

Phone: (207) 622-3701

## GREATER AUGUSTA UTILITY DISTRICT

Fax: (207) 622-4539

12 Williams Street  
Augusta, ME 04330-5225  
[www.augustawater.org](http://www.augustawater.org)

BRIAN TARBUCK  
General Manager

TRUSTEES:  
KENNETH R. KNIGHT, Chair  
DAVID P. SMITH, Vice Chair  
STEPHEN J. ROBERGE, Clerk  
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JOHN CHAREST  
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JIM SIMPSON  
THOMAS A. SOTIR

February 10, 2011

Scott Whitney  
State of Maine, Drinking Water Program  
11 State House Station  
Augusta, ME 04333-0011

Dear Mr. Whitney:

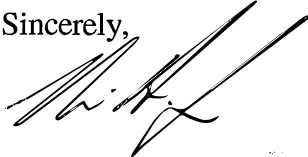
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of January, 2011. You should find the following documents:

1. Fluoridation Report;
2. Total Coliform Monitoring Report;
3. South Well, Brookside Well and Triangle Well pumpage report; and
4. Triangle Station Monthly Operating Report.

These reports are also available here: <http://www.augustawater.org/reports.html>

If you have any questions, please contact me at 622-3701.

Sincerely,



Brian Tarbuck, PE

<b>Monthly Fluoride Report</b>		<b>System Information</b>			
<b>System Type - Fluoride Systems</b>		Treatment plant/pump station	Triangle Station		
System Name:	Greater Augusta Utility District	Fluoride Chemical Used:	Sodium Fluoride		
PWSID#:	90080	Notes: See notes below for specific operating conditions.			
Reporting period:	January - 11				
Signature: _____		Date: 2/10/2011			
		<b>Date</b>	<b>GAUD mg/L</b>	<b>Location</b>	<b>HETL mg/l</b>
		1/18/2011 11:35	0.69	Triangle Station	0.70

**Fluoride**

Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.60	98.07	0.00	1.10
2	1.65	101.12	0.00	1.10
3	1.78	97.99	0.00	0.99
4	1.80	100.20	0.00	1.00
5	1.84	103.14	0.00	1.01
6	1.77	93.02	0.00	0.95
7	1.77	99.95	0.00	1.02
8	1.67	94.96	0.00	1.02
9	1.52	87.90	0.00	1.04
10	1.74	87.90	0.00	0.91
11	1.81	86.05	0.59	0.86
12	1.60	68.87	0.99	0.77
13	1.81	77.90	0.89	0.77
14	1.58	64.77	0.82	0.74
15	1.58	68.68	0.85	0.78
16	1.57	69.65	0.99	0.80
17	1.52	72.82	1.04	0.86
18	1.75	76.82	0.96	0.79
19	1.57	62.60	0.88	0.72
20	1.78	80.87	0.86	0.82
21	1.69	75.83	0.96	0.81
22	1.75	77.89	1.03	0.80
23	1.60	66.75	0.95	0.75
24	1.50	51.61	0.97	0.62
25	1.66	66.64	0.91	0.72
26	1.83	67.72	1.02	0.67
27	1.88	70.70	0.99	0.68
28	1.80	68.75	0.98	0.69
29	1.98	73.89	0.91	0.67
30	1.68	65.61	0.97	0.70
31	2.21	80.81	0.97	0.66
<b>Avg</b>	<b>1.72</b>	<b>79.34</b>	<b>0.63</b>	<b>0.83</b>
<b>Min</b>	<b>1.50</b>	<b>51.61</b>	<b>0.00</b>	<b>0.62</b>
<b>Max</b>	<b>2.21</b>	<b>103.14</b>	<b>1.04</b>	<b>1.10</b>
<b>Total</b>	<b>53.29</b>	<b>2,459.48</b>		

Analyzer failed; replacement ordered.

New analyzer installed this date

**General Note:**  
ATI analyzer is still being tweaked. Lab comparisons showing consistent 0.7 range which is backed up by theoretical measurements.

**Bacteriological Report Form**  
**Utility: Greater Augusta Utility District, PWSID 90080**  
**Greater Augusta Utility District Laboratory, ME012**

I hereby certify that this report is true and correct and that the bacterial analyses reported herein were performed in accordance with the Standard Methods for Water Analysis.

*June Mooney*  
 June Mooney, Water Quality Specialist

Number of samples required	15
Number of samples taken for compliance	24
Number of quality control samples	1
Number of positive samples	0

