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ANNUAL WATER WITHDRAWAL AND USE REPORT PROVIDER SUMMARY 2011

RGR
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OWNER OF GROUNDWATER RIGHT

CRESCENT MANOR MHP
1150 W. PRINCE RD
TUCSON AZ 85705



TYPE OF RIGHT
SMALL MUNICIPAL PROVIDER

RIGHT / PERMIT NO.
56-000053.0000

REPORTING PARTY
56-000053.0000
CRESCENT MANOR MHP
1150 W. PRINCE RD
TUCSON AZ 85705



TUCSON AMA (602) 771-8585

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 14, Schedule A attached

8.84 x \$ 3.00 = \$ 26.52

ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 24 Schedule D attached

0 ACRE - FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

0 ACRE - FEET

PART IV LATE FEES

Complete if filing after March 31. NOTE: A portion of a month after March 31 is counted as a full month.

N/A

1) Enter number of months late
(Maximum of 6)

\$ 0

2) Calculate Late Report Fee
(\$25.00 X number of months late)

\$ 0

3) Calculate Late Payment Fee
(10 % X number of months late X
withdrawal fee calculated in Part I

PART V TOTAL FEES DUE

Add amounts from Parts I and IV

\$ 26.52

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 2012. If hand delivered, the report must be received by the Department's Annual Reports & Planning Section no later than 5:00 PM on March 31, 2012.

REPORTS FILED AFTER MARCH 31, 2012 ARE SUBJECT TO LATE FEES (A.R.S. § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Carolyn York AUTHORIZED SIGNATURE Manager TITLE 3/29/12 DATE
Carolyn York PRINTED NAME 520/887-4452 TELEPHONE NUMBER

NOTE: THIS REPORT MUST BE FILED EVEN IF NO WATER WAS DELIVERED PURSUANT TO THIS RIGHT.

WORKSHEET W-1 2011

GROUNDWATER RIGHT/PERMIT/ **56-000053.0000**
BMP Farm Unit NO.

1	DWR WELL REGISTRATION NO.	10 Q	40 Q	160 Q	LOCATION Sec Twn Rng		
	55-617284	NW	SE	NE	26	13.0S	13.0E
2	TYPE OF MEASURING DEVICE	MAKE / MODEL					
	TOTALIZER	6/20/11					
	SIZE: 4"	UNITS MEASURED: GALS					
INSTALLATION OR OVERHAUL DATE							
3	POWER CO. NAME	ACCOUNT NO.	POWER METER NO.				
	TUCSON ELECTRIC POWER	1229-1880-1	3HA-262				
ENERGY CONSUMPTION		UNITS					

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? Yes No

ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE
46428400	48749700	2321300 ✓

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET	7.12	9 BREAKDOWN ESTIMATE	
-------------	------	----------------------	--

Enter total Acre-feet
Shown in 10 in Column 13 of Schedule A

10 TOTAL IN ACRE-FEET	7.12 ✓
-----------------------	--------

1	DWR WELL REGISTRATION NO.	10 Q	40 Q	160 Q	LOCATION Sec Twn Rng		
2	TYPE OF MEASURING DEVICE	MAKE / MODEL					
	SIZE	UNITS MEASURED					
INSTALLATION OR OVERHAUL DATE							
3	POWER CO. NAME	ACCOUNT NO.	POWER METER NO.				
ENERGY CONSUMPTION		UNITS					

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? Yes No

ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE
0	0562570	0562570 ✓

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET	1.72	9 BREAKDOWN ESTIMATE	
-------------	------	----------------------	--

Enter total Acre-feet
Shown in 10 in Column 13 of Schedule A

10 TOTAL IN ACRE-FEET	1.72 ✓
-----------------------	--------

1	DWR WELL REGISTRATION NO.	10 Q	40 Q	160 Q	LOCATION Sec Twn Rng		
2	TYPE OF MEASURING DEVICE	MAKE / MODEL					
	SIZE	UNITS MEASURED					
INSTALLATION OR OVERHAUL DATE							
3	POWER CO. NAME	ACCOUNT NO.	POWER METER NO.				
ENERGY CONSUMPTION		UNITS					

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? Yes No

ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET		9 BREAKDOWN ESTIMATE	
-------------	--	----------------------	--

Enter total Acre-feet
Shown in 10 in Column 13 of Schedule A

10 TOTAL IN ACRE-FEET	
-----------------------	--

1	DWR WELL REGISTRATION NO.	10 Q	40 Q	160 Q	LOCATION Sec Twn Rng		
2	TYPE OF MEASURING DEVICE	MAKE / MODEL					
	SIZE	UNITS MEASURED					
INSTALLATION OR OVERHAUL DATE							
3	POWER CO. NAME	ACCOUNT NO.	POWER METER NO.				
ENERGY CONSUMPTION		UNITS					

