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AUGUSTA WATER & SANITARY DISTRICTS

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General Manager

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TRUSTEES:

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BEVERLY W. BEAUCAGE, Treasurer
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THOMAS A. SOTIR, Clerk

February 8, 2007

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

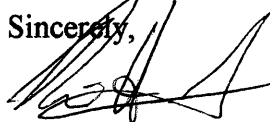
Dear Ms. Douin:

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, 2007. 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; and
4. Triangle Station Monthly Operating Report

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

Sincerely,



Brian Tarbuck, PE

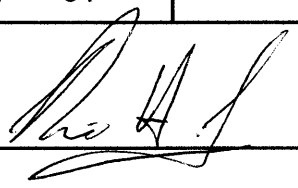
cc: Dale Glidden

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Augusta Water District**

PWSID#: **90080**

Reporting period: **January - 07**

Signature:  Date: **2/8/2007**

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
1/9/2007 10:15	1.60	Triangle Station	1.59
not required under 2006 rule revisions		Western Station	n/a
		Northwest Station	n/a
		Hospital Street	n/a

Fluoride				
Date	Mgals pumped	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg/L	mg/L
1	1.84	130.12	1.17	1.27
2	1.62	109.02	1.13	1.21
3	1.95	127.20	1.20	1.17
4	1.80	126.16	1.21	1.26
5	1.72	119.11	1.25	1.25
6	1.99	131.20	1.18	1.19
7	1.81	125.05	1.20	1.24
8	1.88	127.25	1.22	1.22
9	1.94	126.14	1.21	1.17
10	1.96	132.21	1.19	1.21
11	2.11	142.18	1.16	1.21
12	1.87	119.02	1.16	1.14
13	1.50	107.99	1.20	1.30
14	1.78	125.11	1.18	1.26
15	1.70	115.02	1.18	1.22
16	1.48	105.89	1.15	1.29
17	1.91	133.26	1.15	1.25
18	2.01	129.07	1.30	1.15
19	1.91	132.28	1.21	1.25
20	1.72	121.07	1.26	1.27
21	1.97	136.29	1.20	1.25
22	1.92	126.17	0.89	1.18
23	1.89	129.26	1.26	1.23
24	1.91	128.11	1.29	1.20
25	1.84	127.06	1.26	1.24
26	2.01	138.31	1.28	1.24
27	1.88	131.17	1.23	1.25
28	1.96	138.30	1.20	1.27
29	1.81	123.26	1.25	1.22
30	1.98	128.13	1.24	1.17
31	1.85	132.22	1.21	1.28
Avg	1.86	126.53	1.20	1.23
Min	1.48	105.89	0.89	1.14
Max	2.11	142.18	1.30	1.30
Total	57.54	3,922.58		

