

12 Williams Street
Augusta, Maine 04330
www.augustawater.org

BRIAN TARBUCK
General Manager

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February 8, 2008

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

Dear Mr. Whitney:

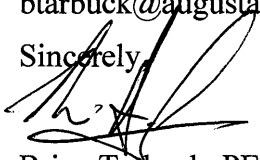
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of January, 2008. You should find the following documents:

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.

Please note that the Augusta Water District has been replaced by the Greater Augusta Utility District effective January 1, 2008. All addresses and phone numbers remain the same as before.

If you have any questions, please contact me at 622-8880 x117, or via email at btarbuck@augustawater.org.

Sincerely,




Brian Tarbuck, PE

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **January - 08**

Signature:  Date: **2/8/2008**

(System Information)

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

Fluoride Chemical Used: **Sodium Fluoride**

Notes: See notes below for specific operating conditions.

Date	GAUD mg/L	Location	HETL mg/l
1/15/2008 12:45	1.17	Triangle Station	1.20

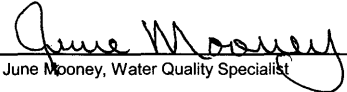
Fluoride				
Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.65	112.04	1.13	1.22
2	1.64	108.05	1.09	1.19
3	1.89	124.10	1.07	1.18
4	1.67	104.96	1.16	1.13
5	1.70	117.00	1.16	1.24
6	1.75	119.98	1.15	1.23
7	1.75	113.84	1.20	1.17
8	1.96	129.14	1.11	1.19
9	1.65	110.94	1.12	1.21
10	1.81	109.92	1.18	1.09
11	1.83	120.01	1.11	1.18
12	1.70	111.92	1.11	1.18
13	1.74	114.00	1.10	1.18
14	1.69	36.33	0.64	0.39
15	1.76	85.72	0.85	0.88
16	1.73	117.03	1.17	1.22
17	1.93	130.17	1.17	1.22
18	1.62	107.03	1.22	1.19
19	1.73	115.96	1.14	1.21
20	1.67	112.05	1.10	1.21
21	1.74	116.05	1.11	1.20
22	1.73	108.85	1.21	1.13
23	1.84	124.66	1.11	1.22
24	1.71	113.76	1.09	1.20
25	1.66	115.08	1.11	1.25
26	1.77	113.15	1.08	1.15
27	1.40	96.87	1.05	1.25
28	1.98	118.07	1.05	1.08
29	1.61	108.90	1.10	1.22
30	1.82	118.97	1.15	1.18
31	1.73	114.93	1.08	1.20
Avg	1.74	111.27	1.10	1.15
Min	1.40	36.33	0.64	0.39
Max	1.98	130.17	1.22	1.25
Total	53.85	3,449.46		

Systems that **don't** use the state lab need to report their **distribution system** certified lab results here.