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? Yes No

ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET		9 BREAKDOWN ESTIMATE	
-------------	--	----------------------	--

Enter total Acre-feet
Shown in 10 in Column 13 of Schedule A

10 TOTAL IN ACRE-FEET	
-----------------------	--

SCHEDULE E Part A -- All Users

ARIZONA DEPARTMENT OF WATER RESOURCES

Do not include any water sent directly to a storage facility on a municipal provider's behalf in Part A. Report water sent directly to storage facility on Part B.

WATER RECEIVED FROM OTHER SOURCES

Owner

CRESCENT MANOR MHP

RIGHT/PERMIT/IMP Farm Unit NO.

56-000053.0000

ANNUAL REPORT 2011

Part I -- Water Received from Primary Irrigation Districts / Municipal Providers

Irrigation District / Provider Number Your District User / Account Number
 Provider / District Name Flowing Wells Number of acres eligible to receive surface water

Water Storage Permit if applicable (enter 73-xxxxxxx.xxxx)	Measurement Method	Acre-feet Received by Water Type					Total Received
		Groundwater	In-lieu Groundwater	Decreed/ Appropri- ative	Normal Flow	Spillwater	
Part I Total Acre-feet Received							0

Part II -- Water Received or Diverted from Sources Other Than Irrigation Districts / Municipal Providers

Right / Permit Number Supplying Water	Measurement Method	Acre-feet Received by Water Type					Total Received
		Groundwater	Decreed/ Appropri- ative	Normal Flow	Spillwater	CAP	
56-000084.0000							
Part II Total Acre-feet Received							0

Part III - Water Received Pursuant to a Permitted or Enrolled Exchange Agreement

Exchange No. Supplying Water	Measurement Method	Exchange outside service area?	Payback for			Acre-feet Received in Exchange by Water Type					Total Received
			Quantity	Type	Year Given	GW	SRP	CAP	Effluent	Other SW	
67-											
67-											
67-											
Part III Total Acre-feet Received in Exchange											
Sch. E Part A Total acre-feet of Water Received or Diverted from Other Sources (Part I + Part II + Part III)											
Enter Total on Part III of the Summary Page Part III											

SCHEDULE F-1S

SMALL WATER PROVIDER

ANNUAL REPORT 2011

ARIZONA DEPARTMENT OF WATER RESOURCES

PROVIDER NAME

CRESCENT MANOR MHP

RIGHT/PERMIT NO.

56-000053.0000

CONTACT NAME:

Quilpin York

CONTACT PHONE:

520/887-4452

Pursuant to the Third Management Plan (TMP) and the Groundwater Code for all Active Management Areas, small municipal water providers (those that supply 250 acre-feet/year or less) are required to supply the following information.

PART 1 - DELIVERIES TO USER GROUPS

Please indicate the total quantity of water delivered (*both metered and unmetered*) to each of the following user groups for calendar year 2011.

a. Residential - include all uses of water related to service of residences (housing units) including both interior and exterior water use. This should include deliveries to individually metered single family residences, multi-family housing complexes that are on master meters and group quarters (see page two for definition).

Single Family: Metered	_____ acre-feet	Unmetered	_____ acre-feet	Total	_____ acre-feet	Service Connections	_____
Multi - Family: Metered	_____ acre-feet	Unmetered	<u>139</u> acre-feet	Total	<u>8,54</u> acre-feet	Service Connections	<u>139</u>
Group Quarters: Metered	_____ acre-feet	Unmetered	_____ acre-feet	Total	_____ acre-feet	Service Connections	_____
				(a) Total Sum	_____ acre-feet		

b. Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (*item d below*). **Do not include direct effluent or deliveries to irrigation rights or other service area rights.**

Non-residential: Metered _____ acre-feet Unmetered _____ acre-feet (b) Total Sum _____ acre-feet Service Connections _____

c. Total deliveries (*add amounts in a and b above*) (a) + (b) _____ acre-feet

d. Turf-related facilities - include all *non-effluent* water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use (*item b above*). Please note that a Schedule G-2 must also be submitted for each turf-related facility receiving water from your system in 2011. _____ acre-feet

Please contact the Annual Reports & Planning Section if you need assistance completing this form.

