

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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August 3, 2009

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

Dear Mr. Whitney:

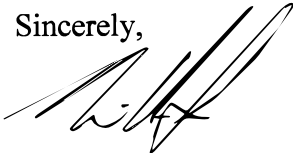
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of July, 2009. You should find the following documents:

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.

These reports are also available here: <http://www.augustawater.org/reports.html>

If you have any questions, please contact me at 622-3701.

Sincerely,



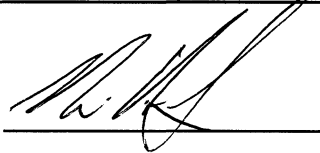
Brian Tarbuck, PE

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **July, 2009**

Signature:  Date: **8/3/2009**

System Information

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

Notes:

Date	GAUD	Location	HETL
7/14/2009 10:50	1.19	Triangle Station	1.20

Fluoride

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	2.00	116	1.14	1.04
2	1.82	118	1.19	1.17
3	1.61	112	1.19	1.25
4	1.83	111	1.13	1.09
5	1.49	112	1.15	1.35
6	1.99	111	1.11	1.00
7	1.81	113	1.13	1.12
8	1.79	113	1.12	1.14
9	1.89	118	1.19	1.12
10	1.94	120	1.11	1.11
11	1.67	107	1.15	1.15
12	1.54	106	1.15	1.24
13	1.89	113	1.13	1.08
14	2.06	120	1.08	1.05
15	1.71	121	1.13	1.28
16	1.90	115	1.13	1.09
17	1.85	116	1.10	1.13
18	1.98	117	1.09	1.06
19	1.48	118	1.16	1.43
20	1.90	111	1.12	1.05
21	2.02	118	1.09	1.05
22	1.98	119	1.09	1.08
23	1.56	112	1.18	1.29
24	1.90	114	1.22	1.08
25	1.70	115	1.22	1.22
26	1.68	111	1.19	1.19
27	1.77	109	1.20	1.11
28	1.87	115	1.15	1.11
29	1.96	117	1.15	1.07
30	1.91	117	1.18	1.11
31	1.85	118	1.17	1.15
Avg	1.82	115	1.15	1.14
Min	1.48	106	1.08	1.00
Max	2.06	121	1.22	1.43
Total	56.35	3,553		

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

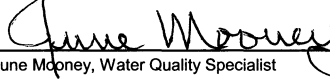
Notes:

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	24
Number of quality control samples	2
Number of positive samples	0

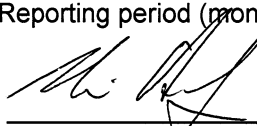
I hereby certify that this report is true and correct and that the bacterial analyses reported herein were performed in accordance with the Standard Methods for Water Analysis.