Samp. #	Location	Sam. Type	Collected by	Collection date & time	Free Cl <sub>2</sub>	Total Cl <sub>2</sub>	Fluoride (mg/l)	Set up by:	Date & time	Coliform Present/Absent	Method MF/COLILERT	Lauryl Tryptose			EC 44.5c	HPC 48 hrs
												24 hr	48 hr	bril. green		
1	12 WILLIAMS ST.	DIS	MOONEY	1-5-11/11:15	1.07	1.08	1.00	MOONEY	1-6-11/7:30	A	COLILERT					
2	WILLOW ST. STA.	DIS	MOONEY	1-5-11/11:40	0.99	0.99	1.07	MOONEY	1-6-11/7:30	A	COLILERT					
3	WESTERN STA.	DIS	MOONEY	1-5-11/1:00	0.97	0.99	1.11	MOONEY	1-6-11/7:30	A	COLILERT					
4	WELLHOUSE	DIS	MOONEY	1-5-11/1:25	1.05	1.04	1.04	MOONEY	1-6-11/7:30	A	COLILERT					
5	NORTHWEST STA.	DIS	MOONEY	1-5-11/1:50	1.11	1.11	1.12	MOONEY	1-6-11/7:30	A	COLILERT					
6	HOSPITAL ST. STA.	DIS	MOONEY	1-5-11/2:15	0.96	0.98	1.04	MOONEY	1-6-11/7:30	A	COLILERT					
7	WESTERN STA.	DIS	MOONEY	1-11-11/10:30	0.79	0.81	1.07	MOONEY	1-11-11/2:30	A	COLILERT					
8	WELLHOUSE	DIS	MOONEY	1-11-11/10:50	1.24	1.23	1.10	MOONEY	1-11-11/2:30	A	COLILERT					
9	NORTHWEST STA.	DIS	MOONEY	1-11-11/11:10	1.19	1.18	1.12	MOONEY	1-11-11/2:30	A	COLILERT					
10	12 WILLIAMS ST.	DIS	MOONEY	1-11-11/11:35	1.11	1.13	1.06	MOONEY	1-11-11/2:30	A	COLILERT					
11	HOSPITAL ST. STA.	DIS	MOONEY	1-11-11/12:00	0.89	0.91	1.05	MOONEY	1-11-11/2:30	A	COLILERT					
12	TOGUS STA.	DIS	MOONEY	1-11-11/12:35	0.79	0.78	1.05	MOONEY	1-11-11/2:30	A	COLILERT					
13	QUALITY INN	DIS	MOONEY	1-11-11/1:20	0.67	0.68	1.02	MOONEY	1-11-11/2:30	A	COLILERT					
14	WESTERN STA.	DIS	MOONEY	1-18-11/11:15	0.82	0.83	0.95	MOONEY	1-18-11/2:30	A	COLILERT					
15	WELLHOUSE	DIS	MOONEY	1-18-11/11:35	1.40	1.39	0.69	MOONEY	1-18-11/2:30	A	COLILERT					
16	12 WILLIAMS ST.	DIS	MOONEY	1-18-11/12:10	1.31	1.31	0.81	MOONEY	1-18-11/2:30	A	COLILERT					
17	HOSPITAL ST. STA.	DIS	MOONEY	1-18-11/12:45	1.07	1.08	0.90	MOONEY	1-18-11/2:30	A	COLILERT					
18	NORTHWEST STA.	DIS	MOONEY	1-20-11/1:40	1.25	1.23	0.75	MOONEY	1-20-11/2:40	A	COLILERT					
19	WESTERN STA.	DIS	MOONEY	1-25-11/10:15	0.82	0.82	0.87	MOONEY	1-25-11/2:00	A	COLILERT					
20	MANCHESTER TOWN OFFICE	DIS	MOONEY	1-25-11/10:40	0.52	0.54	0.88	MOONEY	1-25-11/2:00	A	COLILERT					
21	WELLHOUSE	DIS	MOONEY	1-25-11/11:10	1.26	1.24	0.65	MOONEY	1-25-11/2:00	A	COLILERT					
22	NORTHWEST STA.	DIS	MOONEY	1-25-11/11:30	1.22	1.24	0.66	MOONEY	1-25-11/2:00	A	COLILERT					
23	12 WILLIAMS ST.	DIS	MOONEY	1-25-11/12:00	1.19	1.17	0.71	MOONEY	1-25-11/2:00	A	COLILERT					
24	HOSPITAL ST. STA.	DIS	MOONEY	1-26-11/11:40	1.05	1.05	0.76	MOONEY	1-26-11/1:30	A	COLILERT					
*	LAB DISTILLED WATER	QC	MOONEY	1-24-11/10:45	0.00	0.01		MOONEY	1-24-11/11:45					COND.=1.55	µs/cm	0:4ml

Monthly Well Production Report		System Information	
<b>System Type - All GW systems</b>		Treatment plant/pump station: <b>All wells</b>	
System Name:	<b>Greater Augusta Utility District</b>	Select one	
PWSID#:	<b>90080</b>	Community System	<input checked="" type="checkbox"/>
Designated operator name and ME License #:	<b>Brian Tarbuck 2026</b>	Non-transient Non-community	<input type="checkbox"/>
e-mail address:	<b>btarbuck@augustawater.org</b>	Transient Non-Community	<input type="checkbox"/>
Reporting period (month and year):	<b>January - 11</b>	List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):	
Signature: _____	Date: <b>2/10/2011</b>	List any operation problems or comments:	
		This sheet reports production from all three wells at Augusta Water District. This is a supplemental report to the MOR.	

Daily water production (MG)				
Date	Triangle Well	South Well	Brookside Well	Sum
1	0.87	0.59	0.14	1.60
2	0.87	0.60	0.18	1.65
3	0.70	0.59	0.49	1.78
4	0.61	0.40	0.79	1.80
5	0.61	0.45	0.78	1.84
6	0.50	0.50	0.77	1.77
7	0.59	0.39	0.79	1.77
8	0.46	0.43	0.78	1.67
9	0.41	0.29	0.82	1.52
10	0.45	0.68	0.61	1.74
11	0.35	1.04	0.42	1.81
12	0.14	1.04	0.42	1.60
13	0.35	1.02	0.44	1.81
14	0.18	1.05	0.35	1.58
15	0.15	1.04	0.39	1.58
16	0.23	0.62	0.72	1.57
17	0.69	0.00	0.83	1.52
18	0.86	0.10	0.79	1.75
19	0.35	0.39	0.83	1.57
20	0.18	1.03	0.57	1.78
21	0.20	1.04	0.45	1.69
22	0.33	1.02	0.40	1.75
23	0.21	1.05	0.34	1.60
24	0.56	0.46	0.48	1.50
25	0.87	0.25	0.54	1.66
26	0.84	0.22	0.77	1.83
27	0.83	0.56	0.49	1.88
28	0.84	0.44	0.52	1.80
29	0.83	0.58	0.57	1.98
30	0.86	0.29	0.53	1.68
31	0.81	0.67	0.73	2.21
<b>Sum</b>	<b>16.73</b>	<b>18.83</b>	<b>17.73</b>	<b>53.29</b>

**Monthly Operating Report**  
**System Type - All GW systems**

**System Information**

Treatment plant/pump station: **Triangle Station**

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

List any new or changed system information (facilities, treatments, sources, operators, address, tele, ect.):

