- PWS Service Connections:**  Yes –
- Facility/Sampling Point:**  Yes –
- Other:**  Yes –

PRE-INSPECTION CHECKLIST			Comments
<b>Consumer Confidence Report Delivered in Community Systems</b> <i>(R18-4-117)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Monitoring Assistance Program Participant</b> <i>(A.R.S 49-360)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Sampling EPDS(s) (quantity): DS001 and EPDS001						
Inventory Changes: <input type="checkbox"/> Yes						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Coliform	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Lead & Copper	System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Disinfection By Products	System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	
<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"/>	
<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"/>	
<input checked="" type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	
<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"/>	
<b>MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample</b>						

<b>SYSTEM SKETCH:</b> Pine Creek Canyon DWID AZ0404044	<b>DATE:</b> 11/13/2020
Wells > Storage Tank > EPDS001 > Distribution	