

Phone: (207) 622-3701

GREATER AUGUSTA UTILITY DISTRICT

Fax: (207) 622-4539

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

BRIAN TARBUCK  
General Manager

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February 6, 2009

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

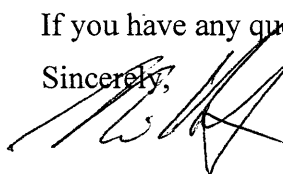
Dear Mr. Whitney:

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, 2009. 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

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

Sincerely,



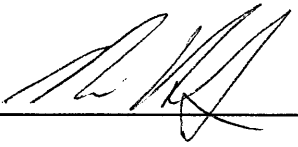
Brian Tarbuck, PE

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

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **January - 09**

Signature:  Date: **2/6/2009**

**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
1/21/2009 10:50	1.17	Triangle Station	1.30

Fluoride				
Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.29	95.83	1.27	1.34
2	1.73	119.00	1.22	1.24
3	1.53	108.86	1.19	1.28
4	1.64	119.03	1.20	1.31
5	1.76	119.97	1.22	1.23
6	1.79	127.10	1.20	1.27
7	1.69	121.06	1.21	1.29
8	1.57	116.03	1.23	1.33
9	1.72	115.01	1.22	1.20
10	1.38	105.97	1.27	1.38
11	1.58	109.89	1.23	1.25
12	1.59	110.85	1.27	1.25
13	1.46	110.92	1.24	1.37
14	1.71	117.95	1.28	1.25
15	1.74	115.99	1.23	1.20
16	1.64	110.87	1.26	1.22
17	1.62	112.83	1.27	1.25
18	1.56	112.95	1.19	1.31
19	1.57	104.85	1.18	1.20
20	2.18	142.25	1.19	1.18
21	1.78	119.96	1.23	1.21
22	1.52	105.79	1.22	1.25
23	1.80	117.92	1.26	1.18
24	1.57	109.97	1.22	1.26
25	1.64	114.01	1.24	1.25
26	1.66	110.01	1.23	1.19
27	1.75	121.04	1.21	1.24
28	1.67	112.92	1.26	1.22
29	1.65	110.92	1.19	1.21
30	1.83	123.10	1.26	1.21
31	1.56	105.93	1.22	1.22
<b>Avg</b>	<b>1.65</b>	<b>114.48</b>	<b>1.23</b>	<b>1.25</b>
<b>Min</b>	<b>1.29</b>	<b>95.83</b>	<b>1.18</b>	<b>1.18</b>
<b>Max</b>	<b>2.18</b>	<b>142.25</b>	<b>1.28</b>	<b>1.38</b>
<b>Total</b>	<b>51.19</b>	<b>3,548.75</b>		

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**

Number of samples required 15  
 Number of samples taken for compliance 24  
 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

