

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

BRIAN TARBUCK  
General Manager

TRUSTEES:  
KENNETH R. KNIGHT, Chair  
SUSAN FARNSWORTH, Vice Chair  
STEPHEN J. ROBERGE, Clerk  
LISA M. HASKELL, Treasurer

TRUSTEES:  
DENNIS KINNEY  
RALPH ST PIERRE  
DONALD A. ROBERTS  
THOMAS A. SOTIR  
DAVID P. SMITH

May 7, 2008

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

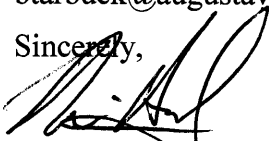
Dear Mr. Whitney:

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 April, 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.

If you have any questions, please contact me at 622-8880 x117, or via email at [btarbuck@augustawater.org](mailto:btarbuck@augustawater.org).

Sincerely,




Brian Tarbuck PE

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

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **April, 2008**

Signature:  Date: **5/8/2008**

**System Information**

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

Notes:

Date	AWD	Location	HETL
4/8/08 10:25 AM	0.95	Triangle Station	1.2

**Fluoride**

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.74	114	1.06	1.18
2	1.97	124	1.07	1.13
3	1.82	119	1.06	1.18
4	1.83	115	1.14	1.13
5	1.79	118	1.07	1.19
6	1.86	120	1.08	1.16
7	1.97	126	1.08	1.15
8	2.08	127	1.00	1.10
9	1.92	127	1.02	1.19
10	1.84	124	1.05	1.21
11	1.86	121	1.07	1.17
12	1.59	114	1.05	1.29
13	1.61	107	1.05	1.20
14	1.88	122	1.03	1.17
15	1.55	123	1.08	1.43
16	1.91	123	1.12	1.16
17	1.62	124	1.08	1.38
18	1.78	108	1.06	1.09
19	1.72	110	1.10	1.15
20	1.76	112	1.06	1.14
21	1.72	113	1.06	1.18
22	1.83	117	0.99	1.15
23	1.88	119	1.08	1.14
24	1.97	128	1.07	1.17
25	0.94	129	0.99	2.47
26	2.48	153	0.99	1.11
27	1.89	155	0.90	1.48
28	1.80	124	0.86	1.24
29	1.54	113	1.07	1.32
30	1.86	117	1.01	1.13
<b>Avg</b>	<b>1.80</b>	<b>122</b>	<b>1.05</b>	<b>1.24</b>
<b>Min</b>	<b>0.94</b>	<b>107</b>	<b>0.86</b>	<b>1.09</b>
<b>Max</b>	<b>2.48</b>	<b>155</b>	<b>1.14</b>	<b>2.47</b>
<b>Total</b>	<b>54.01</b>	<b>3,648</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

Notes:

**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 30  
 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 M. Conway*  
 June Mooney, Water Quality Specialist

