

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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March 6, 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 February, 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Please note that the Augusta Water District has been replaced by the Greater Augusta Utility District effective January 1, 2008.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 Information

System Name: **Greater Augusta Utility District**

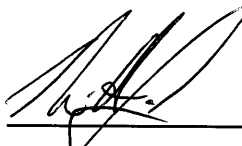
PWSID#: **90080**

Reporting period: **February, 2008**

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

Fluoride Chemical Used: **Sodium Fluoride**

Notes:

Signature:  Date: 3/6/2008

Date	AWD	Location	HETL
2/26/2008 11:45	1.10	Triangle Station	1.10

Fluoride

Date	Mgals filtered	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.87	120	1.10	1.16
2	1.63	110	1.11	1.21
3	1.64	109	1.10	1.19
4	1.84	113	1.10	1.10
5	1.76	114	1.07	1.16
6	1.71	113	1.08	1.19
7	1.80	120	1.03	1.20
8	1.82	110	1.08	1.09
9	1.60	106	1.08	1.20
10	1.39	100	1.09	1.29
11	1.92	119	1.06	1.12
12	1.72	115	1.08	1.21
13	1.67	103	1.12	1.11
14	1.77	113	1.09	1.15
15	1.82	111	1.12	1.10
16	1.75	111	1.08	1.14
17	1.65	109	1.05	1.19
18	1.38	93	1.07	1.21
19	2.01	120	1.08	1.08
20	1.82	116	1.08	1.15
21	1.67	105	1.09	1.13
22	1.91	120	1.09	1.13
23	1.74	111	1.05	1.15
24	1.56	108	1.06	1.24
25	1.87	124	1.15	1.19
26	1.98	133	1.12	1.21
27	1.77	117	1.19	1.19
28	1.66	113	1.14	1.22
29	1.95	131	1.13	1.21
Avg	1.75	113.32	1.09	1.17
Min	1.38	92.77	1.03	1.08
Max	2.01	133.18	1.19	1.29
Total	50.68	3,286.23		

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 ₂	Total Cl ₂	Fluoride (mg/l)	Set up by:	Date & time	Coliform		Method	Lauryl Typtose				
										Present/Absent	MFC/COLLERT		24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WESTERN STA.	DIS	MOONEY	2-4-08/1:25	0.74	0.75	1.19	MOONEY	2-4-08/1:20		A	COLLERT					
2	WELLHOUSE	DIS	MOONEY	2-4-08/1:40	1.15	1.15	1.40	MOONEY	2-4-08/1:20		A	COLLERT					
3	NORTHWEST STA.	DIS	MOONEY	2-6-08/1:25	1.07	1.07	1.05	MOONEY	2-6-08/3:30		A	COLLERT					
4	WILLOW ST. STA.	DIS	MOONEY	2-6-08/1:45	0.88	0.89	1.12	MOONEY	2-6-08/3:30		A	COLLERT					
5	OFFICE	DIS	MOONEY	2-6-08/2:20	1.03	1.04	1.21	MOONEY	2-6-08/3:30		A	COLLERT					
6	HOSPITAL ST. STA.	DIS	MOONEY	2-6-08/2:40	0.86	0.86	1.16	MOONEY	2-6-08/3:30		A	COLLERT					
7	WESTERN STA.	DIS	MOONEY	2-12-08/9:20	0.82	0.84	1.25	MOONEY	2-12-08/3:00		A	COLLERT					
8	WELLHOUSE	DIS	MOONEY	2-12-08/9:50	1.10	1.11	1.36	MOONEY	2-12-08/3:00		A	COLLERT					
9	NORTHWEST STA.	DIS	MOONEY	2-12-08/10:10	1.05	1.05	1.22	MOONEY	2-12-08/3:00		A	COLLERT					
10	OFFICE	DIS	MOONEY	2-12-08/10:35	1.00	0.99	1.21	MOONEY	2-12-08/3:00		A	COLLERT					
11	HOSPITAL ST. STA.	DIS	MOONEY	2-12-08/11:00	0.85	0.87	1.21	MOONEY	2-12-08/3:00		A	COLLERT					
12	K.V. CREDIT UNION	DIS	MOONEY	2-12-08/11:30	0.83	0.84	1.12	MOONEY	2-12-08/3:00		A	COLLERT					
13	MANCHESTER TOWN OFFICE	DIS	MOONEY	2-12-08/1:30	0.38	0.38	1.13	MOONEY	2-12-08/3:00		A	COLLERT					
14	WESTERN STA.	DIS	MOONEY	2-19-08/11:10	0.72	0.73	1.06	MOONEY	2-19-08/3:15		A	COLLERT					
15	WELLHOUSE	DIS	MOONEY	2-19-08/11:40	1.31	1.29	1.37	MOONEY	2-19-08/3:15		A	COLLERT					
16	NORTHWEST STA.	DIS	MOONEY	2-19-08/12:00	1.22	1.22	1.32	MOONEY	2-19-08/3:15		A	COLLERT					
17	OFFICE	DIS	MOONEY	2-19-08/12:20	0.73	0.75	1.22	MOONEY	2-19-08/3:15		A	COLLERT					
18	HOSPITAL ST. STA.	DIS	MOONEY	2-19-08/12:45	0.81	0.83	1.09	MOONEY	2-19-08/3:15		A	COLLERT					
19	BEST INN	DIS	MOONEY	2-19-08/2:10	0.34	0.36	1.14	MOONEY	2-19-08/3:15		A	COLLERT					
20	WESTERN STA.	DIS	MOONEY	2-27-08/1:50	1.03	1.03	1.14	MOONEY	2-28-08/10:30		A	COLLERT					
21	WELLHOUSE	DIS	MOONEY	2-27-08/2:05	1.33	1.32	1.12	MOONEY	2-28-08/10:30		A	COLLERT					
22	NORTHWEST STA.	DIS	MOONEY	2-27-08/2:30	1.19	1.21	1.58	MOONEY	2-28-08/10:30		A	COLLERT					
23	OFFICE	DIS	MOONEY	2-27-08/2:50	1.28	1.27	1.11	MOONEY	2-28-08/10:30		A	COLLERT					
24	HOSPITAL ST. STA.	DIS	MOONEY	2-27-08/3:10	1.17	1.18	1.41	MOONEY	2-28-08/10:30		A	COLLERT					
	LAB DISTILLED WATER	SPT	MOONEY	2-26-08/1:15	0.01	0.00		MOONEY	2-26-08/2:00						COND.=1.02	umhos	0.2ML

