

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

BRIAN TARBUCK
General Manager

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January 8, 2008

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

Dear Mr. Whitney:

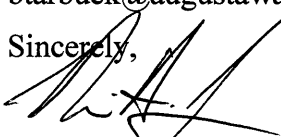
Please find attached the monthly reports for compliance with the Safe Drinking Water Act and Maine's Rules Relating to Drinking Water for the month of December, 2007. You should find the following documents:

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 results for East Pittston Water District (PWSID: 92255)

Please note that the Augusta Water District has been replaced by the Greater Augusta Utility District effective January 1, 2008.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 Information	
System Type - Fluoride Systems		Treatment plant/pump station:	Triangle Station
System Name:	Greater Augusta Utility District	Fluoride Chemical Used:	Sodium fluoride
PWSID#:	90080	Notes:	
Reporting period:	December, 2007	Date	AWD Location HETL
Signature: _____ Date: 1/8/2008		12/10/2007 11:10	1.22 Triangle Station 1.10

Fluoride				
Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.42	100	1.17	1.27
2	1.79	117	1.12	1.18
3	1.50	101	1.26	1.21
4	1.75	117	1.20	1.21
5	1.79	120	1.15	1.21
6	1.82	119	1.23	1.18
7	1.67	109	1.21	1.17
8	1.65	113	1.16	1.23
9	1.72	117	1.15	1.23
10	1.60	108	1.17	1.22
11	1.70	112	1.21	1.19
12	1.72	115	1.16	1.21
13	1.72	114	1.13	1.20
14	1.78	118	1.12	1.20
15	1.73	114	1.11	1.19
16	1.57	106	1.13	1.21
17	1.62	110	1.08	1.22
18	1.92	120	1.15	1.13
19	1.40	101	1.20	1.29
20	1.84	125	1.12	1.22
21	1.95	122	1.18	1.13
22	1.54	103	1.13	1.20
23	1.80	118	1.07	1.18
24	1.71	108	1.12	1.14
25	1.33	94	1.18	1.27
26	1.91	125	1.12	1.18
27	1.78	118	1.10	1.19
28	1.77	113	1.25	1.15
29	1.83	121	1.13	1.19
30	1.67	114	1.11	1.23
31	1.77	115	1.18	1.17
Avg	1.70	113	1.15	1.20
Min	1.33	94	1.07	1.13
Max	1.95	125	1.26	1.29
Total	52.74	3,507		

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:
Augusta Water District uses sodium fluoride. Because the wells have a continuous fluoride analyzer (Hach CA610), the average value recorded for the day is reported for compliance.

Bacteriological Report Form
Utility: Augusta Water District, PWSID: 90080
Laboratory: Augusta Water District, Lab # 1015075

