

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

BRIAN TARBUCK  
General Manager

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July 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 June, 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. Total coliform bacteria results for East Pittston Water District, PWSID: 92255

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

Sincerely,



Brian Tarbuck, PE

<b>Monthly Fluoride Report</b>		<b>System Information</b>			
<b>System Type - Fluoride Systems</b>		Treatment plant/pump station:	Triangle Station		
System Name:	Greater Augusta Utility District	Fluoride Chemical Used:	Sodium fluoride		
PWSID#:	90080	<b>Notes:</b>			
Reporting period:	June, 2008				
Signature:  Date: 7/3/2008		Date	AWD	Location	HETL
		6/3/2008 14:00	1.19	Triangle Wellhouse	1.10

Fluoride				
Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.97	135	1.10	1.23
2	2.02	137	0.77	1.22
3	1.61	134	0.76	1.50
4	2.05	112	0.51	0.98
5	1.71	96	0.63	1.01
6	1.93	135	1.27	1.26
7	1.58	137	1.16	1.56
8	2.07	136	1.16	1.18
9	2.10	139	1.22	1.20
10	2.16	144	1.22	1.20
11	2.22	147	1.17	1.19
12	2.01	149	1.05	1.34
13	2.24	146	1.17	1.18
14	1.86	148	1.21	1.44
15	1.72	128	1.14	1.34
16	1.86	119	1.10	1.15
17	1.79	120	1.21	1.21
18	2.05	136	1.16	1.20
19	2.06	138	1.19	1.21
20	1.70	139	1.18	1.48
21	2.12	142	1.20	1.21
22	1.63	143	1.24	1.59
23	2.23	144	1.23	1.16
24	1.86	146	1.22	1.41
25	1.95	128	1.21	1.18
26	1.99	132	1.21	1.19
27	1.69	134	1.24	1.43
28	1.79	124	1.22	1.25
29	1.78	126	1.19	1.27
30	2.18	139	1.21	1.15
<b>Avg</b>	<b>1.93</b>	<b>135</b>	<b>1.12</b>	<b>1.26</b>
<b>Min</b>	<b>1.58</b>	<b>96</b>	<b>0.51</b>	<b>0.98</b>
<b>Max</b>	<b>2.24</b>	<b>149</b>	<b>1.27</b>	<b>1.59</b>
<b>Total</b>	<b>57.93</b>	<b>4,038</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:**  
Sodium fluoride saturator was taken out of service for routine cleaning and maintenance on June 4 at 08:30 AM and returned to service on June 5 at 10:00 AM.

**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, Water Quality Specialist

Number of samples required 15  
 Number of samples taken for compliance 26  
 Number of quality control samples 1  
 Number of positive samples 0