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 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 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		Method		EC 44.5c	HPC 48 hrs
										Present/Absent	Lauryl Tryptose	MF/COLILERT	24 hr 48 hr bril. green		
1	WESTERN STA.	DIS	MOONEY	1-3-07/10:00	1.02	1.04	1.19	MOONEY	1-3-07/3:15	A		COLILERT			
2	WELLHOUSE	DIS	MOONEY	1-3-07/10:15	1.35	1.34	1.58	MOONEY	1-3-07/3:15	A		COLILERT			
3	NORTHWEST STA.	DIS	MOONEY	1-3-07/10:35	1.19	1.20	1.31	MOONEY	1-3-07/3:15	A		COLILERT			
4	HOSPITAL ST. STA.	DIS	MOONEY	1-3-07/11:40	1.12	1.13	1.19	MOONEY	1-3-07/3:15	A		COLILERT			
5	OFFICE	DIS	MOONEY	1-3-07/12:40	1.27	1.26	1.55	MOONEY	1-3-07/3:15	A		COLILERT			
6	WILLOW ST. STA.	DIS	MOONEY	1-3-07/1:30	1.29	1.29	1.53	MOONEY	1-3-07/3:15	A		COLILERT			
7	MANCHESTER TOWN OFFICE	DIS	MOONEY	1-4-07/11:45	0.42	0.46	1.19	MOONEY	1-4-07/2:45	A		COLILERT			
8	WESTERN STA.	DIS	MOONEY	1-9-07/10:00	1.04	1.04	1.20	MOONEY	1-9-07/3:30	A		COLILERT			
9	WELLHOUSE	DIS	MOONEY	1-9-07/10:15	1.35	1.33	1.60	MOONEY	1-9-07/3:30	A		COLILERT			
10	NORTHWEST STA.	DIS	MOONEY	1-9-07/10:35	1.15	1.17	1.18	MOONEY	1-9-07/3:30	A		COLILERT			
11	OFFICE	DIS	MOONEY	1-9-07/10:50	1.22	1.23	1.17	MOONEY	1-9-07/3:30	A		COLILERT			
12	TOGUS STA.	DIS	MOONEY	1-9-07/11:30	0.89	0.91	1.23	MOONEY	1-9-07/3:30	A		COLILERT			
13	HOSPITAL ST. STA.	DIS	MOONEY	1-9-07/11:50	1.05	1.06	1.17	MOONEY	1-9-07/3:30	A		COLILERT			
14	WESTERN STA.	DIS	MOONEY	1-16-07/9:30	0.84	0.85	1.21	MOONEY	1-16-07/2:30	A		COLILERT			
15	WELLHOUSE	DIS	MOONEY	1-16-07/9:45	1.24	1.23	1.24	MOONEY	1-16-07/2:30	A		COLILERT			
16	NORTHWEST STA.	DIS	MOONEY	1-16-07/10:30	1.19	1.20	1.17	MOONEY	1-16-07/2:30	A		COLILERT			
17	HOSPITAL ST. STA.	DIS	MOONEY	1-16-07/11:10	0.58	0.60	1.21	MOONEY	1-16-07/2:30	A		COLILERT			
18	OFFICE	DIS	MOONEY	1-16-07/11:40	0.75	0.76	1.18	MOONEY	1-16-07/2:30	A		COLILERT			
19	WESTERN STA.	DIS	MOONEY	1-23-07/9:35	1.08	1.09	1.25	MOONEY	1-23-07/1:45	A		COLILERT			
20	BEST INN	DIS	MOONEY	1-23-07/9:55	0.62	0.63	1.26	MOONEY	1-23-07/1:45	A		COLILERT			
21	WELLHOUSE	DIS	MOONEY	1-23-07/10:15	1.45	1.45	1.16	MOONEY	1-23-07/1:45	A		COLILERT			
22	NORTHWEST STA.	DIS	MOONEY	1-23-07/10:45	1.33	1.33	1.49	MOONEY	1-23-07/1:45	A		COLILERT			
23	OFFICE	DIS	MOONEY	1-23-07/11:15	1.23	1.26	1.36	MOONEY	1-23-07/1:45	A		COLILERT			
24	HOSPITAL ST. STA.	DIS	MOONEY	1-23-07/11:35	1.05	1.06	1.26	MOONEY	1-23-07/1:45	A		COLILERT			
25	WESTERN STA.	DIS	MOONEY	1-30-07/9:15	0.94	0.96	1.26	MOONEY	1-30-07/1:30	A		COLILERT			
26	WELLHOUSE	DIS	MOONEY	1-30-07/9:30	1.27	1.23	1.23	MOONEY	1-30-07/1:30	A		COLILERT			
27	NORTHWEST STA.	DIS	MOONEY	1-30-07/9:50	1.15	1.18	1.18	MOONEY	1-30-07/1:30	A		COLILERT			
28	OFFICE	DIS	MOONEY	1-30-07/10:15	1.08	1.10	1.31	MOONEY	1-30-07/1:30	A		COLILERT			
29	HOSPITAL ST. STA.	DIS	MOONEY	1-30-07/10:40	0.98	1.03	1.22	MOONEY	1-30-07/1:30	A		COLILERT			
E. HYDRANT, CANCER CENTE		O&M	HAMLIN	1-6-07/11:07	0.00		1.25	MOONEY	1-6-07/3:15	A		COLILERT		100-1ML	
W. HYDRANT, CANCER CENTE		O&M	HAMLIN	1-6-07/11:32	0.00		1.29	MOONEY	1-6-07/3:15	A		COLILERT		0-1ML	
6 FIRE SVC, CANCER CENTER		O&M	HAMLIN	1-6-07/11:54	0.00		1.24	MOONEY	1-6-07/3:15	A		COLILERT		0-1ML	
4 DOMESTIC SVC, CANCER C		O&M	HAMLIN	1-6-07/12:16	0.00		1.27	MOONEY	1-6-07/3:15	A		COLILERT		8-1ML	
7 THRD AVE.		CUS	MOONEY	1-3-07/11:15	0.52	0.48	1.24	MOONEY	1-3-07/3:15	A		COLILERT			
* DISTILLED WATER POUR PLA		SPT	MOONEY	1-17-07/8:30	0.00	0.01		MOONEY	1-17-07/9:00					COND =0.96	UMHOS

