

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

TRUSTEES:  
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JOHN CHAREST  
CHARLENE HAMIWKA  
JIM SIMPSON  
THOMAS A. SOTIR

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KENNETH R. KNIGHT, Chair  
DAVID P. SMITH, Vice Chair  
STEPHEN J. ROBERGE, Clerk  
DONALD A. ROBERTS, Treasurer

March 3, 2009

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

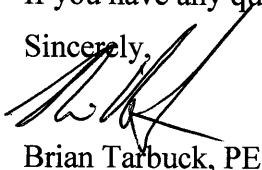
Dear Mr. Whitney:

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 February, 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 Information**


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

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **February, 2009**

Notes: \_\_\_\_\_

Signature:  Date: 3/3/2009

Date	AWD	Location	HETL
2/18/2009 12:00	1.43	Triangle Station	1.40

**Fluoride**

Date	Mgals filtered	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.91	129	1.16	1.22
2	1.79	120	1.12	1.21
3	1.65	113	1.42	1.23
4	1.83	126	1.21	1.24
5	1.77	127	1.21	1.30
6	1.50	108	1.28	1.30
7	1.53	116	1.26	1.37
8	1.82	129	1.26	1.28
9	2.39	154	1.20	1.16
10	1.54	118	1.30	1.38
11	1.87	131	1.26	1.26
12	1.55	119	1.28	1.38
13	1.77	121	1.33	1.23
14	1.46	114	1.31	1.40
15	1.32	105	1.31	1.43
16	1.50	117	1.27	1.40
17	1.74	126	1.24	1.30
18	1.38	102	1.29	1.33
19	1.98	141	1.21	1.29
20	1.44	107	1.29	1.34
21	1.73	126	1.24	1.31
22	1.20	97	1.30	1.45
23	1.73	120	1.26	1.24
24	1.73	122	1.27	1.27
25	1.38	100	1.29	1.30
26	1.85	133	1.23	1.29
27	1.80	128	1.24	1.28
28	1.48	112	1.28	1.37
<b>Avg</b>	<b>1.67</b>	<b>120.04</b>	<b>1.26</b>	<b>1.31</b>
<b>Min</b>	<b>1.20</b>	<b>96.85</b>	<b>1.12</b>	<b>1.16</b>
<b>Max</b>	<b>2.39</b>	<b>154.37</b>	<b>1.42</b>	<b>1.45</b>
<b>Total</b>	<b>46.64</b>	<b>3,361.13</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.

*Jane Mooney*  
 Jane 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 Tryptose 24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WELLHOUSE	DIS	MOONEY	2-3-09/12:40	1.33	1.32	1.18	MOONEY	2-3-09/3:15	A	COLILERT					
2	NORTHWEST STA.	DIS	MOONEY	2-3-09/1:10	0.78	0.78	1.23	MOONEY	2-3-09/3:15	A	COLILERT					
3	12 WILLIAMS ST.	DIS	MOONEY	2-3-09/1:40	1.22	1.23	1.20	MOONEY	2-3-09/3:15	A	COLILERT					
4	HOSPITAL ST. STA.	DIS	MOONEY	2-3-09/2:10	1.01	1.02	1.23	MOONEY	2-3-09/3:15	A	COLILERT					
5	WESTERN STA.	DIS	MOONEY	2-4-09/2:00	0.92	0.93	1.24	MOONEY	2-4-09/3:30	A	COLILERT					
6	QUALITY INN	DIS	MOONEY	2-4-09/2:15	0.58	0.58	1.20	MOONEY	2-4-09/3:30	A	COLILERT					
7	GREYBIRCH	DIS	MOONEY	2-4-09/2:30	0.76	0.78	1.21	MOONEY	2-4-09/3:30	A	COLILERT					
8	WELLHOUSE	DIS	MOONEY	2-11-09/10:40	1.32	1.31	1.34	MOONEY	2-11-09/2:45	A	COLILERT					
9	NORTHWEST STA.	DIS	MOONEY	2-11-09/11:30	1.25	1.25	1.51	MOONEY	2-11-09/2:45	A	COLILERT					
10	WILLOW ST. STA.	DIS	MOONEY	2-11-09/11:50	1.08	1.07	1.33	MOONEY	2-11-09/2:45	A	COLILERT					
11	12 WILLIAMS ST.	DIS	MOONEY	2-11-09/12:15	1.21	1.22	1.26	MOONEY	2-11-09/2:45	A	COLILERT					
12	HOSPITAL ST. STA.	DIS	MOONEY	2-11-09/12:40	1.03	1.04	1.24	MOONEY	2-11-09/2:45	A	COLILERT					
13	K.V.CREDIT UNION	DIS	MOONEY	2-11-09/1:40	1.02	1.02	1.27	MOONEY	2-11-09/2:45	A	COLILERT					
14	WESTERN STA.	DIS	MOONEY	2-13-09/11:00	0.84	0.84	1.19	MOONEY	2-13-09/11:45	A	COLILERT					
15	MANCHESTER TOWN OFFICE	DIS	MOONEY	2-18-09/11:35	0.51	0.53	1.26	MOONEY	2-18-09/3:00	A	COLILERT					
16	WELLHOUSE	DIS	MOONEY	2-18-09/12:00	1.48	1.47	1.43	MOONEY	2-18-09/3:00	A	COLILERT					
17	NORTHWEST STA.	DIS	MOONEY	2-18-09/12:40	1.24	1.24	1.33	MOONEY	2-18-09/3:00	A	COLILERT					
18	12 WILLIAMS ST.	DIS	MOONEY	2-18-09/1:10	1.25	1.25	1.39	MOONEY	2-18-09/3:00	A	COLILERT					
19	HOSPITAL ST. STA.	DIS	MOONEY	2-18-09/1:30	1.13	1.12	1.32	MOONEY	2-18-09/3:00	A	COLILERT					
20	WELLHOUSE	DIS	MOONEY	2-24-09/11:50	1.30	1.31	1.21	MOONEY	2-24-09/3:00	A	COLILERT					
21	CMP. OLD WINTHROP RD.	DIS	MOONEY	2-24-09/12:20	0.84	0.84	1.26	MOONEY	2-24-09/3:00	A	COLILERT					
22	NORTHWEST STA.	DIS	MOONEY	2-24-09/12:45	1.25	1.25	1.28	MOONEY	2-24-09/3:00	A	COLILERT					
23	12 WILLIAMS ST.	DIS	MOONEY	2-24-09/1:15	1.35	1.34	1.34	MOONEY	2-24-09/3:00	A	COLILERT					
24	HOSPITAL ST. STA.	DIS	MOONEY	2-24-09/1:35	1.16	1.17	1.35	MOONEY	2-24-09/3:00	A	COLILERT					
*	LAB DISTILLED WATER	SPT	MOONEY	2-12-09/8:30	0.01	0.01		MOONEY	2-12-09/10:00						COND.=1.46	us/cm
																0.2ML