(602) 771-8585

SCHEDULE F-1S

INSTRUCTIONS - PARTS 2 & 3

PART 2 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from water used. Direct effluent and deliveries to irrigation rights or other service areas are not included in calculations.

$$\frac{\text{Percent of lost and unaccounted for water: } \underline{\hspace{2cm}} \text{ AF } / \underline{\hspace{2cm}} \text{ total used (Part 2a)}}{\text{lost and unaccounted for water (Part 2c)}} \text{ AF } \times 100 = \underline{\hspace{2cm}} \text{ Percent}$$

The total lost and unaccounted for water divided by the total acre-feet used times 100 equals the percent of lost and unaccounted for water.

PART 3 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multi-family complex. Housing unit does not include a mobile home in an overnight or limited stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility.

A single family housing unit means a detached dwelling, including permanently setup mobile homes not in mobile home parks.

A multi-family housing unit means a mobile home in a mobile home park and a permanent housing unit having one or more common walls with another housing unit located in a multi-family residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or equivalent complex.

Group quarters means living quarters occupied by one or more people under care or custody, such as orphanages, nursing homes and prisons, or quarters such as college dormitories, fraternity or sorority houses, nurses dormitories, rooming houses, hotels with permanent residents and congregate housing for the elderly.

Please contact the Annual Reports & Planning Section if you need assistance completing this form.

(602) 771-8585

PROVIDER NAME

CRESCENT MANOR MHP

RIGHT/PERMIT NO.

56-000053.0000

SCHEDULE F-1S

SMALL WATER PROVIDER

ANNUAL REPORT 2011

PART 2 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from water used. Direct effluent and deliveries to irrigation rights or other service areas are not included in calculations.

- a) Total quantity of water used (sum of Part I & Part III less Part II of the Annual Report Summary Page): 8.84 acre-feet
- b) Total metered and unmetered (estimated) deliveries (Part 1c from previous page): _____ acre-feet
- c) Lost and unaccounted for water (Part 2a minus 2b above): Ø acre-feet
- d) Percent of lost and unaccounted for water: _____ AF / _____ AF x 100 = _____ Percent
lost and unaccounted for water (Part 2c) total used (Part 2a)

PART 3 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multi-family complex. Housing unit does not include a mobile home in an overnight or limited stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility.

- a) A single family housing unit means a detached dwelling, including permanently setup mobile homes not in mobile home parks.
Indicate net change in single family housing units (not service connections) in your service area between July 1, 2010 and December 31, 2011: _____ units
- b) A multi-family housing unit means a mobile home in a mobile home park and a permanent housing unit having one or more common walls with another housing unit located in a multi-family residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or equivalent complex.
Indicate net change in multi-family housing units (not service connections) in your service area between July 1, 2010 and December 31, 2011: _____ units
- c) Group quarters means living quarters occupied by one or more people under care or custody, such as orphanages, nursing homes and prisons, or quarters such as college dormitories, fraternity or sorority houses, nurses dormitories, rooming houses, hotels with permanent residents and congregate housing for the elderly.
Indicate net change in multi-family housing units (not service connections) in your service area between July 1, 2010 and December 31, 2011: _____ units

SCHEDULE S
SERVICE AREA MAP UPDATE
ANNUAL REPORT 2011

PROVIDER NAME CRESCENT MANOR MHP,
RIGHT/PERMIT NO. 56-000053.0000

**2011 ANNUAL SERVICE AREA AND OPERATING DISTRIBUTION SYSTEM UPDATES
 RESPONSE FORM**

Service Area Map Contact Information:

Service Area Map Contact Person Name: Carolyn York
 Address: 1150 W. Prince Rd
 City: Tucson State AZ ZIP 85705
 Phone number: 520/887-4452
 Email address: crescentmanor@continentalcommunities.com

Please Return Response Form by March 31, 2012, along with your Annual Water Withdrawal & Use Report

Please check the appropriate boxes:

OPERATING DISTRIBUTION SYSTEM MAP

Were there changes to the operating distribution system since within the last year? () Yes (X) No

If there were changes to the operating distribution system, what will be the format of the revised maps? Check all that apply.

- () An electronic copy of the service area map and operating distribution system submitted with the 2011 Annual Water Withdrawal and Use Report
- () Upload to ADWR Infoshare website (contact ADWR for instructions at (602) 771-8585)
- () Digital (ArcGIS Shapefiles or a geodatabase file) via an email attachment to pnnagel@azwater.gov
- () Digital (ArcGIS Shapefiles or a geodatabase file) on a CD/DVD
- () Hardcopy (If no electronic form exists)

AREA SERVED MAP

Were there changes to the area in service within the last year? () Yes (X) No

If there were changes to the area in service, what will be the format of the revised maps? Check all that apply.

