



**ARIZONA DEPARTMENT  
OF  
ENVIRONMENTAL QUALITY**



**AZPDES SMALL MS4 - WET SEASON DMR**

**LTF #: 92119**

**Report/Form ID #: 93186**

**Date Submitted: 09/18/2023**

**Phoenix Office**

1110 W.Washington Street . Phoenix, AZ 85007  
(602)771-2300

**Southern Regional Office**

400 W.Congress Street . Suite 433 . Tucson, AZ 85701  
(520)628-6733

[www.azdeq.gov](http://www.azdeq.gov)

## AZPDES SMALL MS4 WET SEASON DMR - SUMMARY

### Company:

**Name:** CITY OF COTTONWOOD - STORMWATER

### Question: What is the sample date and lab result received date?

Answer:

**Sample Date:** 09/13/2023

**Lab Result Received Date:** 09/15/2023

**Wet Season:** Summer Wet 2023

### Question: Identify all your outfalls for this DMR.

Answer:

Outfall Name/Number	Protected Surface Water Name	Latitude	Longitude
DMW-1	Verde River	34.74544	-112.026314
OW-1	Verde River	34.7176	-112.007336
RRW-1	Verde River	34.746775	-112.013856
SSG-1	Verde River	34.72598	-112.02293

### Question: Do you need to provide a No Data Indicator (NODI) code for this report at the outfall level?

Answer: No

NODI	Outfall Name/Number

### Question: How many samples for mandatory parameters have been taken for each outfall?

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Answer:

Outfall Name/Number	Parameter	Number of Samples
DMW-1	DISSOLVED OXYGEN	1
DMW-1	E COLI COLONY (CFU)	1
OW-1	DISSOLVED OXYGEN	1
OW-1	E COLI COLONY (CFU)	1
RRW-1	DISSOLVED OXYGEN	1
RRW-1	E COLI COLONY (CFU)	1
SSG-1	DISSOLVED OXYGEN	1
SSG-1	E COLI COLONY (CFU)	1

**Question: Did you take samples for any additional parameters that need to be included in the DMR?**

Answer: No

**Question: Upload completed Excel spreadsheet.**

Answer:

**File Name:** wet\_dmr\_92119\_93186.xlsx

**Question: Your DMR has been checked for potential deficiencies.**

Answer: Potential Deficiencies Detected

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## **CERTIFICATION OF SUBMISSION**

**JAMES R BRAMBLE**

You validated your identity by answering your personal security question and password on myDEQ at **11:07 AM** on **09/18/2023**. At this time, you certified the summary information above by checking that you agreed to the following statement:

**Certify your submission:**

By checking this box I certify under penalty of law that this submittal was prepared by me, or under my direction or supervision of personnel appropriately qualified to properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that all information submitted to ADEQ is public record unless otherwise identified by law as confidential. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

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## **Wet Season DMR Results Report**

**Company Name:** City Of Cottonwood - Stormwater

**LTF#:** 92119

**Permit Type:** AZPDES Small MS4

**Wet Season:** Summer Wet 2023

**Reporting Period:** 06/01/2023 to 10/31/2023

**Submitted Date:** 09/18/2023

**Due Date:** 11/30/2023

OUTFALL NAME	OUTFALL LATITUDE	OUTFALL LONGITUDE	PARAMETER	SWQS	UNITS	RESULTS							NODI
						SAMPLE DATE	LAB RESULT RECEIVE DATE	SAMPLE VALUE	UNITS	HARDNESS(MG/L)	pH(SU)	TEMPERATURE(C)	
DMW-1	34.74544	-112.026314	DISSOLVED OXYGEN	6	MG/L	09/13/2023	09/15/2023		MG/L				9G
DMW-1	34.74544	-112.026314	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	7701	CFU				
RRW-1	34.746775	-112.013856	DISSOLVED OXYGEN	6	MG/L	09/13/2023	09/15/2023		MG/L				9G
RRW-1	34.746775	-112.013856	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	6131	CFU				
SSG-1	34.72598	-112.02293	DISSOLVED OXYGEN	6	MG/L	09/13/2023	09/15/2023		MG/L				9G
SSG-1	34.72598	-112.02293	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	5475	CFU				
OW-1	34.7176	-112.007336	DISSOLVED OXYGEN	6	MG/L	09/13/2023	09/15/2023		MG/L				9G
OW-1	34.7176	-112.007336	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	2247	CFU				



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## Wet Season DMR Potential Deficiencies Report

**Company Name:** City Of Cottonwood - Stormwater

**LTF#:** 92119

**Permit Type:** AZPDES Small MS4

**Wet Season:** Summer Wet 2023

**Reporting Period:** 06/01/2023 to 10/31/2023

**Submitted Date:** 09/18/2023

**Due Date:** 11/30/2023

OUTFALL NAME	OUTFALL LATITUDE	OUTFALL LONGITUDE	PARAMETER	SWQS	UNITS	RESULTS						NODI	FLAG REASON	
						SAMPLE DATE	LAB RESULT RECEIVE DATE	SAMPLE VALUE	UNITS	HARDNESS(MG/L)	pH(SU)	TEMPERATURE(C)		
DMW-1	34.74544	-112.026314	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	7701	CFU					Warning, past SWQS Limit
OW-1	34.7176	-112.007336	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	2247	CFU					Warning, past SWQS Limit
RRW-1	34.746775	-112.013856	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	6131	CFU					Warning, past SWQS Limit
SSG-1	34.72598	-112.02293	E COLI COLONY (CFU)	235	CFU	09/13/2023	09/15/2023	5475	CFU					Warning, past SWQS Limit

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