Date	Location in the distribution system	Result mg/L

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, Water Quality Specialist

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

Samp. #	Location	Sam. Type	Collected by	Collection date & time	Free Cl ₂	Total Cl ₂	Fluoride (mg/l)	Set up by:	Date & time	Coliform	Method	Lauryl Tryptose					
										Present/Absent	MF/COLILERT	24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs	
1	MANCHESTER TOWN OFFICE	DIS	MOONEY	1-3-08/10:30	0.39	0.39	1.14	MOONEY	1-3-08/2:45	A	COLILERT						
2	WESTERN STA.	DIS	MOONEY	1-3-08/11:00	0.77	0.77	1.11	MOONEY	1-3-08/2:45	A	COLILERT						
3	WELLHOUSE	DIS	MOONEY	1-3-08/11:15	1.21	1.20	1.12	MOONEY	1-3-08/2:45	A	COLILERT						
4	NORTHWEST STA.	DIS	MOONEY	1-3-08/11:40	1.11	1.12	1.03	MOONEY	1-3-08/2:45	A	COLILERT						
5	WILLOW ST. STA.	DIS	MOONEY	1-3-08/12:00	0.94	0.95	1.12	MOONEY	1-3-08/2:45	A	COLILERT						
6	OFFICE	DIS	MOONEY	1-3-08/12:15	1.07	1.08	1.12	MOONEY	1-3-08/2:45	A	COLILERT						
7	HOSPITAL ST. STA.	DIS	MOONEY	1-3-08/12:40	0.89	0.90	1.12	MOONEY	1-3-08/2:45	A	COLILERT						
8	WESTERN STA.	DIS	MOONEY	1-8-08/10:45	0.75	0.76	1.14	MOONEY	1-8-08/3:30	A	COLILERT						
9	BEST INN	DIS	MOONEY	1-8-08/11:10	0.39	0.41	1.10	MOONEY	1-8-08/3:30	A	COLILERT						
10	WELLHOUSE	DIS	MOONEY	1-8-08/11:35	1.15	1.14	1.10	MOONEY	1-8-08/3:30	A	COLILERT						
11	NORTHWEST STA.	DIS	MOONEY	1-8-08/12:00	1.08	1.08	1.19	MOONEY	1-8-08/3:30	A	COLILERT						
12	OFFICE	DIS	MOONEY	1-8-08/12:20	1.00	1.02	1.17	MOONEY	1-8-08/3:30	A	COLILERT						
13	HOSPITAL ST. STA.	DIS	MOONEY	1-8-08/1:15	0.84	0.84	1.17	MOONEY	1-8-08/3:30	A	COLILERT						
14	TOGUS STA.	DIS	MOONEY	1-8-08/1:40	0.70	0.70	1.07	MOONEY	1-8-08/3:30	A	COLILERT						
15	GREYBIRCH	DIS	MOONEY	1-8-08/2:20	0.74	0.75	1.08	MOONEY	1-8-08/3:30	A	COLILERT						
16	WESTERN STA.	DIS	MOONEY	1-15-08/12:20	0.83	0.83	0.66	MOONEY	1-15-08/3:15	A	COLILERT						
17	WELLHOUSE	DIS	MOONEY	1-15-08/12:45	1.14	1.15	1.17	MOONEY	1-15-08/3:15	A	COLILERT						
18	NORTHWEST STA.	DIS	MOONEY	1-15-08/1:15	1.02	1.02	1.02	MOONEY	1-15-08/3:15	A	COLILERT						
19	OFFICE	DIS	MOONEY	1-15-08/1:45	1.02	1.02	1.13	MOONEY	1-15-08/3:15	A	COLILERT						
20	HOSPITAL ST. STA.	DIS	MOONEY	1-15-08/2:00	0.89	0.88	0.65	MOONEY	1-15-08/3:15	A	COLILERT						
21	WESTERN STA.	DIS	MOONEY	1-22-08/1:40	0.96	0.96	1.03	MOONEY	1-22-08/3:45	A	COLILERT						
22	WELLHOUSE	DIS	MOONEY	1-22-08/2:00	1.17	1.16	1.27	MOONEY	1-22-08/3:45	A	COLILERT						
23	OFFICE	DIS	MOONEY	1-22-08/2:45	1.08	1.10	1.38	MOONEY	1-22-08/3:45	A	COLILERT						
24	NORTHWEST STA.	DIS	MOONEY	1-23-08/12:20	1.12	1.12	1.08	MOONEY	1-23-08/3:00	A	COLILERT						
25	HOSPITAL ST. STA.	DIS	MOONEY	1-23-08/12:45	0.88	0.88	1.02	MOONEY	1-23-08/3:00	A	COLILERT						
26	WELLHOUSE	DIS	MOONEY	1-29-08/10:45	1.13	1.14	1.10	MOONEY	1-29-08/2:45	A	COLILERT						
27	WESTERN STA.	DIS	MOONEY	1-29-08/11:30	0.95	0.95	1.10	MOONEY	1-29-08/2:45	A	COLILERT						
28	NORTHWEST STA.	DIS	MOONEY	1-29-08/12:40	1.07	1.08	1.30	MOONEY	1-29-08/2:45	A	COLILERT						
29	OFFICE	DIS	MOONEY	1-29-08/1:00	1.05	1.05	1.10	MOONEY	1-29-08/2:45	A	COLILERT						
30	HOSPITAL ST. STA.	DIS	MOONEY	1-29-08/1:20	0.82	0.83	1.14	MOONEY	1-29-08/2:45	A	COLILERT						
*	LAB DISTILLED WATER	SPT	MOONEY	1-22-08/8:15	0.02	0.02		MOONEY	1-22-08/9:00						COND.=1.04	UMHOS	0:2ML

Monthly Well Production Report
System Type - All GW systems

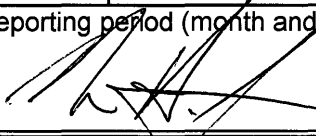
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