- () Upload to ADWR Infoshare website (contact ADWR for instructions at (602) 771-8585)
- () Digital (ArcGIS Shapefiles or a geodatabase file) via an email attachment to pnnagel@azwater.gov
- () Digital (ArcGIS Shapefiles or a geodatabase file) on a CD/DVD
- () Hardcopy (If no electronic form exists)

SUBMIT ALL MAP REVISIONS BY MARCH 31, 2012.

Carolyn York Name-Printed Manager Title 520/887-4452 Phone

Carolyn York Signature 3/23/12 Date crescentmanor@continentalcommunities.com Email

Please contact the Annual Reports & Planning Section if you need assistance completing this form.

SCHEDULE F-1S

INSTRUCTIONS - PART 1

DESCRIPTION OF EFFLUENT USE

Name of WWTF: Enter the name of the wastewater treatment plant or entity from which effluent originated. List effluent production for each plant effluent was received from separately.

Estimated Quantity Generated at WWTF, if known, (acre-feet): Enter total volume of wastewater produced by the WWTF, if known.

Specific Uses: Enter the specific uses of the effluent delivered by you. (Examples of specific uses are turf facilities, government, lakes, other).

Quantity Delivered to Customers: Enter the total amount delivered to customers for each specific use.

Please contact the Annual Reports & Planning Section if you need assistance completing this form.

(602) 771-8585

SCHEDULE F-1S

INSTRUCTIONS - PART 1

Pursuant to the Third Management Plan (TMP) and the Groundwater Code for all Active Management Areas, small municipal water providers (those that supply 250 acre-feet/year or less) are required to supply the following information.

PART 1

DELIVERIES

Residential - include all uses of water related to service of residences (housing units) including both interior and exterior water use. This should include deliveries to individually metered single family residences, multi-family housing complexes that are on master meters and group quarters.

Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (*item d below*). **Do not include direct effluent or deliveries to irrigation rights or other service area rights.**

Turf-related facilities - include all *non-effluent* water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use. Please note that a Schedule G-2 must also be submitted for each turf-related facility receiving water from your system in 2011.

Unmetered deliveries must be calculated using a generally accepted method of estimating water use. Explain how any unmetered deliveries were calculated.

SERVICE CONNECTIONS

Residential -- Include the number of connections served during the reporting year of each type (single family, multi-family, and group quarters).

Non-Residential -- Include the number of non-residential connections served during the reporting year.

Please contact the Annual Reports & Planning Section if you need assistance completing this form.

(602) 771-8585

SCHEDULE E Part A -- All Users

ARIZONA DEPARTMENT OF WATER RESOURCES

INSTRUCTIONS - REPORT OF WATER RECEIVED FROM OTHER SOURCES

Note: If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Part A - All Users

Part I - Water Received from Primary Irrigation Districts / Municipal Providers

1. If water was received from an irrigation district or a municipal provider, enter the irrigation district or municipal provider number, district or provider name, your district user or account number, and the number of acres eligible to receive surface water. If you received water from more than one irrigation district and/or municipal provider, please use additional copies of Sch. E to record the data. Do not include water received as part of a permitted or enrolled exchange agreement. Use Part III for exchanges.
2. If you received in-lieu water from an irrigation district pursuant to a 73 right, enter the Water Storage Permit number. Note : in-lieu water is received primarily for agricultural use.
3. Enter the amount of water received from the irrigation district or municipal provider by type. Enter the measurement method (metered / estimated). If it was estimated, indicate the estimation method. For volumes of water entered in the "Other" category, indicate the water type in the "Describe Other Water" column. Municipal Providers - Do include water entering your distribution system and later used for storage / recharge. Do not include water delivered to storage / recharge facilities on your behalf.
4. Total each row and enter the sum in the Total Received column.
5. Total each column by water type.
6. Total the Total Received column.

Part II - Water Received / Diverted from Sources Other Than Irrigation Districts / Municipal Providers

1. Record all water received from sources other than irrigation districts or municipal providers. Enter the Right / Permit Number of the entity supplying the water. Enter the measurement method (metered / estimated). If it was estimated, indicate the estimation method. If groundwater was received from a well, enter the DWR well number. For volumes of water entered in the "Other" category, indicate the water type in the "Describe Other Water" column. Municipal Providers - Do include water entering your distribution system and later used for storage / recharge. Do not include water sent directly to storage / recharge facilities on your behalf.
2. Total each row and enter the sum in the Total Received column.
3. Total each column by water type.
4. Total the Total Received Column.

