

Phone: (207) 622-3701
SCOTT J. MINOR, P.E.
General Manager

AUGUSTA WATER DISTRICT
170 Hospital Street
Augusta, Maine 04330
www.augustawater.org

Eng. Fax: (207) 621-0360
BRIAN H. TARBUCK, P.E.
Assistant General Manager

MICHAEL A. MOREY
Director of Engineering Services

TRUSTEES

DAVID P. SMITH, President
BEVERLY BEAUCAGE, Treasurer
PAUL MCCLAY

March 10, 2005

Jennifer Hitchcock
SWTR Coordinator
State of Maine Drinking Water Program
11 State House Station
Augusta, ME 04333-0011

Dear Ms. Hitchcock:

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 February, 2005. 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.

The Hach CA610 fluoride residual analyzer was calibrated twice in early February. Grab samples were collected using a Hach DR850 using the SPADNS method on:

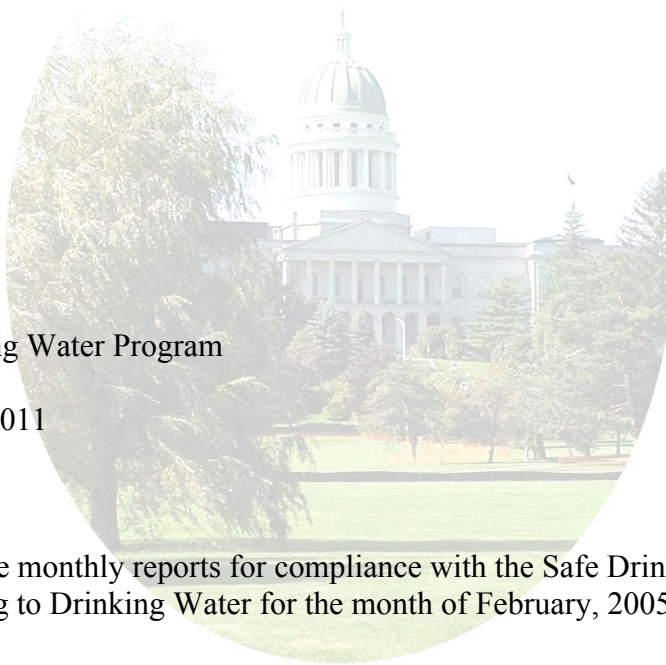
- ◆ February 3rd, 1.10 mg/L
- ◆ February 4th, 1.20 mg/L
- ◆ February 9th, 1.70 mg/L

Please contact me at 622-3701 x117 if you have any questions about this report.

Sincerely,

Brian Tarbuck, PE, Class IV System ME #2026
Assistant General Manager

cc: Scott Minor



Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Augusta Water District**

PWSID#: **90080**

Reporting period: **February, 2005**

Signature: _____ Date: 3/9/2005

System Information

Treatment plant/pump station: **G.F. Laurin Treatment Plant**
 Fluoride Chemical Used: **Hydrofluorosilicic Acid**

Notes:

Date	AWD	Location	HETL
2/15/2005 10:45	1.10	Triangle Station	1.20
2/15/2005 11:20	1.22	Western Station	1.29
2/15/2005 11:45	1.00	Northwest Station	1.07
2/15/2005 13:35	0.96	Hospital Street Station	1.05