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	Lauryl Trypase 24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WESTERN STA.	DIS	MOONEY	1-5-09/1:20	0.79	0.80	1.19	MOONEY	1-5-09/3:15	A	COLLERT					
2	WELLHOUSE	DIS	MOONEY	1-5-09/2:15	1.11	1.12	1.40	MOONEY	1-5-09/3:15	A	COLLERT					
3	NORTHWEST STA.	DIS	MOONEY	1-5-09/2:30	0.95	0.94	1.32	MOONEY	1-5-09/3:15	A	COLLERT					
4	WILLOW ST. STA.	DIS	MOONEY	1-6-09/1:10	0.78	0.79	1.26	MOONEY	1-6-09/3:30	A	COLLERT					
5	12 WILLIAMS ST.	DIS	MOONEY	1-6-09/1:30	0.91	0.91	1.32	MOONEY	1-6-09/3:30	A	COLLERT					
6	HOSPITAL ST. STA.	DIS	MOONEY	1-6-09/1:55	0.72	0.73	1.19	MOONEY	1-6-09/3:30	A	COLLERT					
7	TOGUS STA.	DIS	MOONEY	1-6-09/2:30	0.55	0.57	1.23	MOONEY	1-6-09/3:30	A	COLLERT					
8	MANCHESTER TOWN OFFICE	DIS	MOONEY	1-12-09/1:00	0.27	0.29	1.23	MOONEY	1-12-09/3:45	A	COLLERT					
9	QUALITY INN	DIS	MOONEY	1-12-09/1:20	0.44	0.45	1.18	MOONEY	1-12-09/3:45	A	COLLERT					
10	WELLHOUSE	DIS	MOONEY	1-12-09/1:45	1.02	1.02	1.22	MOONEY	1-12-09/3:45	A	COLLERT					
11	NORTHWEST STA.	DIS	MOONEY	1-12-09/2:10	1.02	1.03	1.30	MOONEY	1-12-09/3:45	A	COLLERT					
12	12 WILLIAMS ST.	DIS	MOONEY	1-12-09/2:30	1.00	1.00	1.17	MOONEY	1-12-09/3:45	A	COLLERT					
13	HOSPITAL ST. STA.	DIS	MOONEY	1-12-09/2:50	0.76	0.76	1.23	MOONEY	1-12-09/3:45	A	COLLERT					
14	WESTERN STA.	DIS	TANGEMAN	1-15-09/9:44	0.67	0.68	1.15	TANGEMAN	1-15-09/10:19	A	COLLERT					
15	WELLHOUSE	DIS	MOONEY	1-21-09/10:50	1.36	1.34	1.17	MOONEY	1-21-09/2:00	A	COLLERT					
16	NORTHWEST STA.	DIS	MOONEY	1-21-09/11:15	1.32	1.31	1.14	MOONEY	1-21-09/2:00	A	COLLERT					
17	WESTERN STA.	DIS	MOONEY	1-21-09/11:35	0.71	0.72	1.21	MOONEY	1-21-09/2:00	A	COLLERT					
18	12 WILLIAMS ST.	DIS	MOONEY	1-21-09/12:10	1.08	1.10	1.25	MOONEY	1-21-09/2:00	A	COLLERT					
19	HOSPITAL ST. STA.	DIS	MOONEY	1-21-09/12:40	0.90	0.91	1.21	MOONEY	1-21-09/2:00	A	COLLERT					
20	WESTERN STA.	DIS	MOONEY	1-26-09/10:45	0.76	0.76	1.22	MOONEY	1-26-09/2:30	A	COLLERT					
21	WELLHOUSE	DIS	MOONEY	1-26-09/11:00	1.25	1.23	1.16	MOONEY	1-26-09/2:30	A	COLLERT					
22	NORTHWEST STA.	DIS	MOONEY	1-26-09/12:10	1.17	1.17	1.15	MOONEY	1-26-09/2:30	A	COLLERT					
23	12 WILLIAMS ST.	DIS	MOONEY	1-27-09/11:35	1.11	1.11	1.24	MOONEY	1-27-09/1:30	A	COLLERT					
24	HOSPITAL ST. STA.	DIS	MOONEY	1-27-09/11:55	0.90	0.91	1.22	MOONEY	1-27-09/1:30	A	COLLERT					
*	LAB DISTILLED WATER	SPT	MOONEY	1-20-09/11:00	0.01	0.01		MOONEY	1-20-09/1:00							

COND = 1.32 us/cm

0.2ML

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

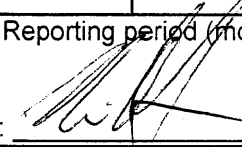
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