Number of samples required: 15
 Number of samples taken for compliance: 25
 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 Mooney
 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 Present/Absent	Method	Lauryl Tryplose 24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	OFFICE	DIS	MOONEY	2-4-07/9:30	1.00	1.03	1.10	MOONEY	12-4-07/3:30	A	COLILERT					
2	WILLOW ST. STA.	DIS	MOONEY	12-4-07/10:00	0.92	0.93	1.12	MOONEY	12-4-07/3:30	A	COLILERT					
3	NORTHWEST STA.	DIS	MOONEY	12-4-07/10:30	1.10	1.11	1.18	MOONEY	12-4-07/3:30	A	COLILERT					
4	WELLHOUSE	DIS	MOONEY	12-4-07/10:45	1.16	1.17	1.22	MOONEY	12-4-07/3:30	A	COLILERT					
5	WESTERN STA.	DIS	MOONEY	12-4-07/11:15	0.93	0.95	1.12	MOONEY	12-4-07/3:30	A	COLILERT					
6	HOSPITAL ST. STA.	DIS	MOONEY	12-4-07/12:00	0.82	0.83	1.13	MOONEY	12-4-07/3:30	A	COLILERT					
7	FARRINGTON SCHOOL	DIS	MOONEY	12-4-07/2:00	0.76	0.78	1.25	MOONEY	12-4-07/3:30	A	COLILERT					
8	1000 RIVERSIDE DR.	DIS	MOONEY	12-4-07/2:30	0.46	0.48	1.11	MOONEY	12-4-07/3:30	A	COLILERT					
9	NORTHWEST STA.	DIS	MOONEY	12-10-07/10:50	1.07	1.08	1.27	MOONEY	12-10-07/12:20	A	COLILERT					
10	WELLHOUSE	DIS	MOONEY	12-10-07/11:10	1.15	1.15	1.22	MOONEY	12-10-07/12:20	A	COLILERT					
11	WESTERN STA.	DIS	MOONEY	12-10-07/11:30	0.94	0.95	1.28	MOONEY	12-10-07/12:20	A	COLILERT					
12	HOSPITAL ST. STA.	DIS	MOONEY	12-11-07/12:30	0.78	0.79	1.18	MOONEY	12-11-07/3:30	A	COLILERT					
13	OFFICE	DIS	MOONEY	12-11-07/12:50	1.02	1.03	1.26	MOONEY	12-11-07/3:30	A	COLILERT					
14	WELLHOUSE	DIS	MOONEY	12-17-07/11:00	1.18	1.19	1.12	MOONEY	12-17-07/2:30	A	COLILERT					
15	OFFICE	DIS	MOONEY	12-17-07/11:30	1.11	1.11	1.15	MOONEY	12-17-07/2:30	A	COLILERT					
16	BEST INN	DIS	MOONEY	12-17-07/12:30	0.32	0.33	1.16	MOONEY	12-17-07/2:30	A	COLILERT					
17	HOSPITAL ST. STA.	DIS	MOONEY	12-17-07/1:00	0.89	0.99	1.09	MOONEY	12-17-07/2:30	A	COLILERT					
18	WESTERN STA.	DIS	MOONEY	12-18-07/10:30	0.76	0.77	1.15	MOONEY	12-18-07/2:30	A	COLILERT					
19	NORTHWEST STA.	DIS	MOONEY	12-18-07/11:25	1.13	1.13	1.15	MOONEY	12-18-07/2:30	A	COLILERT					
20	MANCHESTER TOWN OFFICE	DIS	MOONEY	12-18-07/1:30	0.44	0.45	1.14	MOONEY	12-18-07/2:30	A	COLILERT					
21	HOSPITAL ST. STA.	DIS	TANGEMAN	12-28-07/3:46	0.84	0.86	1.08	TANGEMAN	12-28-07/5:53	A	COLILERT					
22	OFFICE	DIS	TANGEMAN	12-28-08/3:25	1.06	1.07	1.19	TANGEMAN	12-28-07/5:53	A	COLILERT					
23	NORTHWEST STA.	DIS	TANGEMAN	12-28-07/4:09	1.11	1.12	1.20	TANGEMAN	12-28-07/5:53	A	COLILERT					
24	WELLHOUSE	DIS	TANGEMAN	12-28-07/4:31	1.28	1.26	1.34	TANGEMAN	12-28-07/5:53	A	COLILERT					
25	WESTERN STA.	DIS	TANGEMAN	12-28-07/4:42	1.00	1.02	1.01	TANGEMAN	12-28-07/5:53	A	COLILERT					
*	DISTILLED WATER POUR PLA	SPT	MOONEY	12-17-07/8:45	0.00	0.00		MOONEY	12-17-07/9:30						COND.=1.2	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):	December - 07		
Signature:	Date: 1/10/2008		

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 Greater Augusta Utility District. This is a supplemental report to the MOR.	