List any operational problems or comments:

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Designated operator name and ME License #: **Brian Tarbuck**

ME License #: **2026**

e-mail address: **btarbuck@augustawater.org**

Reporting period (month and year): **January - 11**

Signature: \_\_\_\_\_ Date: **2/10/2011**

**Daily water production**

From table below:

List units: (i.e. lbs, gal)

Date	Gallons (MGD)	Peak hourly flow	pH	Dis. log inactivation
1	1.60	n/a	7.75	n/a
2	1.65	n/a	7.75	n/a
3	1.78	n/a	7.77	n/a
4	1.80	n/a	7.73	n/a
5	1.84	n/a	7.73	n/a
6	1.77	n/a	7.73	n/a
7	1.77	n/a	7.72	n/a
8	1.67	n/a	7.72	n/a
9	1.52	n/a	7.73	n/a
10	1.74	n/a	7.76	n/a
11	1.81	n/a	7.77	n/a
12	1.60	n/a	7.77	n/a
13	1.81	n/a	7.77	n/a
14	1.58	n/a	7.78	n/a
15	1.58	n/a	7.77	n/a
16	1.57	n/a	7.76	n/a
17	1.52	n/a	7.73	n/a
18	1.75	n/a	7.71	n/a
19	1.57	n/a	7.72	n/a
20	1.78	n/a	7.76	n/a
21	1.69	n/a	7.76	n/a
22	1.75	n/a	7.77	n/a
23	1.60	n/a	7.77	n/a
24	1.50	n/a	7.77	n/a
25	1.66	n/a	7.73	n/a
26	1.83	n/a	7.72	n/a
27	1.88	n/a	7.73	n/a
28	1.80	n/a	7.73	n/a
29	1.98	n/a	7.73	n/a
30	1.68	n/a	7.73	n/a
31	2.21	n/a	7.73	n/a
Summary	<b>53.29</b>		<b>7.75</b>	
	(total)	(avg.)	(avg.)	(min.)

**Chemical usage**

Free chlorine residual

Calc	Hypo	NaF	4	5	6	Free chlorine residual
gal	gal	lbs				mg/L
16	1	0				1.03
17	1	0				1.03
18	0	0				0.95
20	1	50				0.99
20	2	0				0.98
19	2	150				0.97
19	2	0				0.99
17	1	0				0.99
18	1	0				0.99
16	0	100				0.98
19	2	0				1.07
16	2	0				1.09
8	1	0				1.11
19	0	50				1.27
17	2	0				1.37
16	1	0				1.33
19	1	0				1.39
19	1	0				1.37
19	0	100				1.29
18	1	0				1.28
20	2	0				1.27
18	1	0				1.26
20	1	0				1.24
17	2	100				1.18
17	5	0				1.25
19	1	100				1.25
20	0	0				1.23
21	0	0				1.31
21	2	0				1.34
22	1	0				1.34
19	2	50				1.34
Summary	<b>566.30</b>	<b>37.07</b>	<b>700.00</b>			<b>0.95</b>
	(total)	(total)	(total)	(total)	(total)	(min.)

**Chemicals Used**

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calcquest 75 / 25	calcium sequestration / Pb / Cu control	75% polyphosphate
2	Sodium hypochlorite	primary and secondary disinfection	12.50%
3	Sodium fluoride	fluoridation	
4			
5			
6			
<b>Disinfectant</b>			

**Summary of Total Coliform Bacteria Rule - please continue to submit complete results**

Number of routine samples taken:	24	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.03

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## GREATER AUGUSTA UTILITY DISTRICT

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March 10, 2011

Scott Whitney  
State of Maine, Drinking Water Program  
11 State House Station  
Augusta, ME 04333-0011

Dear Mr. Whitney:

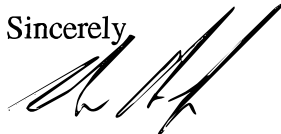
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of February, 2011. You should find the following documents:

1. Fluoridation Report;
2. Total Coliform Monitoring Report;
3. South Well, Brookside Well and Triangle Well pumpage report; and
4. Triangle Station Monthly Operating Report.

These reports are also available here: <http://www.augustawater.org/reports.html>

If you have any questions, please contact me at 622-3701.

Sincerely,



Brian Tarbuck, PE


**Monthly Fluoride Report**  
**System Type - Fluoride Systems**

**System Information**

System Name:	Greater Augusta Utility District
PWSID#:	90080
Reporting period:	February - 11

Treatment plant/pump station:	Triangle Station
Fluoride Chemical Used:	Sodium Fluoride

**Notes:** See notes below for specific operating conditions.

Signature:  Date: 3/10/2011

Date	GAUD mg/L	Location	HETL mg/l
2/22/2011 11:00	0.71	Triangle Station	0.60

**Fluoride**

Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.98	74.79	0.78	0.68
2	1.81	65.71	0.82	0.65
3	2.14	80.80	0.99	0.68
4	2.00	69.67	0.99	0.63
5	1.87	68.83	1.16	0.66
6	1.61	59.64	1.27	0.67
7	1.80	65.64	1.10	0.66
8	1.73	60.64	1.00	0.63
9	1.85	68.69	1.06	0.67
10	1.67	60.70	1.02	0.66
11	1.80	62.72	1.10	0.63
12	1.60	59.68	0.87	0.67
13	1.63	62.68	0.85	0.69
14	1.86	69.72	1.38	0.67
15	1.71	64.60	1.11	0.68
16	1.50	54.55	0.82	0.65
17	1.97	72.75	0.86	0.66
18	1.62	57.52	0.73	0.64
19	1.91	70.08	0.93	0.66
20	1.39	51.59	0.86	0.67
21	1.67	62.58	0.87	0.67
22	1.82	66.71	0.87	0.66
23	1.53	60.62	0.85	0.71
24	1.71	65.59	0.93	0.69
25	1.34	52.59	0.92	0.71
26	1.51	61.63	0.91	0.73
27	1.47	60.76	0.90	0.74
28	1.53	57.57	0.87	0.68
<b>Avg</b>	<b>1.72</b>	<b>63.89</b>	<b>0.96</b>	<b>0.67</b>
<b>Min</b>	<b>1.34</b>	<b>51.59</b>	<b>0.73</b>	<b>0.63</b>
<b>Max</b>	<b>2.14</b>	<b>80.80</b>	<b>1.38</b>	<b>0.74</b>
<b>Total</b>	<b>48.06</b>	<b>1,789.04</b>		

**General Note:**

ATI analyzer is still being tweaked. Lab comparisons showing consistent 0.7 range which is backed up by theoretical measurements.

