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AUGUSTA WATER & SANITARY DISTRICTS

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General Manager

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TRUSTEES:

DAVID P. SMITH, President
BEVERLY W. BEAUCAGE, Treasurer
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COMMISSIONERS:

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February 3, 2006

Denise Douin
State of Maine Drinking Water Program
11 State House Station
Augusta, ME 04333-0011

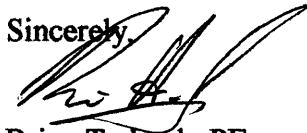
Dear Ms. Douin:

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 January, 2006. You should find the following documents:

1. Fluoridation Report;
2. Total Coliform Monitoring Report for Dawn Carpenter;
3. South Well, Brookside Well and Triangle well pumpage report;
4. Triangle Station Monthly Operating Report; and

If you have any questions, please contact me at 622-8880 x117, or via email at btarbuck@augustawater.org.

Sincerely,



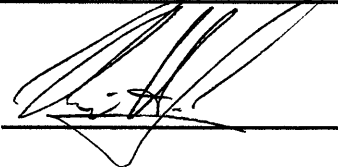
Brian Tarbuck, PE

cc: Dale Glidden

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Augusta Water District**
 PWSID#: **90080**

Reporting period: **January - 06**

Signature:  Date: **2/3/2006**

System Information

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

Notes: See notes below for specific operating conditions.

Date	AWD mg/l	Location	HETL mg/l
1/18/2006 10:00	1.32	Triangle Station	1.33
1/18/2006 9:40	1.27	Western Station	1.31
1/18/2006 9:25	1.30	Northwest Station	1.37
1/18/2006 9:15	1.18	Hospital Street Station	1.26

Fluoride

Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.29	103.00	1.20	1.43
2	1.59	80.20	1.26	0.91
3	1.68	126.10	1.26	1.35
4	1.82	111.40	1.18	1.10
5	1.74	133.90	1.20	1.38
6	1.95	106.70	1.22	0.98
7	1.60	120.80	1.19	1.36
8	1.65	125.60	1.04	1.37
9	1.66	111.60	1.03	1.21
10	2.11	106.30	1.30	0.91
11	1.69	120.70	1.34	1.29
12	1.48	110.60	0.70	1.34
13	1.81	3.60	0.73	0.04
14	1.10	133.80	1.25	2.18
15	1.85	59.60	1.21	0.58
16	1.49	137.60	1.20	1.66
17	1.72	94.10	1.14	0.99
18	1.79	112.40	1.22	1.13
19	1.90	131.30	1.21	1.24
20	1.84	90.80	1.24	0.89
21	1.26	133.70	1.26	1.91
22	1.83	69.60	1.25	0.69
23	1.57	141.60	1.18	1.62
24	1.93	86.90	1.21	0.81
25	1.50	120.50	1.24	1.44
26	2.00	119.10	1.25	1.07
27	1.70	100.30	1.20	1.06
28	1.52	140.60	1.24	1.66
29	1.51	93.50	1.24	1.12
30	1.64	83.20	1.17	0.91
31	2.07	104.90	0.63	0.91
Avg	1.69	106.90	1.16	1.18
Min	1.10	3.60	0.63	0.04
Max	2.11	141.60	1.34	2.18
Total	62.30	3,314.00		

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

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

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

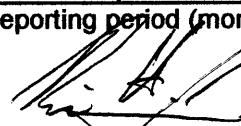
June Mooney
 June Mooney, Water Quality Specialist