Sam. #	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 Tryplose 24 hr	48 hr	bril. green	EC 44.5c	HPC 48 H
1	WESTERN STA.	DIS	MOONEY	4-1-08/2:25	0.98	0.98	1.08	MOONEY	4-2-08/7:45	A	COLLERT					
2	WELLHOUSE	DIS	MOONEY	4-1-08/2:40	1.32	1.32	1.07	MOONEY	4-2-08/7:45	A	COLLERT					
3	NORTHWEST STA.	DIS	MOONEY	4-1-08/2:55	1.21	1.20	1.16	MOONEY	4-2-08/7:45	A	COLLERT					
4	OFFICE	DIS	MOONEY	4-1-08/3:20	1.26	1.24	1.10	MOONEY	4-2-08/7:45	A	COLLERT					
5	HOSPITAL ST. STA.	DIS	MOONEY	4-1-08/3:35	1.09	1.09	1.16	MOONEY	4-2-08/7:45	A	COLLERT					
6	WELLHOUSE	DIS	MOONEY	4-8-08/10:25	1.28	1.28	0.95	MOONEY	4-8-08/3:45	A	COLLERT					
7	WESTERN STA.	DIS	MOONEY	4-8-08/10:40	0.92	0.93	1.11	MOONEY	4-8-08/3:45	A	COLLERT					
8	NORTHWEST STA.	DIS	MOONEY	4-8-08/11:05	1.19	1.21	1.06	MOONEY	4-8-08/3:45	A	COLLERT					
9	OFFICE	DIS	MOONEY	4-8-08/11:30	1.17	1.18	1.06	MOONEY	4-8-08/3:45	A	COLLERT					
10	HOSPITAL ST. STA.	DIS	MOONEY	4-8-08/11:50	1.00	1.03	1.10	MOONEY	4-8-08/3:45	A	COLLERT					
11	WILLOW ST. STA.	DIS	MOONEY	4-8-08/1:10	1.02	1.05	1.17	MOONEY	4-8-08/3:45	A	COLLERT					
12	TOGUS STA.	DIS	MOONEY	4-8-08/1:40	0.83	0.83	1.15	MOONEY	4-8-08/3:45	A	COLLERT					
13	GREYBIRCH	DIS	MOONEY	4-8-08/2:15	0.85	0.87	1.13	MOONEY	4-8-08/3:45	A	COLLERT					
14	WELLHOUSE	DIS	MOONEY	4-15-08/10:50	1.35	1.34	1.15	MOONEY	4-15-08/3:30	A	COLLERT					
15	WESTERN STA.	DIS	MOONEY	4-15-08/1:15	1.06	1.07	1.10	MOONEY	4-15-08/3:30	A	COLLERT					
16	OFFICE	DIS	MOONEY	4-15-08/1:45	1.20	1.22	1.22	MOONEY	4-15-08/3:30	A	COLLERT					
17	NORTHWEST STA.	DIS	MOONEY	4-15-08/1:20	1.18	1.19	1.22	MOONEY	4-15-08/3:30	A	COLLERT					
18	HOSPITAL ST. STA.	DIS	MOONEY	4-15-08/1:40	0.88	0.89	1.06	MOONEY	4-15-08/3:30	A	COLLERT					
19	BEST INN	DIS	MOONEY	4-15-08/2:10	0.38	0.43	1.11	MOONEY	4-15-08/3:30	A	COLLERT					
20	WESTERN STA.	DIS	MOONEY	4-22-08/8:55	0.86	0.86	1.11	MOONEY	4-22-08/3:15	A	COLLERT					
21	NORTHWEST STA.	DIS	MOONEY	4-22-08/9:45	1.18	1.18	1.07	MOONEY	4-22-08/3:15	A	COLLERT					
22	OFFICE	DIS	MOONEY	4-22-08/10:05	1.19	1.17	1.19	MOONEY	4-22-08/3:15	A	COLLERT					
23	HOSPITAL ST. STA.	DIS	MOONEY	4-22-08/10:25	1.02	1.00	1.05	MOONEY	4-22-08/3:15	A	COLLERT					
24	MANCHESTER TOWN OFFICE	DIS	MOONEY	4-22-08/12:50	0.20	0.21	1.06	MOONEY	4-22-08/3:15	A	COLLERT					
25	WELLHOUSE	DIS	MOONEY	4-22-08/1:30	1.28	1.24	1.00	MOONEY	4-22-08/3:15	A	COLLERT					
26	WELLHOUSE	DIS	MOONEY	4-29-08/1:25	0.88	0.79	1.02	MOONEY	4-30-08/8:30	A	COLLERT					
27	WESTERN STA.	DIS	MOONEY	4-29-08/1:45	1.20	1.20	1.12	MOONEY	4-30-08/8:30	A	COLLERT					
28	NORTHWEST STA.	DIS	MOONEY	4-29-08/12:15	1.18	1.16	1.10	MOONEY	4-30-08/8:30	A	COLLERT					
29	OFFICE	DIS	MOONEY	4-29-08/12:35	1.02	1.02	1.04	MOONEY	4-30-08/8:30	A	COLLERT					
30	HOSPITAL ST. STA.	DIS	MOONEY	4-29-08/1:00	0.01	0.01		MOONEY	4-28-08/10:00	A	COLLERT					
*	LAB DISTILLED WATER	SPT	MOONEY	4-28-08/8:45										COND.=1.10	UMHOS	0.2MIL

