

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

BRIAN TARBUCK
General Manager

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April 4, 2008

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

Dear Mr. Whitney:

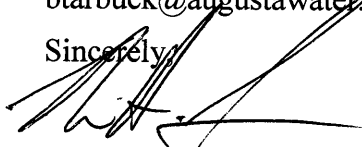
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of March, 2008. You should find the following documents:

1. Fluoridation Report;
2. Total Coliform Monitoring Report;
3. South Well, Brookside Well and Triangle Well pumpage report;
4. Triangle Station Monthly Operating Report; and
5. East Pittston Water District (PWSID 92255) total coliform 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Please note that the Augusta Water District has been replaced by the Greater Augusta Utility District effective January 1, 2008.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 btaruck@augustawater.org.

Sincerely,



Brian Tarbuck, PE

Monthly Fluoride Report
System Type - Fluoride Systems

System Information

System Name: **Greater Augusta Utility District**

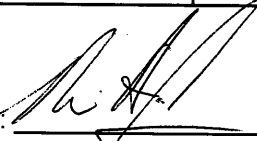
Treatment plant/pump station: **Triangle Station**

PWSID#: **90080**

Fluoride Chemical Used: **Sodium Fluoride**

Reporting period: **March, 2008**

Notes:

Signature:  Date: **4/4/2008**

Date	GAUD	Location	HETL
3/12/2008 10:00	1.29	Triangle Wellhouse	1.30

Fluoride

Date	Total production	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.81	125.1	1.13	1.24
2	1.50	103.9	1.12	1.25
3	2.03	136.3	1.07	1.21
4	1.90	123.1	1.04	1.17
5	2.18	139.2	1.14	1.15
6	1.66	113.9	1.13	1.23
7	1.87	127.2	1.11	1.22
8	1.77	119.0	1.09	1.21
9	1.64	113.0	1.09	1.24
10	1.93	121.1	1.10	1.13
11	1.73	117.0	1.12	1.22
12	1.85	123.1	1.10	1.20
13	1.71	108.9	1.12	1.15
14	1.97	124.0	1.12	1.13
15	1.66	110.0	1.09	1.19
16	1.63	108.9	1.07	1.20
17	1.89	123.2	1.06	1.17
18	1.68	113.0	1.07	1.21
19	1.89	117.0	1.09	1.12
20	1.75	115.0	1.07	1.18
21	1.94	126.1	1.03	1.17
22	1.55	106.9	1.02	1.24
23	1.89	122.0	0.98	1.16
24	1.79	111.9	0.97	1.13
25	1.95	128.2	1.05	1.18
26	1.83	121.1	1.04	1.19
27	1.74	121.0	0.92	1.25
28	1.90	107.9	0.76	1.02
29	1.61	105.8	1.05	1.19
30	1.81	120.0	1.02	1.19
31	1.93	123.1	1.02	1.15
Avg	1.81	118.58	1.06	1.18
Min	1.50	103.90	0.76	1.02
Max	2.18	139.23	1.14	1.25
Total	55.99	3,675.95		

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
 June Mooney, Water Quality Specialist

