

2024 Annual Drinking Water Quality Report

Guilford-Sangerville Utilities District

Guilford, Maine
PWSID ME0090640

We are pleased to present to you our Annual Drinking Water Quality Report, also known as the Consumer Confidence Report. This report, a requirement of the 1996 amendments to the Safe Drinking Water Act, is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water.

WATER SOURCE

Our water is drawn from two gravel packed wells located at our pump station. We treat our water with chlorine to protect against potential microbiological contaminants, fluoride to promote dental health, and ortho-polyphosphate for corrosion control. From the wells, we pump our water either to a storage tank or through the distribution system to our 1575 customers by way of 600 service connections.

SOURCE WATER ASSESSMENT

The Maine Drinking Water Program (DWP) has evaluated all public water supplies as part of the Source Water Assessment Program (SWAP). The assessments included geology, hydrology, land uses, water testing information, and the extent of land ownership or protection by local ordinance to see how likely our drinking water source is to being contaminated by human activities in the future. Assessment results are available at public water suppliers, town offices, and the DWP. For more information about the SWAP, please contact the DWP at 207-287-2070.

If you have any questions about this report or concerning your water system, please contact Cody Smith at telephone number 207-876-3066 or mailing address PO Box 456, Sangerville, Maine 04479. We want our valued customers to be informed about their water system. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the 2nd Thursday of each month, 7 pm, at the district office.

WATER QUALITY

Guilford-Sangerville Utilities District routinely monitors for contaminants in your drinking water according to Federal and State laws. The following table shows any detection resulting from our monitoring for the period of January 1st to December 31st, 2024.

In 2022, due to efforts to protect the water supply, our system was granted a 'Synthetic Organics Waiver.' This is a three-year exemption from the monitoring/reporting requirements for the following industrial chemical(s): herbicides, carbamate pesticides, toxaphene/chlordane/PCB and semivolatile organics. This waiver was granted due to the absence of these potential sources of contamination within a half mile radius of the water source.

The sources of drinking water include rivers, lakes, ponds and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material and can pick up substances resulting from human or animal activity. All sources of drinking water are subject to potential contamination by substances that are naturally occurring or man-made. Contaminants that may be present in source water include:

Microbial contaminants, such as viruses and bacteria, may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, can be naturally occurring or result from urban storm water runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

Pesticides and herbicides may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.

Radioactive contaminants can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, U.S. Environmental Protection Agency (EPA) prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. U.S. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

The table below lists all of the drinking water contaminants that were detected throughout water quality monitoring and testing. The presence of contaminants in the water does not necessarily indicate that the water poses a health risk.

Guilford-Sangerville Utilities District

TEST RESULTS					
Unless otherwise noted, testing was done in 2024.					
Contaminant	Level Detected	Unit Measurement	MCLG	MCL	Likely Source of Contamination
Microbiological Contaminants					
Total Coliform Bacteria	0 positive	Highest monthly # of positive samples	0 positive	1 pos/mo or 5% (e. coli)	Naturally present in the environment.
Chlorine Residual					
Chlorine Residual	Average: 0.20 <i>Range (0.06-0.55)</i>	ppm	MRDLG = 4 ppm	MRDL = 4 ppm	By-product of drinking water chlorination.
Synthetics					
Total PFAS (6 regulated) (6/19/24)	5.94	ppt	0	20	Man-made chemicals in a wide variety of consumer products and industrial applications. Stain- and water-resistant fabrics, carpeting, non-stick cookware, cleaning products and paints, Class B Firefighting foam (AFFF) foam and industrial processes.
Radioactive Contaminants					
Combined Radium (-226 & -228) (9/21/22)	1	pCi/l	0	5	Erosion of natural deposits.
Inorganic Contaminants					
Barium (10/11/23)	0.012	ppm	2	2	Discharge of drilling wastes. Discharge from metal refineries. Erosion of natural deposits.
Fluoride (2/14/24)	0.74	ppm	4	4	Erosion of natural deposits. Water additive which promotes strong teeth. Discharge from fertilizer and aluminum factories.
Nitrate (4/17/24)	0.41	ppm	10	10	Runoff from fertilizer use. Leaching from septic tanks, sewage. Erosion of natural deposits.
Lead / Copper					
Copper* (1/1/24-6/30/24)	0.23 <i>Range (0.018-0.21)</i>	ppm	1.3	AL=1.3	Corrosion of household plumbing systems.
Number of sampling sites exceeding the action level: 0					
Lead* (1/1/24-6/30/24)	2 <i>Range (0-8.5)</i>	ppb	0	AL=15	Corrosion of household plumbing systems.

Number of sampling sites exceeding the action level: 0 - Complete lead tap sampling data are available upon request					
* = Reported results are the 90 th percentile value (the value that 90% of all samples are less than).					
Disinfection By-Products					
HAA5 (2024) Total Haloacetic Acids	LRAA=0	ppb	0	60	By-product of drinking water chlorination.
TTHM (2024) Total Trihalomethanes	LRAA=1.3	ppb	0	80	By-product of drinking water chlorination.

Note: The state allows us to monitor for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Not all contaminants are tested for every year due to monitoring waivers and therefore we must use the most recent round of sampling. Some of our data is more than one year old, however, is limited to no older than 5 years.