Part III - Water Received Pursuant to a Permitted or Enrolled Exchange Agreement

1. Record all water received as part of a Permitted or Enrolled Exchange Agreement. Enter the Exchange Number for each exchange.
2. Enter the measurement method (metered / estimated).
3. Enter the quantity, type, and year given for water received for which this water is payback.
4. Enter the quantity of each type of water received from each Exchange Number listed.
5. Enter the total water received from each Exchange Number listed in the Total Received column.
6. Total each column and enter the sum under Part III Total Acre-Feet Received.
7. Add the totals of Part I, Part II, and Part III and enter the sum in the box labeled "Sch. E Part A Total Acre-Feet of Water Received or Diverted from Other Sources (Part I + Part II + Part III). Enter this total on the Summary Page Part III.

Municipal Providers that had water delivered directly to storage / recharge facilities, continue to Part B.

SCHEDULE A

ARIZONA DEPARTMENT OF WATER RESOURCES

INSTRUCTIONS - REPORT OF PUMPING

Note: If any information pre-printed on this form is incorrect, please make the necessary corrections.
For information not already pre-printed on this form, please follow the directions below.

1. Enter owner or operator name and groundwater right, permit, or BMP Farm Unit number, if not already shown, in .
 2. Enter DWR well registration number and location of each well, if not already shown, in .
 3. Providers with a Designation of Assured Water Supply are required to enter Depth to Static Water Level for each well in . Enter the date of the test(s) and indicate whether or not the well pump was running during the test(s) in the appropriate spaces.
- * Steps 4-11: Please refer to calculation on well worksheets. All measurements must be in acre-feet.**
4. Enter total groundwater withdrawn from each well in . **Include water that was subsequently delivered to another right or given pursuant to an exchange agreement.**
 5. Enter the total volume of Central Arizona Project water recovered from each well in . Wells must be permitted as recovery wells and providers must have CAP storage credits available to recover CAP water.
 6. Enter the total volume of surface water recovered from each well in . Wells must be permitted as recovery wells and providers must have surface water storage credits available to recover surface water.
 7. Enter the total volume of effluent recovered from each well within the area of impact (within 1 mile of the storage facility) in . Wells must be permitted as recovery wells and providers must have effluent storage credits available to recover effluent.
 8. Enter the total volume of effluent recovered from each well outside the area of impact (within 1 mile of the storage facility) in . Wells must be permitted as recovery wells and providers must have effluent storage credits available to recover effluent.
 9. Enter the grand total of water pumped in acre-feet for each well, in . This volume and the Well Worksheet volume must match.
 10. Sum column 4 and enter the grand total acre-feet of groundwater withdrawn in and in Part 1 of the Summary Page.
 11. Sum column 9 and enter the grand total acre-feet of water withdrawn in and in Part IV D. 1 of the Schedule AWS.

MEASURING DEVICE MALFUNCTION

Pursuant to A.A.C. R12-15-906, a measuring device that fails to perform for more than seventy-two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. Results of the two per year required flow-rate measurements must also be attached. A Measuring Device Malfunction Report is available on request.

Please contact the Annual Reports & Planning Section if you need assistance completing this form.

(602) 771-8585

**CRESCENT MANOR
1150 W. PRINCE ROAD
TUCSON, AZ 85705
520/887-4452
520/293-6869 (FAX)**

6/28/2011

Water Consultant Certified Operator

**Terri L. Cohogen , BS President #0P005758
13122 N. 21st Lane
Phoenix, AZ 85029
Phone #602/341-6990**

**Terri L. Cohogen sent the water samples to Lab
Legend Technical Services of Arizona, Inc.
Certified ID# AZ0004
Phone # 602/324-6103**

They tested for Bactie and all test came back with (0)



3901 N. Fairview Ave.
Tucson, AZ 85705-2699

SERVICE FROM 01/16/12 TO 02/14/12

BILLING DATE 2/22/2012 ACCT NO. 5500138-01

METER READING		CONSUMED	AMOUNT	CODE
PRESENT	8/4	0	56.75 WA	
PREVIOUS	8/4		4.81 TX	

Crescent Manor MHC LLC
1150 W Prince #B
Tucson, AZ 85705

*2/23/12
Water savings
(5430-00000)*

1150 W Prince #B 41.56

DELINQUENT AFTER 10th
OF THE MONTH

AMOUNT DUE	ACCOUNT NUMBER	BILL DATE
41.56	1150 W Prince #B	5500138-01
		2/22/2012



PLEASE RETURN
THIS STUB WITH
PAYMENT



For Official Use Only

BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Tucson Water must receive a correct Backflow Prevention Assembly Test Report by the compliance date. Failure to comply with all requirements will result in discontinuance of water service and a \$75.00 compliance fee.