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		Method	Lauryl Tryptose	EC 44.5c	HPC 48 hrs
										Present/Absent	Present/Absent				
1	WESTERN STA.	DIS	MOONEY	6-3-08/11:00	1.17	1.17	1.15	MOONEY	6-4-08/8:15	A	COLILERT				
2	NORTHWEST STA.	DIS	MOONEY	6-3-08/11:25	1.28	1.28	1.14	MOONEY	6-4-08/8:15	A	COLILERT				
3	WILLOW ST. STA.	DIS	MOONEY	6-3-08/12:05	1.11	1.10	1.13	MOONEY	6-4-08/8:15	A	COLILERT				
4	OFFICE	DIS	MOONEY	6-3-08/12:40	1.23	1.20	1.15	MOONEY	6-4-08/8:15	A	COLILERT				
5	HOSPITAL ST. STA.	DIS	MOONEY	6-3-08/1:00	0.97	0.97	1.17	MOONEY	6-4-08/8:15	A	COLILERT				
6	FARRINGTON SCHOOL	DIS	MOONEY	6-3-08/1:20	1.06	1.05	1.13	MOONEY	6-4-08/8:15	A	COLILERT				
7	WELLHOUSE	DIS	MOONEY	6-3-08/2:00	1.39	1.38	1.19	MOONEY	6-4-08/8:15	A	COLILERT				
8	WESTERN STA.	DIS	MOONEY	6-10-08/9:50	0.84	0.83	1.12	MOONEY	6-10-08/3:30	A	COLILERT				
9	WELLHOUSE	DIS	MOONEY	6-10-08/10:10	1.20	1.18	1.27	MOONEY	6-10-08/3:30	A	COLILERT				
10	NORTHWEST STA.	DIS	MOONEY	6-10-08/10:35	1.12	1.13	1.33	MOONEY	6-10-08/3:30	A	COLILERT				
11	OFFICE	DIS	MOONEY	6-10-08/11:00	1.11	1.10	1.31	MOONEY	6-10-08/3:30	A	COLILERT				
12	HOSPITAL ST. STA.	DIS	MOONEY	6-10-08/11:20	1.01	0.99	1.23	MOONEY	6-10-08/3:30	A	COLILERT				
13	1000 RIVERSIDE DR.	DIS	MOONEY	6-10-08/2:10	0.52	0.53	0.98	MOONEY	6-10-08/3:30	A	COLILERT				
14	WELLHOUSE	DIS	MOONEY	6-17-08/10:00	1.17	1.17	1.12	MOONEY	6-17-08/2:45	A	COLILERT				
15	WESTERN STA.	DIS	MOONEY	6-17-08/10:30	0.79	0.78	1.15	MOONEY	6-17-08/2:45	A	COLILERT				
16	QUALITY INN (BEST INN)	DIS	MOONEY	6-17-08/11:00	0.59	0.60	1.12	MOONEY	6-17-08/2:45	A	COLILERT				
17	NORTHWEST STA.	DIS	MOONEY	6-17-08/11:20	1.11	1.11	1.18	MOONEY	6-17-08/2:45	A	COLILERT				
18	K.V. CREDIT UNION	DIS	MOONEY	6-17-08/11:40	0.65	0.66	1.10	MOONEY	6-17-08/2:45	A	COLILERT				
19	OFFICE	DIS	MOONEY	6-17-08/12:00	1.08	1.06	1.18	MOONEY	6-17-08/2:45	A	COLILERT				
20	HOSPITAL ST. STA.	DIS	MOONEY	6-17-08/12:20	0.90	0.91	1.18	MOONEY	6-17-08/2:45	A	COLILERT				
21	MANCHESTER TOWN OFFICE	DIS	MOONEY	6-17-08/2:00	0.38	0.39	1.11	MOONEY	6-17-08/2:45	A	COLILERT				
22	WELLHOUSE	DIS	MOONEY	6-24-08/10:00	1.19	1.16	1.27	MOONEY	6-24-08/3:15	A	COLILERT				
23	WESTERN STA.	DIS	MOONEY	6-24-08/11:35	0.95	0.94	1.24	MOONEY	6-24-08/3:15	A	COLILERT				
24	NORTHWEST STA.	DIS	MOONEY	6-24-08/12:20	1.11	1.07	1.38	MOONEY	6-24-08/3:15	A	COLILERT				
25	HOSPITAL ST. STA.	DIS	MOONEY	6-24-08/1:30	0.80	0.79	1.30	MOONEY	6-24-08/3:15	A	COLILERT				
26	OFFICE	DIS	MOONEY	6-24-08/1:50	1.06	1.04	1.24	MOONEY	6-24-08/3:15	A	COLILERT				
*	LAB DISTILLED WATER	SPT	MOONEY	6-23-08/1:30	0.01	0.01		MOONEY	6-23-08/2:30	A	COLILERT			COND = 1.03	UMHOS 0.2ML

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

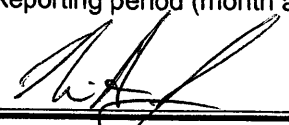
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

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

**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	0.68	0.51	0.78	1.97
2	0.59	0.66	0.76	2.02
3	0.50	0.29	0.81	1.61
4	0.90	0.39	0.77	2.05
5	0.71	0.18	0.82	1.71
6	0.68	0.46	0.80	1.93
7	0.57	0.16	0.85	1.58
8	0.91	0.36	0.80	2.07
9	0.65	0.68	0.77	2.10
10	0.65	0.74	0.77	2.16
11	0.69	0.78	0.75	2.22
12	0.62	0.58	0.80	2.01
13	0.70	0.80	0.74	2.24
14	0.53	0.52	0.81	1.86
15	0.55	0.37	0.81	1.72
16	0.50	0.57	0.79	1.86
17	0.61	0.37	0.81	1.79
18	0.91	0.34	0.80	2.05
19	0.60	0.69	0.77	2.06
20	0.44	0.45	0.81	1.70
21	0.63	0.72	0.76	2.12
22	0.53	0.26	0.83	1.63
23	0.90	0.58	0.76	2.23
24	0.53	0.53	0.80	1.86
25	0.55	0.63	0.77	1.95
26	0.58	0.62	0.79	1.99
27	0.67	0.19	0.83	1.69
28	0.94	0.00	0.85	1.79
29	0.94	0.00	0.84	1.78
30	0.90	0.51	0.77	2.18
Sum	<b>20.17</b>	<b>13.94</b>	<b>23.81</b>	<b>57.93</b>