Fluoride

Date	Mgals filtered	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.97	88	0.92	0.80
2	2.07	55	0.95	0.47
3	1.61	89	1.03	0.99
4	1.97	84	0.41	0.76
5	1.83	99	0.81	0.97
6	1.74	97	0.88	1.00
7	1.48	101	1.05	1.23
8	2.41	65	0.87	0.48
9	1.70	88	0.56	0.93
10	2.13	101	0.97	0.85
11	1.62	110	1.01	1.23
12	1.64	81	0.99	0.88
13	1.49	93	1.05	1.12
14	2.04	53	1.03	0.47
15	1.42	128	1.20	1.63
16	2.10	75	1.07	0.64
17	1.79	93	1.09	0.93
18	1.72	100	1.12	1.04
19	1.49	132	1.11	1.59
20	1.95	79	1.04	0.73
21	1.53	96	1.09	1.13
22	1.69	64	1.11	0.69
23	2.28	117	0.99	0.92
24	1.34	96	1.31	1.29
25	2.03	99	1.31	0.88
26	1.86	144	1.09	1.39
27	1.33	78	1.03	1.05
28	1.70	73	1.04	0.78
Avg	1.78	91.94	1.01	0.96
Min	1.33	53.30	0.41	0.47
Max	2.41	144.40	1.31	1.63
Total	49.91	2,574.40		

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

Number of samples required	15
Number of samples taken for compliance	28
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, Laboratory Director

