

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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November 7, 2008

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

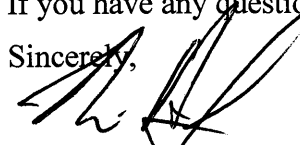
Dear Mr. Whitney:

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 October, 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 622-3701.

Sincerely,



Brian Tarbuck, PE

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Greater Augusta Utility District**

PWSID#: **90080**

Reporting period: **October, 2008**

Signature:  Date: **11/6/2008**

System Information

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

Notes:

Date	AWD	Location	HETL
10/7/2008 14:20	1.17	Triangle Wellhouse	1.20

Fluoride

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.93	128	1.23	1.19
2	1.57	125	1.27	1.44
3	1.91	132	1.25	1.24
4	1.56	133	1.22	1.54
5	1.69	124	1.14	1.32
6	1.55	125	1.36	1.45
7	1.84	122	1.22	1.20
8	1.89	123	1.22	1.17
9	2.51	162	1.19	1.17
10	1.81	164	1.27	1.64
11	1.78	124	1.21	1.26
12	1.38	119	1.25	1.56
13	1.63	118	1.22	1.31
14	0.57	119	1.22	3.79
15	0.00	40	1.19	wells off
16	1.02	61	1.21	1.09
17	1.70	118	1.29	1.25
18	1.36	119	1.31	1.57
19	1.74	127	1.28	1.32
20	1.73	128	1.31	1.34
21	1.77	123	1.29	1.25
22	1.71	124	1.40	1.30
23	1.70	123	1.33	1.31
24	1.97	135	1.35	1.23
25	1.43	137	1.34	1.72
26	1.56	117	1.28	1.35
27	1.77	118	1.42	1.20
28	1.48	111	1.38	1.35
29	1.88	122	1.30	1.17
30	1.81	123	1.31	1.23
31	1.51	96	1.31	1.14
Avg	1.60	121	1.28	1.40
Min	0.00	40	1.14	1.09
Max	2.51	164	1.42	3.79
Total	49.73	3,744		

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

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 Present/Absent	Method	Lauryl Tryptose	
												24 hr	48 hr
1	WELLHOUSE	DIS	MOONEY	10-7-08/2:20	1.23	1.22	1.21	MOONEY	10-8-08/10:00	A	COLILERT		
2	WESTERN STA.	DIS	MOONEY	10-7-08/2:40	0.67	0.68	1.20	MOONEY	10-8-08/10:00	A	COLILERT		
3	NORTHWEST STA.	DIS	MOONEY	10-7-08/3:00	1.14	1.13	1.24	MOONEY	10-8-08/10:00	A	COLILERT		
4	12 WILLIAMS ST.	DIS	MOONEY	10-7-08/3:35	1.10	1.11	1.18	MOONEY	10-8-08/10:00	A	COLILERT		
5	HOSPITAL ST. STA.	DIS	MOONEY	10-7-08/4:00	0.99	1.00	1.38	MOONEY	10-8-08/10:00	A	COLILERT		
6	TOGUS STA.	DIS	MOONEY	10-7-08/4:20	0.68	0.69	1.23	MOONEY	10-8-08/10:00	A	COLILERT		
7	WESTERN STA.	DIS	MOONEY	10-15-08/12:00	0.63	0.64	1.23	MOONEY	10-15-08/4:30	A	COLILERT		
8	WELLHOUSE	DIS	MOONEY	10-15-08/12:35	0.38	0.40	1.19	MOONEY	10-15-08/4:30	A	COLILERT		
9	NORTHWEST STA.	DIS	MOONEY	10-15-08/1:00	0.58	0.59	1.25	MOONEY	10-15-08/4:30	A	COLILERT		
10	12 WILLIAMS ST.	DIS	MOONEY	10-15-08/1:40	0.59	0.58	1.26	MOONEY	10-15-08/4:30	A	COLILERT		
11	HOSPITAL ST. STA.	DIS	MOONEY	10-15-08/2:00	0.49	0.50	1.18	MOONEY	10-15-08/4:30	A	COLILERT		
12	TOGUS STA.	DIS	MOONEY	10-15-08/2:25	0.56	0.58	1.24	MOONEY	10-15-08/4:30	A	COLILERT		
13	WELLHOUSE	DIS	MOONEY	10-21-08/10:50	1.14	1.16	1.17	MOONEY	10-21-08/3:00	A	COLILERT		
14	WESTERN STA.	DIS	MOONEY	10-21-08/11:10	1.20	1.20	1.12	MOONEY	10-21-08/3:00	A	COLILERT		
15	NORTHWEST STA.	DIS	MOONEY	10-21-08/11:30	0.98	0.99	1.25	MOONEY	10-21-08/3:00	A	COLILERT		
16	WILLOW ST. STA.	DIS	MOONEY	10-21-08/11:45	1.05	1.05	1.13	MOONEY	10-21-08/3:00	A	COLILERT		
17	QUALITY INN (BEST INN)	DIS	MOONEY	10-21-08/1:15	0.64	0.65	1.13	MOONEY	10-21-08/3:00	A	COLILERT		
18	MANCHESTER TOWN OFFICE	DIS	MOONEY	10-21-08/1:40	0.05	0.06	1.06	MOONEY	10-21-08/3:00	A	COLILERT		39:2ML
19	12 WILLIAMS ST.	DIS	MOONEY	10-21-08/2:15	1.00	1.02	1.10	MOONEY	10-21-08/3:00	A	COLILERT		
20	HOSPITAL ST. STA.	DIS	MOONEY	10-22-08/1:40	0.81	0.82	1.18	MOONEY	10-22-08/3:15	A	COLILERT		
21	WELLHOUSE	DIS	MOONEY	10-29-08/10:25	0.93	1.21	1.55	MOONEY	10-29-08/2:00	A	COLILERT		
22	WESTERN STA.	DIS	MOONEY	10-29-08/11:00	0.93	0.93	1.28	MOONEY	10-29-08/2:00	A	COLILERT		
23	NORTHWEST STA.	DIS	MOONEY	10-29-08/11:20	1.06	1.06	1.34	MOONEY	10-29-08/2:00	A	COLILERT		
24	12 WILLIAMS ST.	DIS	MOONEY	10-29-08/11:40	1.06	1.05	1.34	MOONEY	10-29-08/2:00	A	COLILERT		
25	HOSPITAL ST. STA.	DIS	MOONEY	10-29-08/12:10	0.95	0.96	1.22	MOONEY	10-29-08/2:00	A	COLILERT		
*	LAB DISTILLED WATER	SPT	MOONEY	10-20-08/10:40	0.01	0.01		MOONEY	10-20-08/11:15				COND.=1.1
													UMHOS
													0:2ML