Number of samples required 15
 Number of samples taken for compliance 25
 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
1	WESTERN STA.	DIS	MOONEY	3-3-08/11:45	0.81	0.83	1.10	MOONEY	3-3-08/3:30	A	COLILERT			
2	WELLHOUSE	DIS	MOONEY	3-3-08/12:00	1.29	1.28	1.16	MOONEY	3-3-08/3:30	A	COLILERT			
3	NORTHWEST STA.	DIS	MOONEY	3-3-08/12:30	1.22	1.21	1.22	MOONEY	3-3-08/3:30	A	COLILERT			
4	WILLOW ST. STA.	DIS	MOONEY	3-3-08/1:00	1.18	1.17	1.18	MOONEY	3-3-08/3:30	A	COLILERT			
5	OFFICE	DIS	MOONEY	3-3-08/1:30	1.24	1.24	1.18	MOONEY	3-3-08/3:30	A	COLILERT			
6	HOSPITAL ST. STA.	DIS	MOONEY	3-3-08/1:50	0.93	0.94	1.13	MOONEY	3-3-08/3:30	A	COLILERT			
7	WESTERN STA.	DIS	MOONEY	3-11-08/10:00	1.10	1.11	1.29	MOONEY	3-12-08/8:15	A	COLILERT			
8	WELLHOUSE	DIS	MOONEY	3-11-08/10:30	1.31	1.30	1.14	MOONEY	3-12-08/8:15	A	COLILERT			
9	NORTHWEST STA.	DIS	MOONEY	3-11-08/10:50	1.22	1.22	1.27	MOONEY	3-12-08/8:15	A	COLILERT			
10	OFFICE	DIS	MOONEY	3-11-08/11:15	1.24	1.23	1.09	MOONEY	3-12-08/8:15	A	COLILERT			
11	HOSPITAL ST. STA.	DIS	MOONEY	3-11-08/1:40	0.97	0.97	1.15	MOONEY	3-12-08/8:15	A	COLILERT			
12	1000 RIVERSIDE DR.	DIS	MOONEY	3-11-08/1:50	0.78	0.78	1.15	MOONEY	3-12-08/8:15	A	COLILERT			
13	FARRINGTON SCHOOL	DIS	MOONEY	3-11-08/1:20	1.08	1.08	1.19	MOONEY	3-12-08/8:15	A	COLILERT			
14	WELLHOUSE	DIS	MOONEY	3-17-08/10:10	1.27	1.25	1.11	MOONEY	3-17-08/3:15	A	COLILERT			
15	WESTERN STA.	DIS	MOONEY	3-17-08/10:40	0.83	0.83	1.08	MOONEY	3-17-08/3:15	A	COLILERT			
16	NORTHWEST STA.	DIS	MOONEY	3-17-08/11:00	1.18	1.19	1.11	MOONEY	3-17-08/3:15	A	COLILERT			
17	OFFICE	DIS	MOONEY	3-17-08/11:30	1.13	1.13	1.08	MOONEY	3-17-08/3:15	A	COLILERT			
18	HOSPITAL ST. STA.	DIS	MOONEY	3-17-08/11:45	0.96	0.96	1.10	MOONEY	3-17-08/3:15	A	COLILERT			
19	BEST INN	DIS	MOONEY	3-17-08/1:30	0.76	0.77	1.13	MOONEY	3-17-08/3:15	A	COLILERT			
20	MANCHESTER TOWN OFFICE	DIS	MOONEY	3-17-08/2:00	0.59	0.61	1.07	MOONEY	3-17-08/3:15	A	COLILERT			
21	WELLHOUSE	DIS	MOONEY	3-25-08/10:30	1.31	1.29	0.83	MOONEY	3-25-08/1:45	A	COLILERT			
22	WESTERN STA.	DIS	MOONEY	3-25-08/11:00	0.85	0.87	1.12	MOONEY	3-25-08/1:45	A	COLILERT			
23	NORTHWEST STA.	DIS	MOONEY	3-25-08/11:25	1.21	1.22	1.09	MOONEY	3-25-08/1:45	A	COLILERT			
24	OFFICE	DIS	MOONEY	3-25-08/11:50	1.05	1.04	1.13	MOONEY	3-25-08/1:45	A	COLILERT			
25	HOSPITAL ST. STA.	DIS	MOONEY	3-25-08/12:10	1.08	1.08	1.10	MOONEY	3-25-08/1:45	A	COLILERT			
*	LAB DISTILLED WATER	SPT	MOONEY	3-12-08/8:30	0.02	0.01		MOONEY	3-12-08/9:20			COND.=0.98	UMHOS	0.2ML

Monthly Well Production Report

System Type - All GW systems

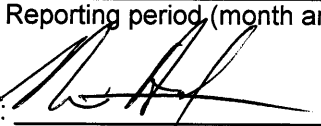
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

Signature:  Date: **4/4/2008**

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. This is a supplemental report to the MOR.

Daily water production (MG)

Date	Triangle Well	South Well	Brookside Well	Sum
1	0.46	0.60	0.75	1.81
2	0.28	0.42	0.80	1.50
3	0.59	0.72	0.73	2.03
4	0.48	0.67	0.74	1.90
5	0.64	0.86	0.69	2.18
6	0.38	0.50	0.79	1.66
7	0.39	0.74	0.74	1.87
8	0.44	0.56	0.77	1.77
9	0.36	0.50	0.78	1.64
10	0.44	0.73	0.76	1.93
11	0.42	0.53	0.78	1.73
12	0.42	0.67	0.76	1.85
13	0.39	0.54	0.78	1.71
14	0.49	0.73	0.75	1.97
15	0.32	0.55	0.79	1.66
16	0.23	0.60	0.81	1.63
17	0.39	0.75	0.76	1.89
18	0.27	0.61	0.80	1.68
19	0.48	0.66	0.76	1.89
20	0.37	0.60	0.78	1.75
21	0.54	0.69	0.71	1.94
22	0.25	0.49	0.81	1.55
23	0.40	0.74	0.75	1.89
24	0.41	0.61	0.77	1.79
25	0.45	0.76	0.75	1.95
26	0.39	0.67	0.77	1.83
27	0.38	0.60	0.76	1.74
28	0.51	0.63	0.76	1.90
29	0.28	0.53	0.80	1.61
30	0.32	0.73	0.76	1.81
31	0.52	0.69	0.72	1.93
Sum	12.67	19.66	23.66	55.99