Number of samples required 15
 Number of samples taken for compliance 29
 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 Tryplose 24 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WELLHOUSE	DIS	MOONEY	1-4-06/9:05	1.40	1.39	1.33	MOONEY	1-4-06/3:00	A	COLILERT				
2	WESTERN STA.	DIS	MOONEY	1-4-06/9:50	0.83	0.85	1.27	MOONEY	1-4-06/3:00	A	COLILERT				
3	NORTHWEST STA.	DIS	MOONEY	1-4-06/10:15	1.18	1.20	1.24	MOONEY	1-4-06/3:00	A	COLILERT				
4	AWD OFFICE	DIS	MOONEY	1-4-06/10:40	1.26	1.27	1.13	MOONEY	1-4-06/3:00	A	COLILERT				
5	HOSPITAL ST. STA.	DIS	MOONEY	1-4-06/11:00	1.02	1.02	1.21	MOONEY	1-4-06/3:00	A	COLILERT				
6	WILLOW ST. STA.	DIS	MOONEY	1-4-06/11:30	1.11	1.12	1.32	MOONEY	1-4-06/3:00	A	COLILERT				
7	GREYBIRCH	DIS	MOONEY	1-4-06/11:55	1.05	1.07	1.22	MOONEY	1-4-06/3:00	A	COLILERT				
8	WELLHOUSE	DIS	MOONEY	1-10-06/9:40	1.41	1.40	1.33	MOONEY	1-10-06/3:00	A	COLILERT				
9	WESTERN STA.	DIS	MOONEY	1-10-06/10:20	0.83	0.84	1.18	MOONEY	1-10-06/3:00	A	COLILERT				
10	NORTHWEST STA.	DIS	MOONEY	1-10-06/10:55	1.21	1.22	1.16	MOONEY	1-10-06/3:00	A	COLILERT				
11	AWD OFFICE	DIS	MOONEY	1-10-06/11:25	1.23	1.26	1.23	MOONEY	1-10-06/3:00	A	COLILERT				
12	HOSPITAL ST. STA.	DIS	MOONEY	1-10-06/11:45	1.02	1.03	1.25	MOONEY	1-10-06/3:00	A	COLILERT				
13	BEST INN	DIS	MOONEY	1-10-06/12:25	0.82	0.83	1.19	MOONEY	1-10-06/3:00	A	COLILERT				
14	MANCHESTER TOWN OFF	DIS	MOONEY	1-10-06/1:40	0.85	0.87	1.23	MOONEY	1-10-06/3:00	A	COLILERT				
15	WELLHOUSE	DIS	MOONEY	1-17-06/10:45	1.32	1.33	1.22	MOONEY	1-17-06/3:00	A	COLILERT				
16	NORTHWEST STA.	DIS	MOONEY	1-17-06/11:35	1.17	1.17	1.20	MOONEY	1-17-06/3:00	A	COLILERT				
17	WESTERN STA.	DIS	MOONEY	1-17-06/12:00	0.82	0.84	1.17	MOONEY	1-17-06/3:00	A	COLILERT				
18	AWD OFFICE	DIS	MOONEY	1-17-06/12:30	1.19	1.18	1.18	MOONEY	1-17-06/3:00	A	COLILERT				
19	HOSPITAL ST. STA.	DIS	MOONEY	1-17-06/12:50	0.95	0.97	1.20	MOONEY	1-17-06/3:00	A	COLILERT				
20	WESTERN STA.	DIS	MOONEY	1-24-06/9:15	0.83	0.84	1.25	MOONEY	1-24-06/3:15	A	COLILERT				
21	WELLHOUSE	DIS	MOONEY	1-24-06/9:30	1.24	1.25	1.42	MOONEY	1-24-06/3:15	A	COLILERT				
22	NORTHWEST STA.	DIS	MOONEY	1-24-06/10:20	1.07	1.08	1.20	MOONEY	1-24-06/3:15	A	COLILERT				
23	AWD OFFICE	DIS	MOONEY	1-24-06/10:45	1.13	1.15	1.25	MOONEY	1-24-06/3:15	A	COLILERT				
24	HOSPITAL ST. STA.	DIS	MOONEY	1-24-06/11:10	0.97	0.99	1.19	MOONEY	1-24-06/3:15	A	COLILERT				
25	WELLHOUSE	DIS	MOONEY	1-30-06/10:00	1.32	1.32	1.13	MOONEY	1-30-06/2:00	A	COLILERT				
26	NORTHWEST STA.	DIS	MOONEY	1-30-06/11:40	1.17	1.19	1.21	MOONEY	1-30-06/2:00	A	COLILERT				
27	AWD OFFICE	DIS	MOONEY	1-30-06/12:00	1.33	1.34	1.08	MOONEY	1-30-06/2:00	A	COLILERT				
28	HOSPITAL ST. STA.	DIS	MOONEY	1-30-06/12:30	1.12	1.14	1.12	MOONEY	1-30-06/2:00	A	COLILERT				
29	WESTERN STA.	DIS	MOONEY	1-30-06/11:15	0.79	0.80	1.17	MOONEY	1-30-06/2:00	A	COLILERT				
	TREATMENT PLANT	O&M	MOONEY	1-13-06/11:00	0.79	0.80	1.20	MOONEY	1-13-06/12:45	A	COLILERT				
	7 FOURTH AVE	CUS	MOONEY	1-12-06/11:30	0.84	0.88	1.24	MOONEY	1-12-06/3:00	A	COLILERT				
	7 FOURTH AVE	CUS	MOONEY	1-24-06/11:30	0.63	0.64	1.13	MOONEY	1-24-06/3:15	A	COLILERT				
*	DIST. WATER POUR PLAT	SPT	MOONEY	1-18-06/1:00	0.00	0.01		MOONEY	1-18-06/1:45	A	COLILERT		COND=1.16	UMHOS	0.2ML