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

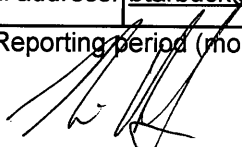
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **3/3/2009**

**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	0.61	0.87	0.43	1.91
2	0.63	1.03	0.12	1.79
3	0.54	0.77	0.34	1.65
4	0.63	1.03	0.18	1.83
5	0.86	0.45	0.45	1.77
6	0.89	0.33	0.28	1.50
7	0.90	0.17	0.45	1.53
8	0.87	0.53	0.42	1.82
9	0.79	0.98	0.62	2.39
10	0.90	0.15	0.49	1.54
11	0.86	0.29	0.72	1.87
12	0.88	0.27	0.40	1.55
13	0.87	0.53	0.37	1.77
14	0.89	0.12	0.45	1.46
15	0.91	0.00	0.40	1.32
16	0.90	0.00	0.61	1.50
17	0.86	0.44	0.45	1.74
18	0.90	0.14	0.35	1.38
19	0.84	0.44	0.70	1.98
20	0.89	0.28	0.27	1.44
21	0.85	0.47	0.41	1.73
22	0.90	0.12	0.17	1.20
23	0.84	0.53	0.36	1.73
24	0.85	0.52	0.36	1.73
25	0.88	0.20	0.30	1.38
26	0.84	0.29	0.73	1.85
27	0.86	0.20	0.74	1.80
28	0.87	0.31	0.29	1.48
Sum	<b>23.29</b>	<b>11.49</b>	<b>11.86</b>	<b>46.64</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): **February - 09**

Signature:  Date: **3/3/2009**

### 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	1.91	n/a	7.64	n/a
2	1.79	n/a	7.65	n/a
3	1.65	n/a	7.66	n/a
4	1.83	n/a	7.65	n/a
5	1.77	n/a	7.59	n/a
6	1.50	n/a	7.59	n/a
7	1.53	n/a	7.57	n/a
8	1.82	n/a	7.59	n/a
9	2.39	n/a	7.83	n/a
10	1.54	n/a	7.67	n/a
11	1.87	n/a	7.75	n/a
12	1.55	n/a	7.86	n/a
13	1.77	n/a	7.87	n/a
14	1.46	n/a	7.85	n/a
15	1.32	n/a	7.85	n/a
16	1.50	n/a	7.85	n/a
17	1.74	n/a	7.87	n/a
18	1.38	n/a	7.87	n/a
19	1.98	n/a	7.87	n/a
20	1.44	n/a	7.88	n/a
21	1.73	n/a	7.88	n/a
22	1.20	n/a	7.87	n/a
23	1.73	n/a	7.89	n/a
24	1.73	n/a	7.89	n/a
25	1.38	n/a	7.88	n/a
26	1.85	n/a	7.87	n/a
27	1.80	n/a	7.86	n/a
28	1.48	n/a	7.89	n/a
<b>Summary</b>	<b>46.64</b>		<b>7.79</b>	
	(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
1.6	17	0				1.12
0.8	20	0				1.14
0.8	19	0				1.08
1.9	19	50				1.16
1.6	21	0				1.22
1.3	20	100				1.23
1.1	17	0				1.31
0.5	16	0				1.15
1.6	20	150				1.27
2.4	27	100				1.28
0.3	18	0				1.39
1.3	18	0				1.36
1.1	12	100				1.41
2.1	22	0				1.41
0.8	16	0				1.32
0.8	15	0				1.39
1.1	18	0				1.38
2.1	21	100				1.29
0.5	17	0				1.30
1.3	23	100				1.22
1.6	19	0				1.32
1.3	20	0				1.32
0.5	15	100				1.30
1.9	21	0				1.32
1.6	20	100				1.34
1.3	18	0				1.36
1.1	22	50				1.40
0.3	22	0				1.38
<b>34.92</b>	<b>532.41</b>	<b>950.00</b>				<b>1.08</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:	1.08