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: **bstarbuck@augustawater.org**

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

Signature:  Date: **4/4/2008**

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	1.81	n/a	7.55	n/a
2	1.50	n/a	7.54	n/a
3	2.03	n/a	7.55	n/a
4	1.90	n/a	7.55	n/a
5	2.18	n/a	7.56	n/a
6	1.66	n/a	7.54	n/a
7	1.87	n/a	7.56	n/a
8	1.77	n/a	7.55	n/a
9	1.64	n/a	7.54	n/a
10	1.93	n/a	7.56	n/a
11	1.73	n/a	7.55	n/a
12	1.85	n/a	7.56	n/a
13	1.71	n/a	7.55	n/a
14	1.97	n/a	7.56	n/a
15	1.66	n/a	7.55	n/a
16	1.63	n/a	7.55	n/a
17	1.89	n/a	7.56	n/a
18	1.68	n/a	7.55	n/a
19	1.89	n/a	7.54	n/a
20	1.75	n/a	7.54	n/a
21	1.94	n/a	7.54	n/a
22	1.55	n/a	7.53	n/a
23	1.89	n/a	7.55	n/a
24	1.79	n/a	7.53	n/a
25	1.95	n/a	7.54	n/a
26	1.83	n/a	7.54	n/a
27	1.74	n/a	7.53	n/a
28	1.90	n/a	7.53	n/a
29	1.61	n/a	7.53	n/a
30	1.81	n/a	7.54	n/a
31	1.93	n/a	7.53	n/a
Summary	55.99		7.55	

(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
5	20	0				1.26
1	18	0				1.27
2	16	0				1.27
-3	20	100				1.29
3	21	100				1.25
0	19	0				1.27
6	22	0				1.21
1	20	150				1.16
1	18	0				1.16
2	17	0				1.18
2	21	0				1.17
2	18	100				1.13
2	19	0				1.11
2	18	100				1.10
2	21	0				1.09
2	17	0				1.08
1	17	0				1.06
2	17	0				1.09
1	12	100				1.08
1	21	0				1.08
2	17	0				1.04
2	20	0				1.06
1	16	0				1.03
2	20	0				1.02
2	19	0				1.16
1	21	0				1.30
2	18	0				1.29
2	19	0				1.27
2	19	0				1.30
2	17	0				1.33
1	20	150				1.33
51.31	578	800				1.02

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

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calciquest liquid 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:	1.06

MAINE DRINKING WATER PROGRAM TOTAL COLIFORM BACTERIA RESULTS

Please read the sampling instructions on the back of this form. Sample Collector must fill out shaded sections.
For small water systems taking less than 10 samples per month.

Water Test Results for the Month: March Year: 2008

Public Water System Information	
System's name:	East Pittston H ₂ O
Sampler's phone #:	623-4633
PWSID#:	92255
Address:	1200 East Pittston Rd Pittston Me 04345
Sample Category (1):	Bacti
Sampler's name:	Bill Wilkinson

Laboratory Information	
Lab name:	Greater Augusta Utility District
Lab certification:	ME012
Lab mgr. name:	June Mooney
Lab phone #:	623-4633 x 229

#	Sample collection point	Date & time sample was taken	Laboratory sample ID #	Date & time sample was processed	Total Coliform count	Noncoliform count (Mem. filtration only)	Fecal coliform or E. Coli (2)	EPA/STD Method
1	Village Store	3/24/08 4:15 pm	080322	3/25/08 8:30	negative			9223B
2								
3								
4								

I (we) understand this report will be submitted to the Maine Drinking Water Program.

Sampler's Signature: Bill Wilkinson

Laboratory signature: June Mooney

(1) Routine Compliance, Recheck, Operation & Maintenance, Raw Water, or Special Purpose.
(2) Fecal Coliform or E. Coli analysis must be performed on all Coliform positive samples.