

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

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February 3, 2010

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

Dear Mr. Whitney:

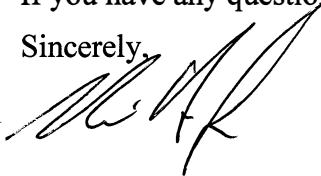
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of January, 2010. You should find the following documents:

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 Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **January - 10**

Signature:  Date: 2/3/2010

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
1/12/2010 12:15	1.09	Triangle Station	1.30

Fluoride

Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.49	91.78	1.16	1.11
2	1.50	91.83	1.13	1.10
3	1.69	100.85	1.11	1.07
4	0.96	57.50	1.14	1.08
5	1.58	50.42	0.64	0.58
6	1.80	93.04	0.86	0.93
7	1.61	105.04	1.26	1.18
8	1.69	99.81	1.23	1.06
9	1.57	104.95	1.20	1.21
10	1.59	101.83	1.20	1.15
11	1.55	95.75	1.26	1.11
12	1.89	113.95	1.13	1.08
13	1.66	91.74	1.11	1.00
14	1.70	97.79	1.07	1.04
15	1.67	96.82	1.11	1.04
16	1.67	97.83	1.08	1.05
17	1.59	93.83	1.11	1.06
18	1.26	76.66	1.09	1.09
19	1.73	85.75	1.09	0.89
20	1.64	97.82	1.14	1.08
21	1.60	101.80	1.27	1.15
22	1.54	98.94	1.18	1.16
23	1.70	101.87	1.11	1.08
24	1.35	88.67	1.17	1.18
25	1.64	83.69	1.09	0.92
26	1.44	87.70	1.10	1.10
27	1.60	97.78	1.15	1.10
28	1.65	101.95	1.13	1.11
29	1.62	96.74	1.15	1.07
30	1.72	105.90	1.11	1.11
31	1.45	85.72	1.11	1.06
Avg	1.59	93.41	1.12	1.06
Min	0.96	50.42	0.64	0.58
Max	1.89	113.95	1.27	1.21
Total	49.15	2,895.77		

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

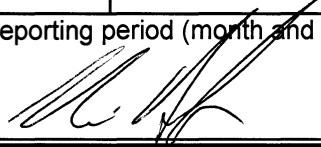
Utility: Greater Augusta Utility District, PWSID 90080
Greater Augusta Utility District Laboratory, ME012

Number of samples required 15
 Number of samples taken for compliance 25
 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, Water Quality Specialist