Customer: Crescent Manor MHP (Cowell) Phone No.: _____
 Service Address: 1150 W. Prince Rd. Water Meter No.: _____
 BPA Mfg: Febco BPA Model: 625TA BPA Sz.: 2" BPA Serial No.: 036703

Name of person authorizing BPA test _____ Phone _____

TUCSON WATER	DC/RP Check Valve 1 Held @ <u>7.4</u> psid <input type="checkbox"/> Leaked	DC/ RP Check Valve Held @ _____ psid <input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight	Relief Valve Opened @ <u>2.3</u> psid <input type="checkbox"/> Did not open	PVB / SVB Air Inlet Opened @ _____ psid <input type="checkbox"/> Did not open Check Valve Held @ _____ psid <input type="checkbox"/> Leaked	Air Gap Size of Pipe Opening _____ Distance above flood rim _____
	Tester Comments _____				
BPA Replacement Information		Permit No. _____	BPA Serial No. _____	BPA Make _____	BPA Model _____

X [Signature] Tester's Signature 0300959 Tester ID# 4-14-11 Test Date 00/00/00 10050134 Equip. ID #

TUCSON WATER	DC/RP Check Valve 1 Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	DC/ RP Check Valve 2 Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Relief Valve Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	PVB / SVB Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
	<input type="checkbox"/> Disc <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Module <input type="checkbox"/>	<input type="checkbox"/> Disc <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Module <input type="checkbox"/>	<input type="checkbox"/> Disc <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Diaphragm <input type="checkbox"/> <input type="checkbox"/> Module <input type="checkbox"/>	<input type="checkbox"/> Disc <input type="checkbox"/> <input type="checkbox"/> Spring <input type="checkbox"/> <input type="checkbox"/> Guide <input type="checkbox"/> <input type="checkbox"/> Seat <input type="checkbox"/> <input type="checkbox"/> Diaphragm <input type="checkbox"/> <input type="checkbox"/> Module <input type="checkbox"/>

X _____ Repairer's Signature _____ Repair Date 00/00/00

DC/RP Check Valve 1 Held @ _____ psid	DC/ RP Check Valve 2 Held @ _____ psid <input type="checkbox"/> Closed Tight	Relief Valve Opened @ _____ psid	PVB / SVB Air Inlet Opened @ _____ psid Check Valve Held @ _____ psid
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X _____ Tester's Signature _____ Tester ID# _____ Test Date 00/00/00 _____ Equip. ID #

Mail Test Report to:
 Tucson Water
 Backflow Prevention Section
 P. O. Box 27210
 Tucson AZ 85726-7210

- Certified Backflow Tester Instructions**
- Obtain customer's permission to test BPA.
 - Verify BPA serial number and water meter number.
 - Both passing & failing test reports shall be submitted by mail or delivered in person to Tucson Water within 5 working days of testing.
 - Tucson Water must receive a correct test form by the compliance date (see #8).
 - A Tucson Water "Test Form Log" must accompany submitted test forms.
 - Faxed Test Reports will not be accepted.
 - All tests are subject to spot testing by Tucson Water.
 - Incomplete or incorrect test reports will be returned to the tester & to the customer. Returned test reports must be resubmitted by the compliance due date to prevent discontinuance of the customer's water service & a compliance fee.



3901 N. Fairview Ave.
Tucson, AZ 85705-2699

SERVICE FROM 01/16/12 TO 02/14/12
BILLING DATE 2/22/2012
ACCT NO 5500136-01
WATER HEADINGS
PRESEN # 111 PREVIOUS 572
CONSUMED AMOUNT 0
CODE

4.81 TX 1150 W Prince #A
Crescent Manor MHC LLC
Tucson, AZ 85705

2/23/12
Water Investigation #A
(5430-00000)

DELINQUENT AFTER 10th OF THE MONTH		AMOUNT DUE	1150 W Prince #A
41.56	AMOUNT DUE	ACCOUNT NUMBER	5500136-01
41.56	AMOUNT DUE	BILL DATE	2/22/2012

PLEASE RETURN THIS STUB WITH PAYMENT

Water/Wastewater Consultants, Inc.