**Bacteriological Report Form**

Utility: Greater Augusta Utility District, PWSID 90080  
 Greater Augusta Utility District Laboratory, ME00012

I hereby certify that this report is true and correct and that the bacterial analyses reported herein were performed in accordance with the Standard Methods for Water Analysis.

*June Mooney*  
 June Mooney, Water Quality Specialist

Number of samples required	15
Number of samples taken for compliance	25
Number of quality control samples	1
Number of positive samples	0

Samp. #	Location	Sam. Type	Collected by	Collection date & time	Free Cl <sub>2</sub>	Total Cl <sub>2</sub>	Fluoride (mg/l)	Set up by:	Date & time	Coliform Present/Absent	Method MF/COLILERT	Lauryl Tryptose			EC 44.5c	HPC 48 hrs
												24 hr	48 hr	bril. green		
1	HOSPITAL ST. STA.	DIS	MOONEY	2-1-11/10:05	1.02	1.04	0.71	MOONEY	2-1-11/2:30	A	COLILERT					
2	12 WILLIAMS ST.	DIS	MOONEY	2-1-11/10:25	0.92	0.94	0.75	MOONEY	2-1-11/2:30	A	COLILERT					
3	WILLOW ST. STA.	DIS	MOONEY	2-1-11/10:55	1.05	1.08	0.67	MOONEY	2-1-11/2:30	A	COLILERT					
4	NORTHWEST STA.	DIS	MOONEY	2-1-11/11:15	1.22	1.23	0.66	MOONEY	2-1-11/2:30	A	COLILERT					
5	WELLHOUSE	DIS	MOONEY	2-1-11/11:30	1.35	1.34	0.73	MOONEY	2-1-11/2:30	A	COLILERT					
6	WESTERN STA.	DIS	MOONEY	2-1-11/12:00	1.02	1.00	0.71	MOONEY	2-1-11/2:30	A	COLILERT					
7	GREYBIRCH	DIS	MOONEY	2-1-11/1:30	0.75	0.72	0.80	MOONEY	2-1-11/2:30	A	COLILERT					
8	WESTERN STA.	DIS	MOONEY	2-10-11/9:50	0.88	0.89	0.74	MOONEY	2-10-11/2:15	A	COLILERT					
9	WELLHOUSE	DIS	MOONEY	2-10-11/10:20	1.26	1.25	0.62	MOONEY	2-10-11/2:15	A	COLILERT					
10	NORTHWEST STA.	DIS	MOONEY	2-10-11/10:40	1.22	1.21	0.61	MOONEY	2-10-11/2:15	A	COLILERT					
11	12 WILLIAMS ST.	DIS	MOONEY	2-10-11/11:10	1.16	1.17	0.62	MOONEY	2-10-11/2:15	A	COLILERT					
12	HOSPITAL ST. STA.	DIS	MOONEY	2-10-11/11:35	1.04	1.04	0.67	MOONEY	2-10-11/2:15	A	COLILERT					
13	QUALITY INN	DIS	MOONEY	2-10-11/12:20	0.86	0.87	0.71	MOONEY	2-10-11/2:15	A	COLILERT					
14	WESTERN STA.	DIS	MOONEY	2-15-11/11:30	0.99	1.00	0.77	MOONEY	2-15-11/2:45	A	COLILERT					
15	WELLHOUSE	DIS	MOONEY	2-15-11/11:50	1.33	1.31	0.74	MOONEY	2-15-11/2:45	A	COLILERT					
16	NORTHWEST STA.	DIS	MOONEY	2-15-11/12:10	1.26	1.26	0.74	MOONEY	2-15-11/2:45	A	COLILERT					
17	12 WILLIAMS ST.	DIS	MOONEY	2-15-11/12:30	1.16	1.17	0.75	MOONEY	2-15-11/2:45	A	COLILERT					
18	HOSPITAL ST. STA.	DIS	MOONEY	2-15-11/1:00	0.99	1.01	0.75	MOONEY	2-15-11/2:45	A	COLILERT					
19	K.V. CREDIT UNION	DIS	MOONEY	2-15-11/1:30	0.94	0.94	0.71	MOONEY	2-15-11/2:45	A	COLILERT					
20	WESTERN STA.	DIS	MOONEY	2-22-11/10:40	0.92	0.92	0.70	MOONEY	2-22-11/2:30	A	COLILERT					
21	WELLHOUSE	DIS	MOONEY	2-22-11/11:00	1.18	1.17	0.71	MOONEY	2-22-11/2:30	A	COLILERT					
22	NORTHWEST STA.	DIS	MOONEY	2-22-11/11:20	1.08	1.09	0.66	MOONEY	2-22-11/2:30	A	COLILERT					
23	12 WILLIAMS ST.	DIS	MOONEY	2-22-11/12:00	1.15	1.15	0.68	MOONEY	2-22-11/2:30	A	COLILERT					
24	HOSPITAL ST. STA.	DIS	MOONEY	2-22-11/12:30	1.02	1.02	0.70	MOONEY	2-22-11/2:30	A	COLILERT					
25	MANCHESTER TOWN OFFICE	DIS	MOONEY	2-22-11/1:00	0.52	0.52	0.76	MOONEY	2-22-11/2:30	A	COLILERT					
*	LAB DISTILLED WATER	QC	MOONEY	2-23-11/7:45	0.01	0.01		MOONEY	2-23-11/12:00					COND.=1.24 us/cm		0:4ml