Monthly Well Production Report
System Type - All GW systems

System Information

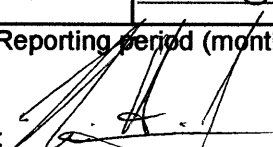
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **2/8/2007**

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	0.87	0.59	0.39	1.84
2	0.69	0.55	0.38	1.62
3	0.86	0.65	0.44	1.95
4	0.88	0.43	0.49	1.80
5	0.88	0.51	0.33	1.72
6	0.86	0.67	0.46	1.99
7	0.86	0.57	0.38	1.81
8	0.88	0.58	0.42	1.88
9	0.85	0.66	0.43	1.94
10	0.85	0.66	0.45	1.96
11	0.82	0.79	0.51	2.11
12	0.87	0.59	0.41	1.87
13	0.89	0.37	0.24	1.50
14	0.87	0.54	0.37	1.78
15	0.88	0.48	0.34	1.70
16	0.90	0.34	0.24	1.48
17	0.83	0.66	0.43	1.91
18	0.83	0.70	0.48	2.01
19	0.85	0.63	0.43	1.91
20	0.37	1.03	0.31	1.72
21	0.52	1.01	0.43	1.97
22	0.49	1.02	0.41	1.92
23	0.48	1.02	0.39	1.89
24	0.50	1.01	0.40	1.91
25	0.41	1.03	0.40	1.84
26	0.61	1.00	0.40	2.01
27	0.72	1.02	0.15	1.88
28	0.52	1.02	0.43	1.96
29	0.42	1.03	0.36	1.81
30	0.57	0.65	0.76	1.98
31	0.51	0.60	0.75	1.85
Sum	22.33	22.41	12.80	57.54

Monthly Operating Report
System Type - All GW systems

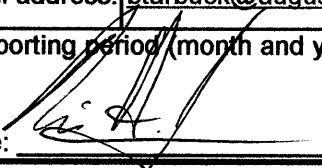
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **2/8/2007**

System Information

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

Select one
 Community System →
 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	1.84	n/a	7.90	n/a
2	1.62	n/a	7.93	n/a
3	1.95	n/a	7.89	n/a
4	1.80	n/a	7.89	n/a
5	1.72	n/a	7.89	n/a
6	1.99	n/a	7.90	n/a
7	1.81	n/a	7.89	n/a
8	1.88	n/a	7.89	n/a
9	1.94	n/a	7.89	n/a
10	1.96	n/a	7.88	n/a
11	2.11	n/a	7.87	n/a
12	1.87	n/a	7.87	n/a
13	1.50	n/a	7.86	n/a
14	1.78	n/a	7.86	n/a
15	1.70	n/a	7.86	n/a
16	1.48	n/a	7.85	n/a
17	1.91	n/a	7.85	n/a
18	2.01	n/a	7.84	n/a
19	1.91	n/a	7.84	n/a
20	1.72	n/a	7.85	n/a
21	1.97	n/a	7.84	n/a
22	1.92	n/a	7.84	n/a
23	1.89	n/a	7.84	n/a
24	1.91	n/a	7.83	n/a
25	1.84	n/a	7.83	n/a
26	2.01	n/a	7.82	n/a
27	1.88	n/a	7.82	n/a
28	1.96	n/a	7.82	n/a
29	1.81	n/a	7.76	n/a
30	1.98	n/a	7.69	n/a
31	1.85	n/a	7.69	n/a
Summary	57.54		7.85	

(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			
2	19	0				1.25
1	21	0				1.16
-1	17	150				1.25
4	21	0				1.24
2	20	0				1.22
1	19	0				1.25
2	23	0				1.21
2	21	0				1.22
2	21	100				1.24
2	21	0				1.23
3	22	0				1.24
2	23	150				1.26
2	21	0				1.24
1	17	0				1.22
2	20	0				1.20
2	20	0				1.22
2	17	0				1.24
2	21	150				1.22
1	20	0				1.21
1	21	0				1.26
3	21	0				1.23
2	21	150				1.21
1	20	0				1.25
2	21	150				1.22
3	21	0				1.21
2	22	50				1.22
2	22	0				1.22
2	21	0				1.20
2	22	0				1.16
2	19	150				1.18
2	21	0				1.15
57.49	636.90	1050.00	0.00			1.15

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

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calcquest 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:	1.07