Monthly Well Production Report
System Type - All GW systems

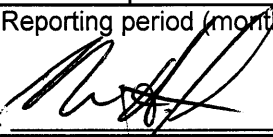
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

Signature:  Date: **11/6/2008**

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	0.59	0.57	0.78	1.93
2	0.48	0.27	0.81	1.57
3	0.81	0.45	0.65	1.91
4	0.66	0.37	0.53	1.56
5	0.93	0.27	0.49	1.69
6	0.74	0.19	0.62	1.55
7	0.67	0.64	0.53	1.84
8	0.68	0.62	0.59	1.89
9	0.85	0.98	0.68	2.51
10	0.92	0.35	0.54	1.81
11	0.69	0.53	0.56	1.78
12	0.71	0.18	0.50	1.38
13	0.94	0.00	0.69	1.63
14	0.34	0.00	0.23	0.57
15	0.00	0.00	0.00	0.00
16	0.35	0.36	0.30	1.02
17	0.74	0.43	0.53	1.70
18	0.76	0.00	0.60	1.36
19	0.93	0.00	0.81	1.74
20	0.71	0.50	0.52	1.73
21	0.74	0.51	0.52	1.77
22	0.93	0.28	0.50	1.71
23	0.92	0.13	0.65	1.70
24	0.90	0.49	0.58	1.97
25	0.94	0.02	0.46	1.43
26	0.93	0.00	0.63	1.56
27	0.92	0.46	0.39	1.77
28	0.93	0.08	0.47	1.48
29	0.86	0.60	0.41	1.88
30	0.44	1.04	0.32	1.81
31	0.57	0.72	0.22	1.51
Sum	22.57	11.05	16.11	49.73

Monthly Operating Report
System Type - All GW systems

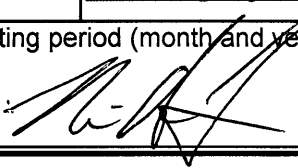
System Name: **Greater Augusta Utility District**

PWSID#: **90080**

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

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

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

Signature:  Date: **11/6/2008**

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	1.93	n/a	7.45	n/a
2	1.57	n/a	7.45	n/a
3	1.91	n/a	7.45	n/a
4	1.56	n/a	7.46	n/a
5	1.69	n/a	7.45	n/a
6	1.55	n/a	7.45	n/a
7	1.84	n/a	7.45	n/a
8	1.89	n/a	7.45	n/a
9	2.51	n/a	7.45	n/a
10	1.81	n/a	7.45	n/a
11	1.78	n/a	7.45	n/a
12	1.38	n/a	7.45	n/a
13	1.63	n/a	7.44	n/a
14	0.57	n/a	7.48	n/a
15	0.00	n/a	7.49	n/a
16	1.02	n/a	7.47	n/a
17	1.70	n/a	7.45	n/a
18	1.36	n/a	7.45	n/a
19	1.74	n/a	7.43	n/a
20	1.73	n/a	7.45	n/a
21	1.77	n/a	7.45	n/a
22	1.71	n/a	7.43	n/a
23	1.70	n/a	7.43	n/a
24	1.97	n/a	7.42	n/a
25	1.43	n/a	7.43	n/a
26	1.56	n/a	7.42	n/a
27	1.77	n/a	7.43	n/a
28	1.48	n/a	7.43	n/a
29	1.88	n/a	7.43	n/a
30	1.81	n/a	7.44	n/a
31	1.51	n/a	7.46	n/a
Summary	49.73		7.45	
	(total)	(avg.)	(avg.)	(min.)

From table below:

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

Chemical usage						Disinfectant Residual
1	2	3	4	5	6	
gal	gal	lbs				mg/L
2	19	100				1.31
1	20	0				1.48
3	17	0				1.38
2	20	0				1.13
2	16	0				1.31
2	17	100				1.25
0	18	0				1.19
3	18	100				1.16
1	19	0				1.34
2	26	100				1.39
1	19	0				1.19
2	18	0				1.11
1	13	0				1.29
1	17	150				0.88
0	4	0				0.65
0	0	0				0.90
1	12	0				1.05
5	18	0				1.15
1	14	0				1.37
0	17	0				1.19
3	17	0				1.22
1	25	100				1.33
2	17	0				1.07
0	9	50				1.09
3	20	0				1.12
0	15	0				1.11
2	17	100				1.13
1	17	0				1.13
4	15	150				1.15
2	19	0				1.22
0	18	100				1.02
48	513	1,050				0.65
(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:	25	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	0.84