



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

Drinking Water System Field Inspection Report

System Name: Pine Creek Canyon DWID	PWS: AZ0404044
Physical Location: 4661 Moon Glow Rd City, State, Zip: Pine, AZ 85544	Inspection No.: 291604
County: Gila	Arrival Date and Time: 11/29/2017 1:00pm
Mailing Address: PO Box 945 City, State, Zip: Pine, AZ 85544	Inspector(s): Mario Casillas, Christina Mierzejewski
Owner/Responsible Party: Pine Creek Canyon DWID Address: PO Box 945, Pine, AZ 85544 Phone: 928-476-2260 Email: pccdwid@qwestoffice.net	Inspector Phone: 602-771-4359 Inspector Email: Casillas.mario@azdeq.gov
Administrative Contact/Title: Harry Jones Address: PO Box 945, Pine, AZ 85544 Phone: 928-476-2467 Email: harryjoneshdj@msn.com	Classification: Community System Grade: 1D Service Connections: 97 Population: 160 Changes/Updates: <input type="checkbox"/> Yes
Operator/ID: Patrick Carpenter/OP007600 Phone: 928-606-0498 Email: PATAQUALITYWATER@GMAIL.COM	Op. Cert. Grade/Expiration: 2D/3T 06-30-2019 Add/Remove/Update Operator: <input type="checkbox"/> Yes
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 email at facility	Facility Initial: <i>PL</i> ADEQ Initial: <i>CM</i>
ADEQ Compliance Assistance Coordinator: Tiffany Hua th5@azdeq.gov 602-771-4621 Owner/AC and/or Update Contact information: <input type="checkbox"/> Yes	
PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST	

A. SOURCES		Comments: Inventory Changes: <input checked="" type="checkbox"/> Yes
1. Approved Source(s)? Add New Source(s): 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
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. Raw water sampling tap installed to collect GW sample? <i>(§141.402.2)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Sample Tap installed at Entry Point to the Distribution System (EPDS) <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>
3. 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	
4. Is access to well restricted? <i>(R18-5-502)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Appropriate Drainage Away from Well? <i>(R18-4-203)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. 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: Inventory Changes: <input type="checkbox"/> Yes
1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled <i>(R18-4-213)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments: Inventory Changes: <input type="checkbox"/> Yes
1. Treatment required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? (As, N, 4-log, radionuclides, blending POE, POU, etc.)		
3. Is the treatment operational and properly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments: Inventory Changes: <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	
2. Vents Protected with #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	
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 (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	
I. PRESSURE TANK RECOMMENDATIONS:		Comments
1. Operational Water Level Gauge (R18-4-203)	<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 (R18-5-502.B)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Cross Connection/Backflow Prevention (R18-4-215)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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	
K. GENERAL REQUIREMENTS:		Comments
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	
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)		
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	
The Emergency Operations Plan required by subsection (A) shall address all of the following; (R18-4-204.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 (R18-4-105, 40CFR 141.21)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Add standard language to MSSP and email to ADEQ
3. Lead & Copper Site Sampling Plan (R18-4-111, 40CFR 141.91)		<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
4. Components Enclosed by Building or Security Fencing (R18-5-502)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Appropriate Operation and Maintenance (R18-4-203)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

6. All Necessary Components Made of ANSI/NSF 61 Approved Material <i>(R18-4-213)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
L. OPERATOR REQUIREMENTS:		Comments: Inventory Changes: <input type="checkbox"/> Yes
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
4. Remote Operator <200 Road Miles from Facility <i>(R18-5-104 F.5)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly <i>(R18-5-104 F.7)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Written Instructions Provided by Remote Operator <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 –2nd 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"/>	
MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample						

SYSTEM SKETCH: AZ0404044 Pine Creek Canyon DWID

DATE: 11/29/2017

Well1→ ST001→ EPDS001→DS

Well2→ →ST001→ EPDS001→DS