Reporting period (month and year): **January - 09**

Signature:  Date: **2/6/2009**

**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	0.37	0.27	0.66	1.29
2	0.75	0.20	0.78	1.73
3	0.58	0.33	0.62	1.53
4	0.54	0.33	0.77	1.64
5	0.48	0.53	0.75	1.76
6	0.61	0.46	0.73	1.79
7	0.53	0.42	0.75	1.69
8	0.42	0.39	0.77	1.57
9	0.48	0.50	0.75	1.72
10	0.43	0.15	0.80	1.38
11	0.54	0.46	0.57	1.58
12	0.46	0.37	0.77	1.59
13	0.54	0.12	0.79	1.46
14	0.89	0.55	0.26	1.71
15	0.61	0.85	0.27	1.74
16	0.48	1.04	0.12	1.64
17	0.44	1.05	0.13	1.62
18	0.49	1.06	0.01	1.56
19	0.52	0.77	0.28	1.57
20	0.84	1.00	0.33	2.18
21	0.57	0.85	0.36	1.78
22	0.43	0.83	0.26	1.52
23	0.61	1.04	0.15	1.80
24	0.48	0.86	0.23	1.57
25	0.35	1.04	0.25	1.64
26	0.56	0.81	0.29	1.66
27	0.54	1.03	0.18	1.75
28	0.53	1.04	0.10	1.67
29	0.53	0.75	0.37	1.65
30	0.57	1.02	0.24	1.83
31	0.50	0.73	0.33	1.56
Sum	<b>16.64</b>	<b>20.86</b>	<b>13.69</b>	<b>51.19</b>
% flow	<b>33%</b>	<b>41%</b>	<b>27%</b>	

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

System Name: **Greater Augusta Utility District**

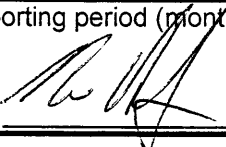
PWSID#: **90080**

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

ME License #: **2026**

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

Reporting period (month and year): **January - 09**

Signature:  Date: **2/8/2009**

**System Information**

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

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 operation problems or comments:

**Daily water production**

Date	Mgals pumped	Peak hourly flow	pH	Dis. log inactivation
1	1.29	n/a	7.58	n/a
2	1.73	n/a	7.57	n/a
3	1.53	n/a	7.58	n/a
4	1.64	n/a	7.57	n/a
5	1.76	n/a	7.58	n/a
6	1.79	n/a	7.57	n/a
7	1.69	n/a	7.57	n/a
8	1.57	n/a	7.57	n/a
9	1.72	n/a	7.57	n/a
10	1.38	n/a	7.56	n/a
11	1.58	n/a	7.60	n/a
12	1.59	n/a	7.57	n/a
13	1.46	n/a	7.56	n/a
14	1.71	n/a	7.60	n/a
15	1.74	n/a	7.65	n/a
16	1.64	n/a	7.65	n/a
17	1.62	n/a	7.66	n/a
18	1.56	n/a	7.67	n/a
19	1.57	n/a	7.67	n/a
20	2.18	n/a	7.62	n/a
21	1.78	n/a	7.65	n/a
22	1.52	n/a	7.66	n/a
23	1.80	n/a	7.66	n/a
24	1.57	n/a	7.66	n/a
25	1.64	n/a	7.67	n/a
26	1.66	n/a	7.66	n/a
27	1.75	n/a	7.66	n/a
28	1.67	n/a	7.66	n/a
29	1.65	n/a	7.66	n/a
30	1.83	n/a	7.65	n/a
31	1.56	n/a	7.67	n/a
Summary	<b>51.19</b>		<b>7.62</b>	

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

From table below:

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

**Chemical usage**

1	2	3	4	5	6	Disinfectant Residual
gal	gal	lbs				mg/L
2	20	0				0.97
1	13	100				1.01
1	16	0				0.98
1	15	0				1.02
1	17	100				1.03
1	16	0				1.02
2	18	0				1.05
1	17	0				1.08
2	16	150				1.07
1	17	0				1.07
1	15	0				0.98
1	18	100				1.02
1	16	0				1.03
1	19	100				1.12
2	9	0				1.22
2	18	100				1.21
1	16	0				1.14
1	16	0				1.09
1	16	0				0.95
1	16	100				1.07
2	23	0				1.20
1	17	0				1.21
1	15	100				1.24
1	18	0				1.18
2	17	0				1.21
1	16	100				1.17
2	18	0				1.22
2	18	100				1.21
0	16	0				1.10
2	17	0				1.14
1	19	100				1.04
Summary	<b>39.76</b>	<b>516.56</b>	<b>1150.00</b>	<b>0.00</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	Calciquest 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:	24	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	0.90