 June Mooney, 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 Tryptose		EC 44.5c	HPC 48 hrs	
										Present/Absent	MF/COLILERT	24 hr	48 hr			
1	WELLHOUSE	DIS	MOONEY	7-7-09/9:35	1.28	1.26	1.19	MOONEY	7-7-09/3:30	A	COLILERT					
2	WESTERN STA.	DIS	MOONEY	7-7-09/9:55	0.94	0.95	1.12	MOONEY	7-7-09/3:30	A	COLILERT					
3	NORTHWEST STA.	DIS	MOONEY	7-7-09/10:30	1.25	1.23	1.27	MOONEY	7-7-09/3:30	A	COLILERT					
4	WILLOW ST. STA.	DIS	MOONEY	7-7-09/10:50	0.89	0.90	1.14	MOONEY	7-7-09/3:30	A	COLILERT					
5	12 WILLIAMS ST.	DIS	MOONEY	7-7-09/11:05	1.11	1.07	1.18	MOONEY	7-7-09/3:30	A	COLILERT					
6	HOSPITAL ST. STA.	DIS	MOONEY	7-7-09/11:40	1.14	1.08	1.23	MOONEY	7-7-09/3:30	A	COLILERT					
7	TOGUS STA.	DIS	MOONEY	7-7-09/12:20	0.66	0.66	1.17	MOONEY	7-7-09/3:30	A	COLILERT					
8	QUALITY INN	DIS	MOONEY	7-7-09/1:00	0.69	0.64	1.12	MOONEY	7-7-09/3:30	A	COLILERT					
9	WELLHOUSE	DIS	MOONEY	7-14-09/10:50	1.23	1.22	1.19	MOONEY	7-14-09/4:00	A	COLILERT					
10	WESTERN STA.	DIS	MOONEY	7-14-09/11:15	0.82	0.82	1.05	MOONEY	7-14-09/4:00	A	COLILERT					
11	NORTHWEST STA.	DIS	MOONEY	7-14-09/11:40	1.18	1.14	1.18	MOONEY	7-14-09/4:00	A	COLILERT					
12	12 WILLIAMS ST.	DIS	MOONEY	7-14-09/12:30	1.07	1.06	1.19	MOONEY	7-14-09/4:00	A	COLILERT					
13	HOSPITAL ST. STA.	DIS	MOONEY	7-14-09/1:00	0.82	0.80	1.10	MOONEY	7-14-09/4:00	A	COLILERT					
14	MANCHESTER TOWN OFFICE	DIS	MOONEY	7-14-09/2:25	0.29	0.29	1.10	MOONEY	7-14-09/4:00	A	COLILERT					
15	WELLHOUSE	DIS	MOONEY	7-21-09/11:20	1.18	1.21	1.14	MOONEY	7-21-09/3:30	A	COLILERT					
16	WESTERN STA.	DIS	MOONEY	7-21-09/12:10	0.97	0.96	1.11	MOONEY	7-21-09/3:30	A	COLILERT					
17	NORTHWEST STA.	DIS	MOONEY	7-21-09/12:45	0.94	0.94	1.17	MOONEY	7-21-09/3:30	A	COLILERT					
18	HOSPITAL ST. STA.	DIS	MOONEY	7-21-09/1:25	0.83	0.85	1.14	MOONEY	7-21-09/3:30	A	COLILERT					
19	12 WILLIAMS ST.	DIS	MOONEY	7-21-09/1:50	1.07	1.08	1.13	MOONEY	7-21-09/3:30	A	COLILERT					
20	12 WILLIAMS ST.	DIS	MOONEY	7-28-09/10:20	0.99	1.00	1.15	MOONEY	7-28-09/2:00	A	COLILERT					
21	HOSPITAL ST. STA.	DIS	MOONEY	7-28-09/10:55	0.79	0.81	1.12	MOONEY	7-28-09/2:00	A	COLILERT					
22	WESTERN STA.	DIS	MOONEY	7-28-09/11:45	0.67	0.67	1.14	MOONEY	7-28-09/2:00	A	COLILERT					
23	WELLHOUSE	DIS	MOONEY	7-28-09/12:05	1.21	1.21	1.16	MOONEY	7-28-09/2:00	A	COLILERT					
24	NORTHWEST STA.	DIS	MOONEY	7-28-09/12:25	1.15	1.16	1.27	MOONEY	7-28-09/2:00	A	COLILERT					
*	LAB DISTILLED WATER HETL LAB ERROR	SPT	MOONEY	7-14-09/8:15	0.00	0.00		MOONEY	7-14-09/9:00					COND.=1.4	us/cm	0:4ML
*	LAB DISTILLED WATER REPEAT SAMPLE	SPT	MOONEY	7-28-99/6:45	0.00	0.01		MOONEY	7-28-09/7:30					COND.=1.1	us/cm	0:4ml

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):	July - 09
Signature:	 Date: 8/3/2009