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	WESTERN STA.	DIS	MOONEY	1-6-10/10:55	0.73	0.73	1.13	MOONEY	1-7-10/7:45	A	COLILERT					
2	WELLHOUSE	DIS	MOONEY	1-6-10/1:45	1.26	1.22	1.17	MOONEY	1-7-10/7:45	A	COLILERT					
3	NORTHWEST STA.	DIS	MOONEY	1-6-10/2:10	1.17	1.16	1.07	MOONEY	1-7-10/7:45	A	COLILERT					
4	12 WILLIAMS ST.	DIS	MOONEY	1-6-10/2:40	1.16	1.15	1.00	MOONEY	1-7-10/7:45	A	COLILERT					
5	HOSPITAL ST. STA.	DIS	MOONEY	1-6-10/3:00	1.11	1.11	1.01	MOONEY	1-7-10/7:45	A	COLILERT					
6	TOGUS STA.	DIS	MOONEY	1-7-10/11:15	0.83	0.84	0.56	MOONEY	1-7-10/1:15	A	COLILERT					
7	WILLOW ST. STA.	DIS	MOONEY	1-7-10/11:40	0.98	0.98	0.78	MOONEY	1-7-10/1:15	A	COLILERT					
8	NORTHWEST STA.	DIS	MOONEY	1/11/10/1:30	1.22	1.22	1.15	MOONEY	1-11-10/3:00	A	COLILERT					
9	WELLHOUSE	DIS	MOONEY	1-11-10/1:50	1.21	1.20	1.19	MOONEY	1-11-10/3:00	A	COLILERT					
10	WESTERN STA.	DIS	MOONEY	1-11-10/2:10	0.74	0.75	0.98	MOONEY	1-11-10/3:00	A	COLILERT					
11	12 WILLIAMS ST.	DIS	MOONEY	1-12-10/10:35	1.07	1.09	1.10	MOONEY	1-12-10/1:45	A	COLILERT					
12	HOSPITAL ST. STA.	DIS	MOONEY	1-12-10/10:55	1.05	1.05	1.11	MOONEY	1-12-10/1:45	A	COLILERT					
13	QUALITY INN	DIS	MOONEY	1-12-10/11:20	0.63	0.64	1.04	MOONEY	1-12-10/1:45	A	COLILERT					
14	MANCHESTER TOWN OFFICE	DIS	MOONEY	1-12-10-/11:40	0.34	0.35	1.07	MOONEY	1-12-10/1:45	A	COLILERT					
15	WESTERN STA.	DIS	MOONEY	1-19-10/11:50	0.70	0.72	0.99	MOONEY	1-19-10/3:00	A	COLILERT					
16	WELLHOUSE	DIS	MOONEY	1-19-10/12:10	1.32	1.31	0.94	MOONEY	1-19-10/3:00	A	COLILERT					
17	NORTHWEST STA.	DIS	MOONEY	1-19-10/12:30	1.10	1.11	0.92	MOONEY	1-19-10/3:00	A	COLILERT					
18	12 WILLIAMS ST.	DIS	MOONEY	1-19-10/1:10	1.16	1.16	1.05	MOONEY	1-19-10/3:00	A	COLILERT					
19	HOSPITAL ST. STA.	DIS	MOONEY	1-19-10-1:30	1.01	1.03	1.16	MOONEY	1-19-10/3:00	A	COLILERT					
20	HOSPITAL ST. STA.	DIS	MOONEY	1-27-10/10:30	0.98	0.98	1.04	MOONEY	1-27-10/2:30	A	COLILERT					
21	12 WILLIAMS ST.	DIS	MOONEY	1-27-10/10:50	0.86	0.87	1.07	MOONEY	1-27-10/2:30	A	COLILERT					
22	WILLOW ST. STA. Kennebec River Flooding	DIS	MOONEY	1-27-10/11:20	1.03	1.06	0.98	MOONEY	1-27-10/2:30	A	COLILERT					
23	NORTHWEST STA.	DIS	MOONEY	1-27-10/11:40	1.22	1.23	1.11	MOONEY	1-27-10/2:30	A	COLILERT					
24	WESTERN STA.	DIS	MOONEY	1-27-10/1:00	0.81	0.80	1.05	MOONEY	1-27-10/2:30	A	COLILERT					
25	WELLHOUSE	DIS	MOONEY	1-27-10/1:25	1.22	1.21	1.21	MOONEY	1-27-10/2:30	A	COLILERT					
*	LAB DISTILLED WATER	QC	MOONEY	1-25-10/1:15	0.01	0.02		MOONEY	1-25-10/2:15					COND.=1.2	us/cm	0:2ML