Monthly Well Production Report
System Type - All GW systems

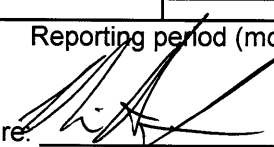
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **3/6/2008**

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	0.44	0.70	0.72	1.87
2	0.37	0.52	0.75	1.63
3	0.37	0.52	0.75	1.64
4	0.48	0.64	0.73	1.84
5	0.34	0.69	0.73	1.76
6	0.36	0.60	0.75	1.71
7	0.39	0.68	0.73	1.80
8	0.48	0.60	0.74	1.82
9	0.29	0.53	0.77	1.60
10	0.03	0.54	0.82	1.39
11	0.46	0.73	0.73	1.92
12	0.39	0.57	0.76	1.72
13	0.35	0.57	0.75	1.67
14	0.45	0.57	0.75	1.77
15	0.49	0.61	0.73	1.82
16	0.40	0.59	0.76	1.75
17	0.36	0.51	0.78	1.65
18	0.17	0.38	0.83	1.38
19	0.43	0.84	0.73	2.01
20	0.40	0.64	0.77	1.82
21	0.23	0.65	0.79	1.67
22	0.49	0.66	0.76	1.91
23	0.42	0.53	0.79	1.74
24	0.24	0.52	0.80	1.56
25	0.45	0.65	0.77	1.87
26	0.56	0.70	0.72	1.98
27	0.42	0.58	0.77	1.77
28	0.29	0.57	0.80	1.66
29	0.54	0.67	0.74	1.95
Sum	11.11	17.56	22.02	50.68

Monthly Operating Report
System Type - All GW systems

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Designated operator name and **Brian Tarbuck**

ME License #: **2026**

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

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

Signature:  Date: **3/7/2008**

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	1.87	n/a	7.58	n/a
2	1.63	n/a	7.57	n/a
3	1.64	n/a	7.57	n/a
4	1.84	n/a	7.57	n/a
5	1.76	n/a	7.58	n/a
6	1.71	n/a	7.57	n/a
7	1.80	n/a	7.58	n/a
8	1.82	n/a	7.57	n/a
9	1.60	n/a	7.57	n/a
10	1.39	n/a	7.58	n/a
11	1.92	n/a	7.58	n/a
12	1.72	n/a	7.56	n/a
13	1.67	n/a	7.56	n/a
14	1.77	n/a	7.56	n/a
15	1.82	n/a	7.56	n/a
16	1.75	n/a	7.56	n/a
17	1.65	n/a	7.55	n/a
18	1.38	n/a	7.55	n/a
19	2.01	n/a	7.58	n/a
20	1.82	n/a	7.57	n/a
21	1.67	n/a	7.57	n/a
22	1.91	n/a	7.56	n/a
23	1.74	n/a	7.56	n/a
24	1.56	n/a	7.55	n/a
25	1.87	n/a	7.56	n/a
26	1.98	n/a	7.56	n/a
27	1.77	n/a	7.55	n/a
28	1.66	n/a	7.55	n/a
29	1.95	n/a	7.55	n/a
Summary	50.68		7.57	

(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	
gal	gal	lbs				mg/L
1.9	17	100				1.02
0.8	19	0				0.78
3.0	16	0				0.67
-0.5	16	150				0.82
1.9	17	0				1.00
1.1	17	0				0.99
2.4	17	0				0.97
1.6	17	150				0.95
1.9	18	0				0.94
-0.3	16	0				0.94
2.7	12	0				0.90
1.6	20	0				0.91
1.1	16	150				0.90
-0.3	14	0				0.87
2.7	18	0				0.88
1.6	17	0				0.86
1.3	17	0				0.87
0.3	15	0				0.88
1.1	24	100				0.90
2.7	14	0				0.96
1.9	17	100				1.08
2.1	14	0				1.11
0.8	19	0				1.12
0.5	17	0				1.12
1.3	16	0				1.13
2.1	19	0				1.12
0.3	21	150				1.13
1.6	17	0				1.15
-0.3	18	0				1.17
38.95	496.67	900.00				0.67

(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:	0.95