Certified operators for any size facility

Terri L. Cohagen, BS

President/Certified operator



13122 N. 21st Lane
Phoenix, AZ 85029-1504
Email comorris@aol.com

Office (602) 341-6990
Fax (602) 368-5795
Cell (623) 640-1756

Crescent Manor

Certified operator

MWH Laboratories
Lab

4" pipes

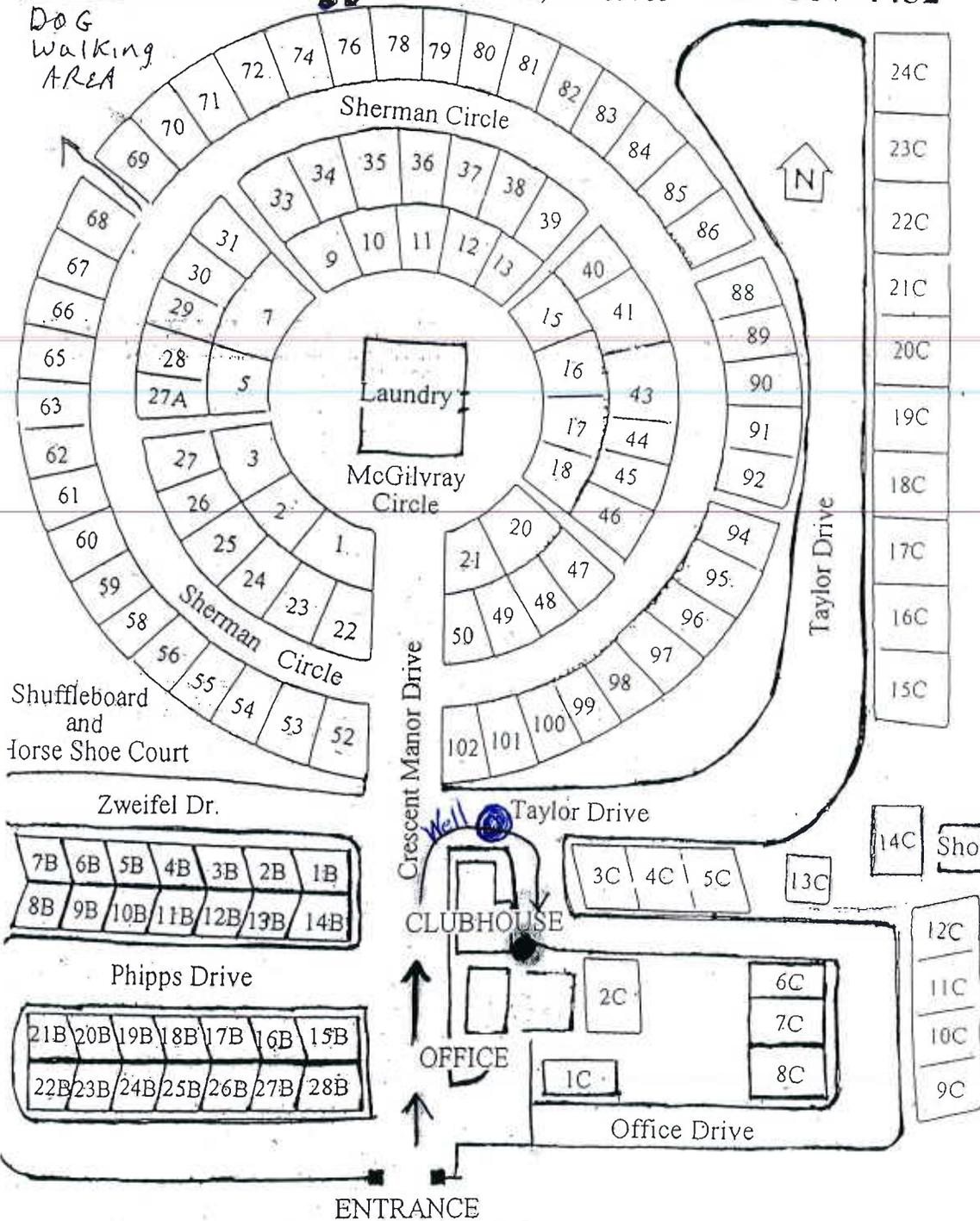
Flowing Wells Water #B

CRESCENT MANOR

1150 W. Prince Rd.
Tucson, AZ 85705

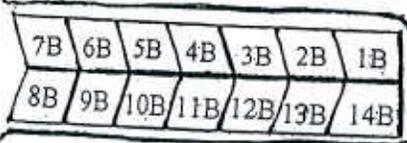
520-887-4452

DOG
Walking
AREA

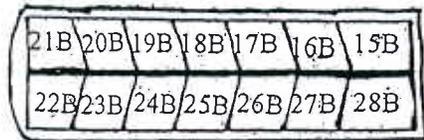


Shuffleboard
and
Horse Shoe Court

Zweifel Dr.