Monthly Well Production Report

System Type - All GW systems

System Name:	Augusta Water District
PWSID#:	90080
Designated operator name and ME license #:	Brian Tarbuck 2026
e-mail address:	bstarbuck@augustawater.org
Reporting period (month and year):	January - 06
Signature: 	Date: 2/3/2006

System Information

Treatment plant/pump station:	All wells
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	0.77	0.52	0.00	1.29
2	1.29	0.31	0.00	1.59
3	1.27	0.40	0.00	1.68
4	1.03	0.79	0.00	1.82
5	1.19	0.54	0.01	1.74
6	0.68	0.73	0.53	1.95
7	1.27	0.17	0.17	1.60
8	1.26	0.19	0.21	1.65
9	0.71	0.53	0.42	1.66
10	1.12	0.57	0.42	2.11
11	0.89	0.46	0.34	1.69
12	1.29	0.10	0.09	1.48
13	1.25	0.33	0.23	1.81
14	0.93	0.10	0.08	1.10
15	0.48	0.75	0.62	1.85
16	1.30	0.04	0.15	1.49
17	1.02	0.40	0.29	1.72
18	0.88	0.53	0.38	1.79
19	0.41	0.63	0.86	1.90
20	0.50	0.44	0.90	1.84
21	0.14	0.15	0.97	1.26
22	0.46	0.46	0.90	1.83
23	0.25	0.62	0.70	1.57
24	0.28	0.76	0.89	1.93
25	0.26	0.30	0.95	1.50
26	0.65	0.67	0.68	2.00
27	0.56	0.41	0.73	1.70
28	0.33	0.25	0.94	1.52
29	0.36	0.22	0.92	1.51
30	0.00	0.85	0.79	1.64
31	0.18	1.03	0.86	2.07
Sum	23.01	14.24	15.05	52.30

Monthly Operating Report

System Type - All GW systems

System Name: **Augusta Water District**

PWSID#: **90080**

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

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

Reporting period (month and year): **January - 06**

Signature:  Date: **2/3/2006**

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	1.29	n/a	7.73	n/a
2	1.59	n/a	7.70	n/a
3	1.68	n/a	7.70	n/a
4	1.82	n/a	7.71	n/a
5	1.74	n/a	7.69	n/a
6	1.95	n/a	7.72	n/a
7	1.60	n/a	7.68	n/a
8	1.65	n/a	7.69	n/a
9	1.66	n/a	7.73	n/a
10	2.11	n/a	7.70	n/a
11	1.69	n/a	7.72	n/a
12	1.48	n/a	7.68	n/a
13	1.81	n/a	7.71	n/a
14	1.10	n/a	7.72	n/a
15	1.85	n/a	7.73	n/a
16	1.49	n/a	7.69	n/a
17	1.72	n/a	7.70	n/a
18	1.79	n/a	7.74	n/a
19	1.90	n/a	7.69	n/a
20	1.84	n/a	7.72	n/a
21	1.26	n/a	7.72	n/a
22	1.83	n/a	7.68	n/a
23	1.57	n/a	7.72	n/a
24	1.93	n/a	7.70	n/a
25	1.50	n/a	7.69	n/a
26	2.00	n/a	7.69	n/a
27	1.70	n/a	7.70	n/a
28	1.52	n/a	7.71	n/a
29	1.51	n/a	7.70	n/a
30	1.64	n/a	7.71	n/a
31	2.07	n/a	7.71	n/a
Summary	52.30		7.71	

(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	gal			
6	22	0				1.24
2	14	0				1.37
3	17	0				1.37
4	19	150				1.30
3	20	0				1.34
3	19	0				1.37
3	20	0				1.33
5	18	0				1.31
3	18	150				1.25
2	16	0				1.28
4	22	150				1.16
3	16	0				1.19
3	15	0				1.18
3	18	0				1.08
3	11	0				1.12
6	20	0				1.20
3	16	150				1.16
2	17	150				1.09
3	19	0				1.27
4	18	0				1.30
3	20	0				1.33
3	13	0				1.30
3	19	150				1.24
2	16	0				1.29
5	19	0				1.27
3	15	100				1.21
3	15	0				1.28
3	12	0				1.40
4	14	0				1.41
2	17	150				1.35
3	17	0				1.33
105.57	528.04	1150.00	0.00			1.08

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

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calciquest 75 / 25	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:	29	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.09