**Monthly Operating Report**  
**System Type - All GW systems**

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Designated operator name and ME License #: **Brian Tarbuck**  
**2026**

e-mail address: **btarbuck@augustawater.org**

Reporting period (month and year): **February - 11**

Signature:  Date: **3/10/2011**

**System Information**

Treatment plant/pump station: **Triangle Station**

Select one  
 Community System →   
 Non-transient Non-community →   
 Transient Non-Community →

List any new or changed system information (facilities, treatments, sources, operators, address, tele, ect.):

List any operational problems or comments:

**Daily water production**

Date	Gallons (MGD)	Peak hourly flow	pH	Dis. log inactivation
1	1.98	n/a	7.73	n/a
2	1.81	n/a	7.73	n/a
3	2.14	n/a	7.73	n/a
4	2.00	n/a	7.73	n/a
5	1.87	n/a	7.73	n/a
6	1.61	n/a	7.73	n/a
7	1.80	n/a	7.73	n/a
8	1.73	n/a	7.77	n/a
9	1.85	n/a	7.77	n/a
10	1.67	n/a	7.78	n/a
11	1.80	n/a	7.77	n/a
12	1.60	n/a	7.78	n/a
13	1.63	n/a	7.77	n/a
14	1.86	n/a	7.77	n/a
15	1.71	n/a	7.74	n/a
16	1.50	n/a	7.73	n/a
17	1.97	n/a	7.73	n/a
18	1.62	n/a	7.72	n/a
19	1.91	n/a	7.72	n/a
20	1.39	n/a	7.70	n/a
21	1.67	n/a	7.72	n/a
22	1.82	n/a	7.71	n/a
23	1.53	n/a	7.72	n/a
24	1.71	n/a	7.72	n/a
25	1.34	n/a	7.72	n/a
26	1.51	n/a	7.71	n/a
27	1.47	n/a	7.71	n/a
28	1.53	n/a	7.73	n/a
Summary	<b>48.06</b>		<b>7.74</b>	
	(total)	(avg.)	(avg.)	(min.)

From table below:  
 List units: (i.e. lbs, gal)

**Chemical usage**

Calc	Hypo	NaF	4	5	6	Free chlorine residual
gal	gal	lbs				mg/L
2	25	0				1.03
1	23	50				1.03
1	19	0				0.95
1	24	100				0.99
1	22	0				0.98
1	19	0				0.97
1	17	0				0.99
1	19	100				0.99
3	16	0				0.99
2	10	0				0.98
0	18	50				1.07
1	19	0				1.09
0	17	0				1.11
-5	15	0				1.27
8	21	0				1.37
-6	20	50				1.33
0	13	0				1.39
1	22	50				1.37
1	17	0				1.29
1	21	0				1.28
8	17	0				1.27
1	18	0				1.26
2	19	0				1.24
2	17	50				1.18
1	20	50				1.25
1	14	0				1.25
2	18	0				1.23
0	17	50				1.31
<b>31.43</b>	<b>516.01</b>	<b>550.00</b>				<b>0.95</b>
(total)	(total)	(total)	(total)	(total)	(total)	(min.)

**Chemicals Used**

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calcquest 75 / 25	calcium sequestration / Pb / Cu control	75% polyphosphate
2	Sodium hypochlorite	primary and secondary disinfection	12.50%
3	Sodium fluoride	fluoridation	
4			
5			
6			
<b>Disinfectant</b>			

**Summary of Total Coliform Bacteria Rule - please continue to submit complete results**

Number of routine samples taken:	25	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.05

**Monthly Well Production Report**  
**System Type - All GW systems**

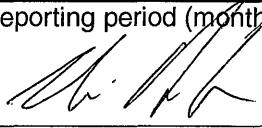
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Designated operator name and ME License #: **Brian Tarbuck**  
**2026**

e-mail address: **btarbuck@augustawater.org**

Reporting period (month and year): **February - 11**

Signature:  Date: **3/10/2011**

**System Information**

Treatment plant/pump station: **All wells**

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):

List any operation problems or comments:

This sheet reports production from all three wells at Augusta Water District. This is a supplemental report to the MOR.

**Daily water production (MG)**

Date	Triangle Well	South Well	Brookside Well	Sum
1	0.47	0.76	0.75	1.98
2	0.22	0.81	0.78	1.81
3	0.56	0.86	0.71	2.14
4	0.49	0.78	0.73	2.00
5	0.35	0.76	0.76	1.87
6	0.07	0.74	0.80	1.61
7	0.41	0.64	0.74	1.80
8	0.60	1.03	0.11	1.73
9	0.58	1.02	0.26	1.85
10	0.39	1.03	0.24	1.67
11	0.49	1.02	0.30	1.80
12	0.48	1.04	0.08	1.60
13	0.60	1.04	0.00	1.63
14	0.47	1.01	0.38	1.86
15	0.35	0.60	0.77	1.71
16	0.13	0.63	0.74	1.50
17	0.48	0.79	0.70	1.97
18	0.11	0.71	0.81	1.62
19	0.37	0.81	0.73	1.91
20	0.05	0.52	0.82	1.39
21	0.17	0.74	0.76	1.67
22	0.42	0.67	0.73	1.82
23	0.87	0.15	0.51	1.53
24	0.84	0.35	0.52	1.71
25	0.86	0.08	0.40	1.34
26	0.87	0.00	0.64	1.51
27	0.86	0.00	0.61	1.47
28	0.44	0.51	0.58	1.53
Sum	<b>12.99</b>	<b>19.11</b>	<b>15.96</b>	<b>48.06</b>