Reporting period (month and year): **January - 08**

Signature:  Date: **2/8/2008**

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	0.39	0.54	0.72	1.65
2	0.39	0.50	0.75	1.64
3	0.53	0.67	0.69	1.89
4	0.37	0.55	0.75	1.67
5	0.30	0.66	0.74	1.70
6	0.26	0.76	0.72	1.75
7	0.38	0.65	0.72	1.75
8	0.56	0.72	0.68	1.96
9	0.31	0.61	0.73	1.65
10	0.47	0.62	0.72	1.81
11	0.35	0.77	0.71	1.83
12	0.33	0.63	0.74	1.70
13	0.44	0.58	0.73	1.74
14	0.40	0.55	0.74	1.69
15	0.44	0.60	0.72	1.76
16	0.39	0.60	0.74	1.73
17	0.53	0.68	0.71	1.93
18	0.32	0.55	0.76	1.62
19	0.34	0.65	0.74	1.73
20	0.40	0.52	0.75	1.67
21	0.44	0.57	0.74	1.74
22	0.39	0.59	0.74	1.73
23	0.60	0.52	0.73	1.84
24	0.33	0.63	0.75	1.71
25	0.36	0.54	0.76	1.66
26	0.47	0.58	0.73	1.77
27	0.25	0.36	0.78	1.40
28	0.57	0.71	0.70	1.98
29	0.19	0.66	0.76	1.61
30	0.40	0.69	0.73	1.82
31	0.31	0.69	0.73	1.73
Sum	12.18	18.98	22.68	53.85
% flow	23%	35%	42%	

Monthly Operating Report
System Type - All GW systems

System Information

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

System Name: **Greater Augusta Utility District**

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

PWSID#: **90080**

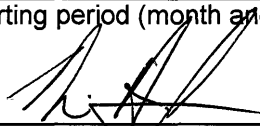
Designated operator name and
 ME License #: **Brian Tarbuck**
2026

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

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

Reporting period (month and year): **January - 08**

List any operation problems or comments:

Signature:  Date: **2/8/2008**

Daily water production

Date	Mgals pumped	Peak hourly flow	pH	Dis. log inactivation
1	1.65	n/a	7.58	n/a
2	1.64	n/a	7.57	n/a
3	1.89	n/a	7.58	n/a
4	1.67	n/a	7.56	n/a
5	1.70	n/a	7.57	n/a
6	1.75	n/a	7.58	n/a
7	1.75	n/a	7.58	n/a
8	1.96	n/a	7.59	n/a
9	1.65	n/a	7.58	n/a
10	1.81	n/a	7.58	n/a
11	1.83	n/a	7.59	n/a
12	1.70	n/a	7.58	n/a
13	1.74	n/a	7.57	n/a
14	1.69	n/a	7.57	n/a
15	1.76	n/a	7.58	n/a
16	1.73	n/a	7.57	n/a
17	1.93	n/a	7.58	n/a
18	1.62	n/a	7.57	n/a
19	1.73	n/a	7.58	n/a
20	1.67	n/a	7.57	n/a
21	1.74	n/a	7.57	n/a
22	1.73	n/a	7.57	n/a
23	1.84	n/a	7.57	n/a
24	1.71	n/a	7.58	n/a
25	1.66	n/a	7.57	n/a
26	1.77	n/a	7.57	n/a
27	1.40	n/a	7.56	n/a
28	1.98	n/a	7.58	n/a
29	1.61	n/a	7.58	n/a
30	1.82	n/a	7.58	n/a
31	1.73	n/a	7.58	n/a
Summary	53.85		7.58	

(total) (avg.) (avg.) (min.)

From table below:

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

Chemical usage

Chemical usage						Disinfectant Residual
1	2	3	4	5	6	mg/L
gal	gal	lbs	gal			
2	18	0				1.01
-3	17	0				1.00
7	17	0				1.01
2	20	150				1.02
1	17	0				1.10
1	16	0				1.16
1	16	0				1.18
-1	17	0				1.23
3	19	0				1.23
0	17	150				1.24
3	18	0				1.26
1	19	0				1.30
2	16	0				1.30
2	18	0				1.24
2	16	0				1.26
2	18	0				1.14
2	17	0				1.05
-1	16	100				1.07
3	12	0				1.07
1	17	0				1.13
3	18	0				1.17
1	17	150				1.22
2	17	0				1.24
1	19	0				1.26
2	17	0				1.26
1	16	0				1.25
2	18	0				1.25
1	14	0				1.22
1	19	0				1.24
1	15	0				1.20
2	18	0				1.12
45.94	533.21	550.00	0.00			1.00

(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:	0.94