Monthly Well Production Report		System Information	
System Type - All GW systems		Treatment plant/pump station: All wells	
System Name:	Greater Augusta Utility District	Select one	
PWSID#:	90080	Community System →	<input checked="" type="checkbox"/>
Designated operator name and ME License #:	Brian Tarbuck 2026	Non-transient Non-community →	<input type="checkbox"/>
e-mail address:	btarbuck@augustawater.org	Transient Non-Community →	<input type="checkbox"/>
Reporting period (month and year):	January - 10	List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):	
Signature: 	Date: 2/3/2010	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	0.90	0.53	0.06	1.49
2	0.90	0.60	0.00	1.50
3	0.88	0.63	0.18	1.69
4	0.61	0.08	0.27	0.96
5	0.74	0.00	0.83	1.58
6	0.51	0.50	0.80	1.80
7	0.71	0.06	0.84	1.61
8	0.43	0.45	0.81	1.69
9	0.67	0.05	0.84	1.57
10	0.42	0.35	0.82	1.59
11	0.12	0.71	0.72	1.55
12	0.04	1.04	0.81	1.89
13	0.19	0.90	0.57	1.66
14	0.14	1.01	0.54	1.70
15	0.03	1.06	0.59	1.67
16	0.14	1.05	0.47	1.67
17	0.22	1.05	0.32	1.59
18	0.00	0.96	0.30	1.26
19	0.56	0.69	0.48	1.73
20	0.60	0.65	0.39	1.64
21	0.86	0.46	0.27	1.60
22	0.91	0.60	0.03	1.54
23	0.89	0.61	0.20	1.70
24	0.91	0.41	0.03	1.35
25	0.70	0.60	0.35	1.64
26	0.49	0.09	0.86	1.44
27	0.66	0.07	0.87	1.60
28	0.62	0.20	0.83	1.65
29	0.76	0.00	0.86	1.62
30	0.88	0.00	0.84	1.72
31	0.32	0.33	0.80	1.45
Sum	16.83	15.74	16.58	49.15

Monthly Operating Report
System Type - All GW systems

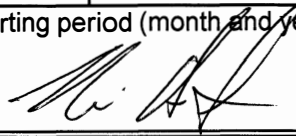
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

Reporting period (month and year): **January - 10**

Signature:  Date: **2/3/2010**

System Information

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

Community System → **Select one**
 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	1.49	n/a	7.83	n/a
2	1.50	n/a	7.82	n/a
3	1.69	n/a	7.84	n/a
4	0.96	n/a	7.97	n/a
5	1.58	n/a	7.83	n/a
6	1.80	n/a	7.84	n/a
7	1.61	n/a	7.82	n/a
8	1.69	n/a	7.83	n/a
9	1.57	n/a	7.81	n/a
10	1.59	n/a	7.82	n/a
11	1.55	n/a	7.86	n/a
12	1.89	n/a	7.83	n/a
13	1.66	n/a	7.98	n/a
14	1.70	n/a	7.95	n/a
15	1.67	n/a	7.90	n/a
16	1.67	n/a	7.90	n/a
17	1.59	n/a	7.92	n/a
18	1.26	n/a	7.97	n/a
19	1.73	n/a	8.01	n/a
20	1.64	n/a	8.04	n/a
21	1.60	n/a	7.98	n/a
22	1.54	n/a	7.87	n/a
23	1.70	n/a	7.85	n/a
24	1.35	n/a	7.86	n/a
25	1.64	n/a	8.04	n/a
26	1.44	n/a	7.83	n/a
27	1.60	n/a	7.81	n/a
28	1.65	n/a	7.84	n/a
29	1.62	n/a	7.79	n/a
30	1.72	n/a	7.78	n/a
31	1.45	n/a	7.96	n/a
Summary	49.15		7.88	
	(total)	(avg.)	(avg.)	(min.)

From table below:

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

Chemical usage						Free chlorine residual
Calc	Hypo	NaF	4	5	6	mg/L
gal	gal	lbs				
2	20	0				0.00
2	18	0				0.00
1	16	0				0.00
2	21	100				0.00
1	17	0				0.00
1	8	0				0.00
1	17	100				0.00
1	15	100				0.00
0	16	0				0.00
3	19	0				0.00
2	15	100				0.00
1	16	0				0.00
2	16	100				0.00
3	16	0				0.00
1	16	0				0.00
1	16	0				0.00
2	16	0				0.00
2	17	0				0.00
-1	14	150				0.00
3	16	0				0.00
1	18	100				0.00
3	19	0				0.00
2	17	0				0.00
2	19	0				0.00
1	14	100				0.00
-1	18	0				0.00
2	16	50				0.00
2	15	0				0.00
2	13	50				0.00
3	18	0				0.00
2	17	0				0.00
48.08	507.67	950.00				
(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:	25	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.00