Daily water production (MG)

Date	Triangle Well	South Well	Brookside Well	Sum
1	0.10	0.56	0.76	1.42
2	0.32	0.76	0.70	1.79
3	0.15	0.58	0.76	1.50
4	0.33	0.71	0.70	1.75
5	0.37	0.72	0.70	1.79
6	0.50	0.63	0.69	1.82
7	0.37	0.58	0.72	1.67
8	0.33	0.59	0.73	1.65
9	0.45	0.57	0.69	1.72
10	0.27	0.60	0.73	1.60
11	0.34	0.64	0.72	1.70
12	0.36	0.64	0.71	1.72
13	0.43	0.58	0.70	1.72
14	0.37	0.70	0.71	1.78
15	0.33	0.70	0.70	1.73
16	0.32	0.52	0.73	1.57
17	0.30	0.60	0.72	1.62
18	0.56	0.67	0.69	1.92
19	0.00	0.62	0.78	1.40
20	0.10	1.02	0.72	1.84
21	0.27	1.00	0.68	1.95
22	0.23	0.57	0.75	1.54
23	0.49	0.62	0.69	1.80
24	0.45	0.55	0.71	1.71
25	0.05	0.51	0.77	1.33
26	0.40	0.81	0.69	1.91
27	0.47	0.62	0.70	1.78
28	0.39	0.68	0.70	1.77
29	0.45	0.67	0.71	1.83
30	0.39	0.55	0.73	1.67
31	0.43	0.64	0.70	1.77
Sum	10.33	20.21	22.20	52.74

Monthly Operating Report
System Type - All GW systems

System Name: **Greater Augusta Utility District**
Water Division

PWSID#: **90080**

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

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

Reporting period (month and year): **December - 07**

Signature: _____ Date: **1/10/2008**

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	1.42	n/a	7.58	n/a
2	1.79	n/a	7.60	n/a
3	1.50	n/a	7.59	n/a
4	1.75	n/a	7.60	n/a
5	1.79	n/a	7.60	n/a
6	1.82	n/a	7.59	n/a
7	1.67	n/a	7.59	n/a
8	1.65	n/a	7.59	n/a
9	1.72	n/a	7.59	n/a
10	1.60	n/a	7.58	n/a
11	1.70	n/a	7.58	n/a
12	1.72	n/a	7.59	n/a
13	1.72	n/a	7.58	n/a
14	1.78	n/a	7.59	n/a
15	1.73	n/a	7.58	n/a
16	1.57	n/a	7.58	n/a
17	1.62	n/a	7.58	n/a
18	1.92	n/a	7.58	n/a
19	1.40	n/a	7.57	n/a
20	1.84	n/a	7.59	n/a
21	1.95	n/a	7.60	n/a
22	1.54	n/a	7.58	n/a
23	1.80	n/a	7.59	n/a
24	1.71	n/a	7.58	n/a
25	1.33	n/a	7.57	n/a
26	1.91	n/a	7.59	n/a
27	1.78	n/a	7.58	n/a
28	1.77	n/a	7.58	n/a
29	1.83	n/a	7.59	n/a
30	1.67	n/a	7.58	n/a
31	1.77	n/a	7.58	n/a
Summary	52.74		7.58	

(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				
3	19	0				1.14
3	14	0				1.13
1	18	100				1.14
1	15	0				1.18
1	17	0				1.15
2	18	100				1.13
2	19	0				1.14
0	16	0				1.13
2	17	0				1.11
1	17	0				1.16
2	17	100				1.14
-1	16	0				1.12
4	18	0				1.12
2	9	0				1.18
1	21	0				1.18
2	16	0				1.17
1	14	0				1.18
2	16	150				1.19
1	20	0				1.25
1	14	0				1.16
2	19	150				1.11
2	20	0				1.08
0	15	0				1.11
0	17	150				1.09
0	17	0				1.07
3	14	0				1.13
3	19	0				1.20
1	19	150				1.23
2	18	0				1.17
0	19	0				1.07
2	17	100				1.01
45	521	1,000				1.01

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

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calcicquest 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:	0.93

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:

Month: Dec Year: 2007

Public Water System Information	
System's name:	East P. H. Stora, Ho. O
Sampler's phone #:	623-4633
PWSID#:	92255
Address:	1200 East P. H. Stora Road, Gardn. Me. 04345
Sample Category (1):	Bacter
Sampler's name:	Bill Wilkinson

Laboratory Information	
Lab name:	Augusta Water District
Lab certification:	ME 012
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	W. Edge Stora East P. H. Stora	12/19/07 6:15 pm	071226	12/20/07 7:45 am	0			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