**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): **April - 08**

Signature:  Date: **5/8/2008**

**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	0.23	0.73	0.79	1.74
2	0.49	0.76	0.72	1.97
3	0.43	0.66	0.73	1.82
4	0.49	1.06	0.28	1.83
5	0.57	1.06	0.17	1.79
6	0.46	1.05	0.35	1.86
7	0.52	1.05	0.39	1.97
8	0.85	1.04	0.20	2.08
9	0.70	1.06	0.17	1.92
10	0.49	1.06	0.29	1.84
11	0.49	1.06	0.31	1.86
12	0.52	0.93	0.14	1.59
13	0.38	1.08	0.16	1.61
14	0.48	1.06	0.34	1.88
15	0.42	1.08	0.04	1.55
16	0.49	1.06	0.36	1.91
17	0.34	1.07	0.21	1.62
18	0.53	0.86	0.39	1.78
19	0.55	1.07	0.10	1.72
20	0.49	0.89	0.38	1.76
21	0.46	1.06	0.20	1.72
22	0.61	1.06	0.16	1.83
23	0.48	1.05	0.34	1.88
24	0.53	1.05	0.39	1.97
25	0.32	0.40	0.22	0.94
26	0.83	1.00	0.65	2.48
27	0.50	1.05	0.34	1.89
28	0.32	1.07	0.41	1.80
29	0.66	0.05	0.83	1.54
30	0.70	0.39	0.77	1.86
<b>Sum</b>	<b>15.30</b>	<b>27.88</b>	<b>10.82</b>	<b>54.01</b>

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

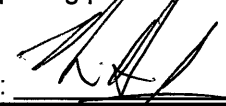
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

Signature:  Date: **5/8/2008**

**System Information**

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

Select one

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:  
 The wells were shutdown for a short period on the 25th and 26th for pipe painting which skewed data.

Daily water production				
Date	Mgals pumped	Peak hourly flow	pH	Dis. log inactivation
1	1.74	n/a	7.55	n/a
2	1.97	n/a	7.54	n/a
3	1.82	n/a	7.53	n/a
4	1.83	n/a	7.62	n/a
5	1.79	n/a	7.60	n/a
6	1.86	n/a	7.62	n/a
7	1.97	n/a	7.60	n/a
8	2.08	n/a	7.55	n/a
9	1.92	n/a	7.58	n/a
10	1.84	n/a	7.60	n/a
11	1.86	n/a	7.61	n/a
12	1.59	n/a	7.61	n/a
13	1.61	n/a	7.62	n/a
14	1.88	n/a	7.60	n/a
15	1.55	n/a	7.61	n/a
16	1.91	n/a	7.60	n/a
17	1.62	n/a	7.61	n/a
18	1.78	n/a	7.59	n/a
19	1.72	n/a	7.57	n/a
20	1.76	n/a	7.58	n/a
21	1.72	n/a	7.58	n/a
22	1.83	n/a	7.56	n/a
23	1.88	n/a	7.58	n/a
24	1.97	n/a	7.58	n/a
25	0.94	n/a	7.61	n/a
26	2.48	n/a	7.53	n/a
27	1.89	n/a	7.58	n/a
28	1.80	n/a	7.59	n/a
29	1.54	n/a	7.51	n/a
30	1.86	n/a	7.52	n/a
Summary	<b>54.01</b>		<b>7.58</b>	

From table below:

Chemical usage						Disinfectant Residual
1	2	3	4	5	6	
gal	gal	lbs				mg/L
1.1	20	0				1.40
1.1	17	100				1.40
1.6	22	0				1.41
2.1	18	100				1.36
1.9	20	0				1.36
1.1	18	0				1.35
-1.3	19	0				1.34
2.1	20	50				1.25
1.9	22	0				1.24
0.5	21	0				1.23
3.8	19	150				1.21
1.9	20	0				1.16
2.1	17	0				1.17
0.8	17	0				1.15
1.6	20	150				1.15
-1.3	16	0				1.15
1.9	16	0				1.14
1.6	17	100				1.08
1.3	20	0				1.10
1.1	17	0				1.04
1.9	17	0				1.06
1.6	18	0				1.06
1.3	20	0				1.07
4.8	29	0				1.11
4.0	12	0				0.76
2.7	2	0				0.81
2.7	19	0				1.17
-1.9	18	150				1.20
4.3	19	0				1.25
0.8	16	150				1.25
<b>49.16</b>	<b>544</b>	<b>950</b>				<b>0.76</b>

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

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

(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:	30	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.02