Phone: (207) 622-3701

# GREATER AUGUSTA UTILITY DISTRICT

Fax: (207) 622-4539

12 Williams Street  
Augusta, ME 04330-5225  
www.augustawater.org

BRIAN TARBUCK  
General Manager

TRUSTEES:  
KENNETH R. KNIGHT, Chair  
DAVID P. SMITH, Vice Chair  
STEPHEN J. ROBERGE, Clerk  
CHARLENE HAMIWKA, Treasurer

TRUSTEES:  
DICK BACHELDER  
JOHN CHAREST  
DONALD A. ROBERTS  
THOMAS A. SOTIR

April 10, 2011

Scott Whitney  
State of Maine, Drinking Water Program  
11 State House Station  
Augusta, ME 04333-0011

Dear Mr. Whitney:

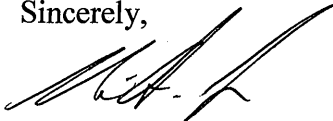
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of March, 2011. You should find the following documents:

1. Fluoridation Report;
2. Total Coliform Monitoring Report;
3. South Well, Brookside Well and Triangle Well pumpage report;
4. Triangle Station Monthly Operating Report; and
5. East Pittston Total Coliform Monitoring Report.

These reports are also available here: <http://www.augustawater.org/reports.html>

If you have any questions, please contact me at 622-3701.

Sincerely,



Brian Tarbuck, PE

**Monthly Fluoride Report**  
**System Type - Fluoride Systems**

**System Information**

System Name: **Greater Augusta Utility District**

Treatment plant/pump station: **Triangle Station**

Fluoride Chemical Used: **Sodium Fluoride**

PWSID#: **90080**

Reporting period: **March - 11**

Notes: See notes below for specific operating conditions.

Signature: 

Date: 3/6/2011

Date	GAUD mg/L	Location	HETL mg/l
3/10/2011 9:10	0.82	Triangle Station	0.80

**Fluoride**

Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.70	63.73	0.92	0.68
2	1.55	55.63	0.94	0.65
3	1.97	73.82	0.91	0.67
4	1.50	56.63	0.84	0.68
5	1.72	64.73	0.89	0.68
6	1.50	57.66	0.87	0.69
7	2.06	75.85	0.93	0.66
8	1.77	71.82	1.02	0.73
9	1.58	74.72	1.03	0.85
10	1.85	82.87	1.17	0.81
11	1.50	69.70	1.04	0.84
12	1.62	73.88	1.11	0.82
13	1.58	72.79	1.08	0.83
14	1.56	71.72	1.09	0.83
15	1.71	79.86	1.21	0.84
16	1.59	74.81	1.14	0.85
17	1.91	91.07	1.21	0.86
18	1.72	80.97	1.16	0.85
19	1.36	69.88	1.09	0.92
20	1.49	75.77	1.16	0.92
21	1.86	83.93	1.25	0.81
22	1.50	69.76	1.09	0.84
23	1.75	78.90	1.15	0.81
24	1.61	70.73	1.23	0.79
25	1.90	85.90	1.16	0.81
26	1.48	69.83	1.14	0.85
27	1.53	71.90	1.18	0.84
28	1.85	82.99	1.19	0.81
29	1.38	64.63	1.14	0.84
30	1.91	89.00	1.13	0.84
31	1.74	79.87	1.07	0.83
<b>Avg</b>	<b>1.67</b>	<b>73.72</b>	<b>1.08</b>	<b>0.80</b>
<b>Min</b>	<b>1.36</b>	<b>55.63</b>	<b>0.84</b>	<b>0.65</b>
<b>Max</b>	<b>2.06</b>	<b>91.07</b>	<b>1.25</b>	<b>0.92</b>
<b>Total</b>	<b>51.76</b>	<b>2,285.35</b>		

**General Note:**

ATI analyzer is still being tweaked. Lab comparisons showing consistent 0.7 range which is backed up by theoretical measurements.

**Bacteriological Report Form**  
**Utility: Greater Augusta Utility District, PWSID 90080**  
**Greater Augusta Utility District Laboratory, ME00012**

Number of samples required: 15  
 Number of samples taken for compliance: 30  
 Number of quality control samples: 1  
 Number of positive samples: 0

I hereby certify that this report is true and correct and that the bacterial analyses reported herein were performed in accordance with the Standard Methods for Water Analysis.