Definitions:

- Action Level (AL)** - The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
- Locational Running Annual Average (LRAA)** - A 12 month rolling average of all monthly or quarterly samples at specific sampling locations. Calculation of the RAA may contain data from the previous year.
- Maximum Contaminant Level (MCL)** - is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
- Maximum Contaminant Level Goal (MCLG)** - is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
- Maximum Residual Disinfection Level (MRDL)** -The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
- Maximum Residual Disinfection Level Goal (MRDLG)** – The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
- Not Applicable (N/A)** - Does not apply
- Running Annual Average (RAA)** – A 12 month rolling average of all monthly or quarterly samples at all locations. Calculations of the RAA may contain data from the previous year.
- Secondary Maximum Contaminant Level (SMCL)** -Non-mandatory water quality standards.
- Treatment Technique (TT)** - A required process intended to reduce the level of a contaminant in drinking water (e.g. treatment technique for turbidity).
- Variations, Exemptions, and Waivers** - State or EPA permission not to meet an MCL, a treatment technique or test for a given contaminant under certain conditions.

Units:

- ppm = parts per million or milligrams per liter (mg/L)
- ppb = parts per billion or micrograms per liter (µg/L)
- pCi/L = picocuries per liter (a measure of radioactivity)
- ppt = parts per trillion or nanograms per liter (ng/L)
- pos = positive samples.
- MFL = million fibers per liter

Notes:

- Arsenic** - While your drinking water may meet EPA's standard for Arsenic, if it contains between 5 to 10 ppb you should know that the standard balances the current understanding of arsenic's possible health effects against the costs of removing it from drinking water. EPA continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems. Quarterly compliance is based on running annual average.
- E. Coli** - E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely-compromised immune systems.
- Fluoride** - For those systems that fluoridate, fluoride levels must be maintained between 0.5 to 1.2 ppm. The optimum level is 0.7 ppm.
- Gross Alpha** - Action level over 5 pCi/L requires testing for Radium 226 and 228. Action level over 15 pCi/L requires testing for Uranium. Compliance is based on Gross Alpha results minus Uranium results = Net Gross Alpha.
- Lead/Copper** - Action levels (AL) are measured at consumer's tap. 90% of the tests must be equal to or below the action level.
- Nitrate** - Nitrate in drinking water at levels above 10 ppm is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant you should ask advice from your health provider.
- PFAS** -The degree of risk depends on the level of chemicals and duration of exposure. Laboratory studies of animals exposed to high doses of PFAS have shown numerous negative effects such as issues with reproduction, growth and development, thyroid function, immune system, neurology, as well as injury to the liver. Research is still relatively new, and more needs to be done to fully assess exposure effects on the human body.
- Radon** - The State of Maine adopted a Maximum Exposure Guideline (MEG) for Radon in drinking water at 4000 pCi/L, effective 1/1/07. If Radon exceeds the MEG in water, treatment is recommended. It is also advisable to test indoor air for Radon.
- Total Coliform Bacteria** - Reported as the highest monthly number of positive samples, for water systems that take less than 40 samples per month.
- TTHM/HAA5** - Total Trihalomethanes and Haloacetic Acids (TTHM and HAA5) are formed as a by-product of drinking water chlorination. This chemical reaction occurs when chlorine combines with naturally occurring organic matter in water. Compliance is based on running annual average.
- Turbidity**- Turbidity has no health effects. However, turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea and associated headaches.

IMPORTANT INFORMATION

VIOLATIONS

No Violations in 2024

Reporting Violation: In 2024, we were required to submit/update a corrosion control treatment plan, due to an exceedance of a lead or copper action level. A corrosion control treatment plan is required to help our system understand our water chemistry and provide treatment to reduce the corrosivity of our water. We failed to submit/update a corrosion control plan.

Lead and Copper

Lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Your public water system is responsible for providing high quality drinking water and removing lead pipes, but cannot control the variety of materials used in plumbing components in your home. You share the responsibility for protecting yourself and your family from the lead in your home plumbing. You can take responsibility by identifying and removing lead materials within your home plumbing and taking steps to reduce your family's risk. Before drinking tap water, flush your pipes for several minutes by running your tap, taking a shower, doing laundry or a load of dishes. You can also use a filter certified by an American National Standards Institute accredited certifier to reduce lead in drinking water. If you are concerned about lead in your water and wish to have your water tested, contact your public water system. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available at:

<http://www.epa.gov/safewater/lead>

Our system completed a Lead Service Line Inventory as required by the Revised Lead and Copper Rule. It is publicly accessible at this location: _____54 Hudson Ave Guilford, ME 04443_____

Or can be obtained by contacting _____Cody Smith – Cody@guilfordsangervilleutilities.org_____

All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

For most people, the health benefits of drinking plenty of water outweigh any possible health risk from these contaminants. However, some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/Center of Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791) or at <https://www.epa.gov/ccr/forms/contact-us-about-consumer-confidence-reports>.

We, at Guilford-Sangerville Utilities District, work hard to provide top quality water to every tap. We ask that all our customers help us protect and preserve our drinking water resources, which are the heart of our community, our way of life, and our children's future. Please contact us with any questions. Thank you for working together for safe drinking water.

Please share this information with anyone who drinks this water (or their guardians), especially those who may not have received this report directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this report in a public place or distributing copies by hand, mail, email, or another method.