



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> 4661 Moon Glow Rd <b>City, State, Zip:</b> Pine, AZ 85544	<b>Inspection No.:</b> 291604
<b>County:</b> Gila	<b>Arrival Date and Time:</b> 11/29/2017 1:00pm
<b>Mailing Address:</b> PO Box 945 <b>City, State, Zip:</b> Pine, AZ 85544	<b>Inspector(s):</b> Mario Casillas, Christina Mierzejewski
<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> pccdwid@qwestoffice.net	<b>Inspector Phone:</b> 602-771-4359 <b>Inspector Email:</b> Casillas.mario@azdeq.gov
<b>Administrative Contact/Title:</b> Harry Jones <b>Address:</b> PO Box 945, Pine, AZ 85544 <b>Phone:</b> 928-476-2467 <b>Email:</b> harryjoneshdj@msn.com	<b>Classification:</b> Community <b>System Grade:</b> 1D <b>Service Connections:</b> 97 <b>Population:</b> 160 <b>Changes/Updates:</b> <input type="checkbox"/> Yes
<b>Operator/ID:</b> Patrick Carpenter/OP007600 <b>Phone:</b> 928-606-0498 <b>Email:</b> PATAQUALITYWATER@GMAIL.COM	<b>Op. Cert. Grade/Expiration:</b> 2D/3T 06-30-2019 <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"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.	
<b>Inspection Report Issued:</b> Via email at facility	<b>Facility Initial:</b> <i>PL</i> <b>ADEQ Initial:</b> <i>om</i>
<b>ADEQ Compliance Assistance Coordinator:</b> Tiffany Hua <a href="mailto:th5@azdeq.gov">th5@azdeq.gov</a> 602-771-4621	
<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: Inventory Changes:</b> <input checked="" type="checkbox"/> Yes
<b>1. Approved Source(s)?</b> <b>Add New Source(s):</b> Click here to enter text. <i>(R18-5-507A)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	WL-55-540845 WL-55-218750
<b>2. Ground Water Under the Influence of Surface Water?</b> <i>(R18-4-212)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<b>B. WELL REQUIREMENTS</b>		<b>Comments</b>
<b>1. Raw water sampling tap installed to collect GW sample?</b> <i>(§141.402.2)</i>	<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> <i>(§141.23.a.1)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>EPDS001: Latitude:34.397694 Longitude: -111.476972</i>
<b>3. Vent turns down and terminates 2 ft. above the slab with #16 mesh screen?</b> <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>4. Is access to well restricted?</b> <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>5. Appropriate Drainage Away from Well?</b> <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>6. Sanitary Seal and Slab?</b> <i>(R18-4-203)</i>	<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>		<b>Comments: Inventory Changes:</b> <input type="checkbox"/> Yes
<b>1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled</b> <i>(R18-4-213)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

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

<b>H. PRESSURE TANK REQUIREMENTS:</b>		<b>Comments</b>
<b>1. Operational Pressure Gauge</b> <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Operational Pressure Relief Valve</b> <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>I. PRESSURE TANK RECOMMENDATIONS:</b>		<b>Comments</b>
<b>1. Operational Water Level Gauge</b> <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>J. DISTRIBUTION REQUIREMENTS:</b>		<b>Comments</b>
<b>1. System Pressure &gt;20 PSI Throughout System</b> <i>(R18-5-502.B)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Cross Connection/Backflow Prevention</b> <i>(R18-4-215)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>3. Separate Non-Potable System With Connections Labelled</b> <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>K. GENERAL REQUIREMENTS:</b>		<b>Comments</b>
<b>1. Emergency Plan for Community System in Accessible Location</b> <i>(R18-4-204)</i>	<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>		
<b>i. Loss of source;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ii. Loss of water supply due to major component failure;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>iii. Damage to power supply equipment or loss of power;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>iv. Contamination of water in distribution system from backflow;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

v.	<b>Collapse of a reservoir, reservoir roof, or pumphouse structure;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
vi.	<b>A break in transmission or distribution line;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
vii.	<b>Chemical or microbiological contamination of the water supply.</b>	<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.	<b>Provisions of alternate sources of water during the emergency;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ii.	<b>Notice procedures for regulatory agencies, news media, and users;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
iii.	<b>Disinfection and testing of the distribution system once service is restored;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
iv.	<b>Identification of critical components that shall remain in service or be returned to service quickly;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
v.	<b>Critical spare parts inventory;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
vi.	<b>Staff training in emergency response procedures.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Microbiological Sample Siting Plan</b> <i>(R18-4-105, 40CFR 141.21)</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Add standard language to MSSP and email to ADEQ
<b>3. Lead &amp; Copper Site Sampling Plan</b> <i>(R18-4-111, 40CFR 141.91)</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fill out sampling plan for every site and email to ADEQ
<b>4. 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>5. 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>6. All Necessary Components Made of ANSI/NSF 61 Approved Material</b> <i>(R18-4-213)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>L. OPERATOR REQUIREMENTS:</b>		<b>Comments: 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 Visits Grade 1 and 2 Systems at Least Monthly</b> <i>(R18-5-104 F.7)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>6. Written Instructions Provided by Remote Operator</b> <i>(R18-5-104 F.3)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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

**Observations**

1. Microbiological Sample Siting Plan is missing standard language
2. Missing sampling plans for some sites in Lead and Copper sampling plan

**Recommendations:**

1. Add standard language to MSSP and send copy to ADEQ via email
2. Include all sites in Lead and Copper sampling plan and send copy to ADEQ via email

**Potential Deficiencies:**

1. None

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

**PWS Name:**  Yes –

**Classification:**  Yes -

**Activation:**  Yes –2<sup>nd</sup> well

**Inactivation:**  Yes – ST002 only one tank

**Treatment:**  Yes –

**Disinfectant:**  Yes

**Admin Contact Info:**  Yes –Add Harry's email: harryjoneshdj@msn.com

**Owner Contact Info:**  Yes -

**PWS Population:**  Yes –

**PWS Service Connections:**  Yes –

**Facility/Sampling Point:**  Yes –

**Other:**  Yes –update flow

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						
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 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 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 type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input 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 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 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 type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input checked="" type="checkbox"/> MAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input 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>						



**SYSTEM SKETCH: AZ0404044 Pine Creek Canyon DWID**

**DATE:** 11/29/2017

Well1 → ST001 → EPDS001 → DS  
Well2 → → ST001 → EPDS001 → DS