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

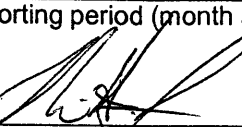
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

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

**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	1.97	n/a	7.50	n/a
2	2.02	n/a	7.51	n/a
3	1.61	n/a	7.49	n/a
4	2.05	n/a	7.49	n/a
5	1.71	n/a	7.48	n/a
6	1.93	n/a	7.49	n/a
7	1.58	n/a	7.47	n/a
8	2.07	n/a	7.48	n/a
9	2.10	n/a	7.52	n/a
10	2.16	n/a	7.52	n/a
11	2.22	n/a	7.52	n/a
12	2.01	n/a	7.50	n/a
13	2.24	n/a	7.51	n/a
14	1.86	n/a	7.50	n/a
15	1.72	n/a	7.48	n/a
16	1.86	n/a	7.50	n/a
17	1.79	n/a	7.49	n/a
18	2.05	n/a	7.48	n/a
19	2.06	n/a	7.50	n/a
20	1.70	n/a	7.49	n/a
21	2.12	n/a	7.51	n/a
22	1.63	n/a	7.48	n/a
23	2.23	n/a	7.49	n/a
24	1.86	n/a	7.50	n/a
25	1.95	n/a	7.50	n/a
26	1.99	n/a	7.51	n/a
27	1.69	n/a	7.49	n/a
28	1.79	n/a	7.47	n/a
29	1.78	n/a	7.47	n/a
30	2.18	n/a	7.49	n/a
<b>Summary</b>	<b>57.93</b>		<b>7.80</b>	
	(total)	(avg.)	(avg.)	(min.)

From table below:

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

Chemical usage						Disinfectant Residual
1	2	3	4	5	6	mg/L
gal	gal	lbs				
1.1	16	0				1.08
1.9	7	0				1.25
1.3	2	0				1.31
1.3	16	0				1.30
1.6	24	500				1.32
1.6	16	0				1.31
1.1	21	0				1.35
2.1	15	0				1.32
1.3	23	0				1.33
2.4	19	0				1.30
0.3	21	0				1.24
2.1	22	0				1.21
1.9	18	0				1.11
1.9	21	0				1.08
1.3	16	0				1.10
1.9	16	150				1.17
1.3	17	150				1.24
1.9	18	0				1.36
1.9	20	0				1.20
1.3	19	150				1.14
1.3	17	0				1.14
1.3	20	0				1.16
1.1	15	150				1.62
1.6	21	0				1.45
1.1	17	0				0.97
1.3	18	0				1.04
1.6	20	100				1.16
1.1	18	0				1.22
2.1	17	0				1.14
0.8	19	100				1.13
<b>45</b>	<b>531</b>	<b>1,300</b>				<b>0.97</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 liquid	calcium sequestration / Pb / Cu control	75% polyphosphate
2	Sodium hypochlorite	primary and secondary disinfection	12.50%
3	sodium fluoride	fluoridation	
4			
5			
6			
<b>Disinfectant</b>			

**Summary of Total Coliform Bacteria Rule - please continue to submit complete results**

Number of routine samples taken:	26	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	0.99

# 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: June Year: 2008

Public Water System Information	
System's name:	East Pittston H <sub>2</sub> O
Sampler's phone #:	602-3707
PWSID#:	92255
Address:	
Sample Category (1):	Bacter
Sampler's name:	Bill Wilkinson

Laboratory Information	
Lab name:	Greater Augusta Utility Dist
Lab certification:	ME002
Lab mgr. name:	Jane Wadney
Lab phone #:	207 623 4633 x229

#	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	6/27/08	080629	6:12:30 am @ 7:30 am	negative in coliform P/A			9223.B
2								
3								
4								

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

Sampler's Signature:

*Bill Wilkinson*

Laboratory signature:

*Jane Wadney*

(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.