System Information

Treatment plant/pump station:	All wells
	Select one
Community System	→ <input checked="" type="checkbox"/>
Non-transient Non-community	→ <input type="checkbox"/>
Transient Non-Community	→ <input type="checkbox"/>
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	0.56	1.07	0.37	2.00
2	0.49	1.02	0.31	1.82
3	0.45	1.09	0.06	1.61
4	0.54	1.08	0.21	1.83
5	0.25	1.10	0.15	1.49
6	0.67	0.85	0.48	1.99
7	0.93	0.37	0.50	1.81
8	0.93	0.36	0.50	1.79
9	0.92	0.52	0.44	1.89
10	0.91	0.54	0.48	1.94
11	0.94	0.38	0.36	1.67
12	0.94	0.27	0.34	1.54
13	0.92	0.49	0.48	1.89
14	0.89	0.65	0.52	2.06
15	0.24	0.63	0.83	1.71
16	0.47	0.62	0.80	1.90
17	0.41	0.63	0.81	1.85
18	0.43	0.76	0.79	1.98
19	0.23	0.40	0.85	1.48
20	0.49	0.61	0.80	1.90
21	0.57	1.07	0.38	2.02
22	0.65	1.06	0.26	1.98
23	0.56	1.00	0.00	1.56
24	0.52	1.07	0.30	1.90
25	0.42	1.08	0.20	1.70
26	0.41	1.07	0.20	1.68
27	0.45	1.02	0.30	1.77
28	0.93	0.37	0.57	1.87
29	0.95	0.17	0.84	1.96
30	0.93	0.51	0.47	1.91
31	0.94	0.34	0.56	1.85
Sum	19.96	22.22	14.18	56.35

Monthly Operating Report
System Type - All GW systems

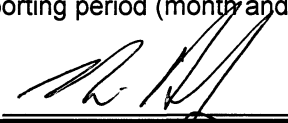
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

Signature:  Date: **8/3/2009**

System Information

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

Community System →

Non-transient Non-community →

Transient Non-Community →

Select one

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	2.00	n/a	7.92	n/a
2	1.82	n/a	7.93	n/a
3	1.61	n/a	7.93	n/a
4	1.83	n/a	7.92	n/a
5	1.49	n/a	7.94	n/a
6	1.99	n/a	7.90	n/a
7	1.81	n/a	7.85	n/a
8	1.79	n/a	7.85	n/a
9	1.89	n/a	7.85	n/a
10	1.94	n/a	7.85	n/a
11	1.67	n/a	7.84	n/a
12	1.54	n/a	7.84	n/a
13	1.89	n/a	7.85	n/a
14	2.06	n/a	7.85	n/a
15	1.71	n/a	7.86	n/a
16	1.90	n/a	7.86	n/a
17	1.85	n/a	7.86	n/a
18	1.98	n/a	7.87	n/a
19	1.48	n/a	7.85	n/a
20	1.90	n/a	7.86	n/a
21	2.02	n/a	7.91	n/a
22	1.98	n/a	7.91	n/a
23	1.56	n/a	7.90	n/a
24	1.90	n/a	7.92	n/a
25	1.70	n/a	7.92	n/a
26	1.68	n/a	7.91	n/a
27	1.77	n/a	7.91	n/a
28	1.87	n/a	7.85	n/a
29	1.96	n/a	7.84	n/a
30	1.91	n/a	7.85	n/a
31	1.85	n/a	7.84	n/a
Summary	56.35		7.88	
	(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	mg/L
gal	gal	lbs				
1	17	100				1.06
2	20	0				1.18
1	17	0				1.18
4	17	0				1.19
0	18	0				1.16
0	15	0				1.18
1	20	0				1.22
1	17	100				1.23
1	18	0				1.09
5	19	100				0.98
0	20	0				1.04
0	16	0				1.08
1	17	50				1.08
1	19	0				1.17
1	15	50				1.28
1	12	0				1.14
5	19	100				1.05
0	19	0				0.98
1	20	0				0.97
0	15	100				0.94
1	19	0				1.05
1	20	0				1.21
5	20	0				1.18
0	16	100				1.14
0	19	0				1.09
1	19	0				1.10
2	17	0				1.05
1	17	0				1.03
1	19	0				1.12
3	20	0				1.12
0	19	100				1.18
42.44	553	800				0.94
(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			
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:		Average chlorine residual at sites:	0.97