*June Mooney*  
 June Mooney, Water Quality Specialist

Sampl. #	Location	Sam. Type	Collected by	Collection date & time	Free Cl <sub>2</sub>	Total Cl <sub>2</sub>	Fluoride (mg/l)	Set up by:	Date & time	Coliform Present/Absent	Method	Lauryl Typhose 24 hr	48 hr	bri. green	EC 44.5c	HPC 48 hrs
1	WESTERN STA.	DIS	MOONEY	3-1-11/1:30	0.89	0.89	0.73	MOONEY	3-2-11/8:00	A	COLLERT					
2	WELLHOUSE	DIS	MOONEY	3-1-11/1:50	1.16	1.14	0.65	MOONEY	3-2-11/8:00	A	COLLERT					
3	NORTHWEST STA.	DIS	MOONEY	3-1-11/2:10	1.17	1.15	0.66	MOONEY	3-2-11/8:00	A	COLLERT					
4	HOSPITAL ST. STA.	DIS	MOONEY	3-2-11/10:00	1.06	1.07	0.72	MOONEY	3-2-11/2:00	A	COLLERT					
5	12 WILLIAMS ST.	DIS	MOONEY	3-2-11/10:20	1.20	1.19	0.71	MOONEY	3-2-11/2:00	A	COLLERT					
6	WILLOW ST. STA.	DIS	MOONEY	3-2-11/10:40	1.02	1.02	0.72	MOONEY	3-2-11/2:00	A	COLLERT					
7	1000 RIVERSIDE DR.	DIS	MOONEY	3-2-11/11:10	0.41	0.42	0.72	MOONEY	3-2-11/2:00	A	COLLERT					
8	QUALITY INN	DIS	MOONEY	3-2-11/11:40	0.71	0.70	0.74	MOONEY	3-2-11/2:00	A	COLLERT					
9	WESTERN STA.	DIS	MOONEY	3-10-11/8:50	0.91	0.91	0.72	MOONEY	3-10-11/12:30	A	COLLERT					
10	WELLHOUSE	DIS	MOONEY	3-10-11/9:10	1.30	1.29	0.82	MOONEY	3-10-11/12:30	A	COLLERT					
11	NORTHWEST STA.	DIS	MOONEY	3-10-11/9:30	1.18	1.21	0.83	MOONEY	3-10-11/12:30	A	COLLERT					
12	12 WILLIAMS ST.	DIS	MOONEY	3-10-11/10:00	1.28	1.29	0.85	MOONEY	3-10-11/12:30	A	COLLERT					
13	HOSPITAL ST. STA.	DIS	MOONEY	3-10-11/10:20	1.22	1.21	0.87	MOONEY	3-10-11/12:30	A	COLLERT					
14	WESTERN STA.	DIS	MOONEY	3-15-11/10:45	0.92	0.93	0.73	MOONEY	3-15-11/2:30	A	COLLERT					
15	WELLHOUSE	DIS	MOONEY	3-15-11/11:05	1.29	1.28	1.02	MOONEY	3-15-11/2:30	A	COLLERT					
16	NORTHWEST STA.	DIS	MOONEY	3-15-11/11:20	1.16	1.17	0.86	MOONEY	3-15-11/2:30	A	COLLERT					
17	12 WILLIAMS ST.	DIS	MOONEY	3-15-11/12:00	1.21	1.24	1.12	MOONEY	3-15-11/2:30	A	COLLERT					
18	HOSPITAL ST. STA.	DIS	MOONEY	3-15-11/12:25	1.12	1.14	0.77	MOONEY	3-15-11/2:30	A	COLLERT					
19	FARRINGTON SCHOOL	DIS	MOONEY	3-15-11/12:45	0.98	0.98	0.71	MOONEY	3-15-11/2:30	A	COLLERT					
20	MANCHESTER TOWN OFFICE	DIS	MOONEY	3-23-11/10:10	0.51	0.53	0.76	MOONEY	3-23-11/2:00	A	COLLERT					
21	WESTERN STA.	DIS	MOONEY	3-23-11/10:35	1.10	1.08	0.82	MOONEY	3-23-11/2:00	A	COLLERT					
22	WELLHOUSE	DIS	MOONEY	3-23-11/10:50	1.33	1.34	0.81	MOONEY	3-23-11/2:00	A	COLLERT					
23	NORTHWEST STA.	DIS	MOONEY	3-23-11/11:20	1.19	1.19	0.84	MOONEY	3-23-11/2:00	A	COLLERT					
24	12 WILLIAMS ST.	DIS	MOONEY	3-23-11/11:55	1.23	1.25	0.90	MOONEY	3-23-11/2:00	A	COLLERT					
25	HOSPITAL ST. STA.	DIS	MOONEY	3-23-11/12:20	1.11	1.12	0.83	MOONEY	3-23-11/2:00	A	COLLERT					
26	WESTERN STA.	DIS	MOONEY	3-29-11/10:05	1.15	1.18	0.89	MOONEY	3-29-11/1:30	A	COLLERT					
27	WELLHOUSE	DIS	MOONEY	3-29-11/10:30	1.39	1.38	0.86	MOONEY	3-29-11/1:30	A	COLLERT					
28	NORTHWEST STA.	DIS	MOONEY	3-29-11/10:50	1.26	1.26	0.82	MOONEY	3-29-11/1:30	A	COLLERT					
29	12 WILLIAMS ST.	DIS	MOONEY	3-29-11/11:20	1.22	1.23	0.82	MOONEY	3-29-11/1:30	A	COLLERT					
30	HOSPITAL ST. STA.	DIS	MOONEY	3-29-11/11:40	1.10	1.11	0.84	MOONEY	3-29-11/1:30	A	COLLERT					
*	LAB DISTILLED WATER	QC	MOONEY	3-23-11/7:15	0.02	0.02		MOONEY	3-23-11/9:15							

**Monthly Well Production Report**  
**System Type - All GW systems**

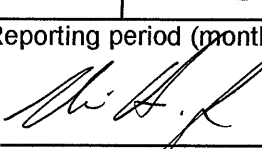
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Designated operator name and ME License #: **Brian Tarbuck**  
**2026**

e-mail address: **btarbuck@augustawater.org**

Reporting period (month and year): **March - 11**

Signature:  Date: **4/10/2011**

**System Information**

Treatment plant/pump station: **All wells**

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):

List any operation problems or comments:

This sheet reports production from all three wells at Augusta Water District. This is a supplemental report to the MOR.