Phipps Drive



Crescent Manor Drive

Taylor Drive

CLUBHOUSE

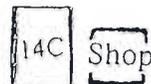
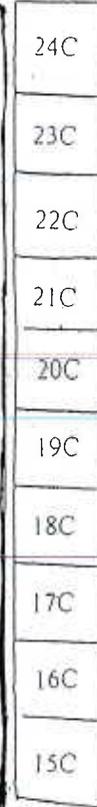
OFFICE

Office Drive

ENTRANCE



Taylor Drive



#A
Flowing Wells
Water

MAP 2011

Arizona Department of Environmental Quality
 Drinking Water Inorganic Chemical Analysis Report Form
 Entry Point To the Distribution System (EPDS) Only

PWS ID#: AZ0420026 PWS Name: Crescent Manor MHP

06/16/2011 0830 (24 hr Clock) Continental Community Utilities
 Sample Date Sample Time Owner/Contact Person

Owner/Contact Fax Number _____ (630) 645-8100
 Owner/Contact Phone Number _____

Sample Type
 Compliance Monitoring

Sample Collection Point
 EPDS# 001

EPDS001 _____
 Sampling Site ID _____

For MCL or Composite Level Exceedance _____ Original Violation Specimen Number Sample Type <input type="checkbox"/> Confirmation <input type="checkbox"/> Confirmation - Composite
--

INORGANIC CHEMICAL ANALYSIS

>>>To be completed by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name Method	Cont. Code	Analysis Run Date	Results	Exceeds MCL	Exceeds Reporting Limit
<u>200.8</u>	<u>0.010</u>	<u>0.010</u>	<u>Arsenic</u>	<u>1005</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>2</u>	<u>2</u>	<u>Barium</u>	<u>1010</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.005</u>	<u>0.005</u>	<u>Cadmium</u>	<u>1015</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	<u>Chromium</u>	<u>1020</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>4500F-C</u>	<u>4</u>	<u>4</u>	<u>Fluoride</u>	<u>1025</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>245.1</u>	<u>0.002</u>	<u>0.002</u>	<u>Mercury</u>	<u>1035</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>300.0</u>	<u>10</u>	<u>5</u>	<u>Nitrate (as N)</u>	<u>1040</u>	<u>06/17/2011</u>	<u>2.4</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>300.0</u>	<u>1</u>	<u>0.5</u>	<u>Nitrite</u>	<u>1041</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.05</u>	<u>0.05</u>	<u>Selenium</u>	<u>1045</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.006</u>	<u>0.006</u>	<u>Antimony</u>	<u>1074</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.004</u>	<u>0.004</u>	<u>Beryllium</u>	<u>1075</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>4500CN-F</u>	<u>0.2</u>	<u>0.2</u>	<u>Cyanide</u>	<u>1024</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.1</u>	<u>0.1</u>	<u>Nickel*</u>	<u>1036</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.8</u>	<u>0.002</u>	<u>0.002</u>	<u>Thallium</u>	<u>1085</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>200.7</u>	<u>No MCL</u>	_____	<u>Sodium*</u>	<u>1052</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Information

>>>To be completed by laboratory personnel<<<

Lab ID Number: AZ0455
 Specimen Number: 201106170189I
 Name: MWH Laboratories
 Printed Name and Phone Number of Lab Contact: Thomas D. French (480) 778 1558
 Authorized Signature: _____
 Date Public Water System Notified: 6/21/2011
 Comments: _____

MAP-2011 Sampler: Valentine, Carl
 All units must be reported in milligrams per liter (mg/L)
 *Unregulated Contaminants
 DWAR 2IN: Revised 8/2009



MWH
LABORATORIES

MAP 2011

Acknowledgement of Samples Received

Crescent Manor MHP
2015 Spring Road
Suite 600
Oakbrook, IL 60523
Attn: Continental Community Utilities
Phone: (630) 645-8100

Customer Code: MAP
Folder #: 368052
Project: AZ0420026
Sample Group: Annual 2011
Project Manager: Thomas.D.French
Phone: (480) 778-1558
Sampler: Valentine, Carl

The following samples were received from you on **June 17, 2011**. They have been scheduled for the tests listed below each sample. If this information is incorrect, please contact your service representative. Thank you for using MWH Laboratories.

Sample #	Sample ID	Sample Date
<u>201106170189</u>	EPDS001 PWSID: AZ0420026 Well ID: 001	Jun 16, 2011 08:30

Nitrate as Nitrogen by IC Sampling Event

Test Description