**Daily water production (MG)**

Date	Triangle Well	South Well	Brookside Well	Sum
1	0.25	0.69	0.75	1.70
2	0.10	0.68	0.77	1.55
3	0.24	1.01	0.72	1.97
4	0.21	0.53	0.76	1.50
5	0.10	0.87	0.75	1.72
6	0.00	0.70	0.80	1.50
7	0.35	1.01	0.70	2.06
8	0.46	1.03	0.28	1.77
9	0.55	0.96	0.07	1.58
10	0.60	1.03	0.22	1.85
11	0.40	1.06	0.04	1.50
12	0.56	1.06	0.00	1.62
13	0.52	1.06	0.00	1.58
14	0.60	0.60	0.36	1.56
15	0.87	0.64	0.20	1.71
16	0.89	0.70	0.00	1.59
17	0.86	1.04	0.00	1.91
18	0.87	0.47	0.39	1.72
19	0.91	0.04	0.41	1.36
20	0.89	0.00	0.60	1.49
21	0.79	0.57	0.50	1.86
22	0.18	0.49	0.83	1.50
23	0.21	0.74	0.80	1.75
24	0.00	0.78	0.83	1.61
25	0.35	0.77	0.77	1.90
26	0.06	0.58	0.83	1.48
27	0.00	0.70	0.84	1.53
28	0.43	0.69	0.74	1.85
29	0.37	1.01	0.00	1.38
30	0.87	1.04	0.00	1.91
31	0.47	1.04	0.22	1.74
<b>Sum</b>	<b>13.99</b>	<b>23.58</b>	<b>14.20</b>	<b>51.76</b>

**Monthly Operating Report**  
**System Type - All GW systems**

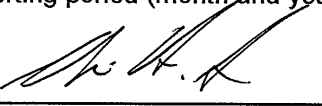
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Designated operator name and ME License #: **Brian Tarbuck**  
**2026**

e-mail address: **btarbuck@augustawater.org**

Reporting period (month and year): **March - 11**

Signature:  Date: **4/10/2011**

**System Information**

Treatment plant/pump station: **Triangle Station**

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

List any new or changed system information (facilities, treatments, sources, operators, address, tele, ect.):

List any operational problems or comments:

**Daily water production**

Date	Gallons (MGD)	Peak hourly flow	pH	Dis. log inactivation
1	1.70	n/a	7.73	n/a
2	1.55	n/a	7.72	n/a
3	1.97	n/a	7.75	n/a
4	1.50	n/a	7.72	n/a
5	1.72	n/a	7.73	n/a
6	1.50	n/a	7.73	n/a
7	2.06	n/a	7.76	n/a
8	1.77	n/a	7.80	n/a
9	1.58	n/a	7.80	n/a
10	1.85	n/a	7.80	n/a
11	1.50	n/a	7.83	n/a
12	1.62	n/a	7.83	n/a
13	1.58	n/a	7.84	n/a
14	1.56	n/a	7.82	n/a
15	1.71	n/a	7.79	n/a
16	1.59	n/a	7.79	n/a
17	1.91	n/a	7.80	n/a
18	1.72	n/a	7.77	n/a
19	1.36	n/a	7.74	n/a
20	1.49	n/a	7.73	n/a
21	1.86	n/a	7.76	n/a
22	1.50	n/a	7.75	n/a
23	1.75	n/a	7.76	n/a
24	1.61	n/a	7.76	n/a
25	1.90	n/a	7.76	n/a
26	1.48	n/a	7.73	n/a
27	1.53	n/a	7.74	n/a
28	1.85	n/a	7.74	n/a
29	1.38	n/a	7.84	n/a
30	1.91	n/a	7.79	n/a
31	1.74	n/a	7.81	n/a
Summary	<b>51.76</b>		<b>7.77</b>	
	(total)	(avg.)	(avg.)	(min.)

From table below:

List units: (i.e. lbs, gal)

**Chemical usage**

Calc	Hypo	NaF	4	5	6	Free chlorine residual
gal	gal	lbs				mg/L
1	16	0				1.26
2	18	50				1.28
1	18	0				1.28
2	21	0				1.27
0	15	0				1.25
1	19	0				1.25
1	16	50				1.27
2	23	50				1.23
1	15	0				1.25
3	8	0				1.30
0	19	0				1.27
0	15	0				1.27
1	18	0				1.25
1	18	50				1.25
0	19	50				1.27
1	19	50				1.28
1	18	0				1.28
0	21	0				1.31
2	19	50				1.32
1	17	0				1.33
1	18	0				1.30
1	21	0				1.29
5	17	50				1.29
4	19	100				1.28
0	18	0				1.28
1	21	0				1.27
1	18	0				1.26
1	17	50				1.28
1	20	0				1.17
1	14	50				1.24
1	23	0				1.21
<b>36.53</b>	<b>555.51</b>	<b>600.00</b>				<b>1.17</b>
(total)	(total)	(total)	(total)	(total)	(total)	(min.)

**Chemicals Used**

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calcquest 75 / 25	calcium sequestration / Pb / Cu control	75% polyphosphate
2	Sodium hypochlorite	primary and secondary disinfection	12.50%
3	Sodium fluoride	fluoridation	
4			
5			
6			
Disinfectant			

**Summary of Total Coliform Bacteria Rule - please continue to submit complete results**

Number of routine samples taken:	30	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.09

# MAINE DRINKING WATER PROGRAM TOTAL COLIFORM BACTERIA RESULTS

*Please read the sampling instructions on the back of this form. Sample Collector must fill out shaded sections.  
For small water systems taking less than 10 samples per month.*

Water Test Results for the Month: March

Year: 2011

Public Water System Information	
System's name:	East Pittston H&O
Sampler's phone #:	623-4633
PWSID#:	92255
Address:	Box 297A Center ME 04355
Sample Category (1):	Drinking
Sampler's name:	Bill Wilkinson

Laboratory Information	
Lab name:	Greider Augusta/Winthrop Dist
Lab certification:	ME00012
Lab mgr. name:	Jane Moneys
Lab phone #:	623-4633 x 229

#	Sample collection point	Date & time sample was taken	Laboratory sample ID #	Date & time sample was processed	Total Coliform count	Noncoliform count (Mem. filtration only)	Fecal coliform or E. Coli (2)	EPA/STD Method
1	Village Store	3/21/11 18:00	1103320	3/22 @ 7:15 AM	0			9223B
2								
3								
4								

I (we) understand this report will be submitted to the Maine Drinking Water Program.

Sampler's Signature:

Laboratory signature:

- (1) Routine Compliance, Recheck, Operation & Maintenance, Raw Water, or Special Purpose.
- (2) Fecal Coliform or E. Coli analysis must be performed on all Coliform positive samples.