Samp. #	Location	Sam. Type	Collected by	Collection date & time	Temp (C)	pH	Free Cl ₂	Total Cl ₂	Rec'd in lab	Turb (NTU)	Fluoride (mg/l)	Set up by:	Date & time	Coliform		Method		Lauryl Tryptose				
														Present/Absent	MF/COLILERT	24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs		
1	TREATMENT PLANT	DIS	MOONEY	2-1-05/11:00	4.4	7.6	0.92	1.01	2-1-05/11:00	0.14	1.09	MOONEY	2-1-05/4:30	A	COLILERT							
2	WESTERN STA.	DIS	MOONEY	2-1-05/12:00	7.6	7.5	0.89	0.91	2-1-05/3:30	0.06	0.87	MOONEY	2-1-05/4:30	A	COLILERT							
3	WELLHOUSE	DIS	MOONEY	2-1-05/12:20	10.2	7.5	1.28	1.27	2-1-05/3:30	0.04	0.83	MOONEY	2-1-05/4:30	A	COLILERT							
4	NORTHWEST STA.	DIS	MOONEY	2-1-05/1:40	9.0	7.5	1.06	1.07	2-1-05/3:30	0.04	0.83	MOONEY	2-1-05/4:30	A	COLILERT							
5	AWD OFFICE	DIS	MOONEY	2-1-05/2:15	10.4	7.6	1.19	1.19	2-1-05/3:30	0.05	0.84	MOONEY	2-1-05/4:30	A	COLILERT							
6	HOSPITAL ST. STA.	DIS	MOONEY	2-1-05/2:40	7.8	7.5	0.98	0.98	2-1-05/3:30	0.04	0.90	MOONEY	2-1-05/4:30	A	COLILERT							
7	TREATMENT PLANT	DIS	MOONEY	2-8-05/10:45	4.3	7.9	0.69	0.73	2-8-05/10:45	0.13	1.28	MOONEY	2-9-05/9:45	A	COLILERT							
8	WESTERN STA.	DIS	MOONEY	2-8-05/1:00	7.6	7.6	1.04	1.07	2-8-05/5:00	0.04	1.16	MOONEY	2-9-05/9:45	A	COLILERT							
9	WELLHOUSE	DIS	MOONEY	2-8-05/1:25	10.3	7.5	1.36	1.38	2-8-05/5:00	0.04	1.06	MOONEY	2-9-05/9:45	A	COLILERT							
10	NORTHWEST STA.	DIS	MOONEY	2-8-05/2:50	9.7	7.6	1.16	1.18	2-8-05/5:00	0.05	1.08	MOONEY	2-9-05/9:45	A	COLILERT							
11	WILLOW ST. STA.	DIS	MOONEY	2-8-05/3:15	8.1	7.5	1.00	1.02	2-8-05/5:00	0.07	1.00	MOONEY	2-9-05/9:45	A	COLILERT							
12	AWD OFFICE	DIS	MOONEY	2-8-05/3:55	10.1	7.5	1.18	1.18	2-8-05/5:00	0.04	1.05	MOONEY	2-9-05/9:45	A	COLILERT							
13	HOSPITAL ST. STA.	DIS	MOONEY	2-8-05/4:15	8.3	7.5	0.99	1.00	2-8-05/5:00	0.04	0.99	MOONEY	2-9-05/9:45	A	COLILERT							
14	BEST INN	DIS	MOONEY	2-9-05/12:30	8.1	7.6	0.78	0.79	2-9-05/1:45	0.05	0.88	MOONEY	2-9-05/2:15	A	COLILERT							
15	WELLHOUSE	DIS	MOONEY	2-15-05/10:45	11.3	7.7	1.23	1.22	2-15-05/2:45	0.04	1.10	MOONEY	2-15-05/4:00	A	COLILERT							
16	WESTERN STA.	DIS	MOONEY	2-15-05/11:20	8.0	7.8	1.00	1.02	2-15-05/2:45	0.05	1.22	MOONEY	2-15-05/4:00	A	COLILERT							
17	NORTHWEST STA.	DIS	MOONEY	2-15-05/11:45	8.6	7.8	1.12	1.13	2-15-05/2:45	0.06	1.00	MOONEY	2-15-05/4:00	A	COLILERT							
18	K.V.CREDIT UNION	DIS	MOONEY	2-15-05/12:05	8.2	7.8	0.94	0.95	2-15-05/2:45	0.05	1.03	MOONEY	2-15-05/4:00	A	COLILERT							
19	AWD OFFICE	DIS	MOONEY	2-15-05/12:50	9.8	7.8	1.08	1.09	2-15-05/2:45	0.05	1.08	MOONEY	2-15-05/4:00	A	COLILERT							
20	TOGUS STA.	DIS	MOONEY	2-15-05/1:15	5.7	7.8	0.65	0.67	2-15-05/2:45	0.14	0.93	MOONEY	2-15-05/4:00	A	COLILERT							
21	HOSPITAL ST. STA.	DIS	MOONEY	2-15-05/1:35	7.5	7.8	0.93	0.94	2-15-05/2:45	0.05	0.96	MOONEY	2-15-05/4:00	A	COLILERT							
22	TREATMENT PLANT	DIS	MOONEY	2-15-05/3:15	3.4	8.1	0.51	0.52	2-15-05/3:15	0.11	0.98	MOONEY	2-15-05/4:00	A	COLILERT							
23	WESTERN STA.	DIS	MOONEY	2-22-05/12:30	8.0	7.8	0.85	0.86	2-22-05/3:50	0.04	0.93	MOONEY	2-22-05/4:35	A	COLILERT							
24	WELLHOUSE	DIS	MOONEY	2-22-05/1:00	10.1	7.9	1.31	1.29	2-22-05/3:50	0.04	1.02	MOONEY	2-22-05/4:35	A	COLILERT							
25	NORTHWEST STA.	DIS	MOONEY	2-22-05/1:45	9.9	7.7	1.15	1.16	2-22-05/3:50	0.04	1.11	MOONEY	2-22-05/4:35	A	COLILERT							
26	AWD OFFICE	DIS	MOONEY	2-22-05/2:20	10.2	7.9	1.17	1.18	2-22-05/3:50	0.04	1.07	MOONEY	2-22-05/4:35	A	COLILERT							
27	HOSPITAL ST. STA.	DIS	MOONEY	2-22-05/3:00	7.7	7.8	1.02	1.02	2-22-05/3:50	0.05	1.27	MOONEY	2-22-05/4:35	A	COLILERT							
28	MULLIGANS	DIS	MOONEY	2-22-05/3:40	9.5	7.6	0.04	0.05	2-22-05/3:50	0.11	0.94	MOONEY	2-22-05/4:35	A	COLILERT							
*	MANCHESTER TOWN OFF	CUS	MOONEY	2-9-05/11:35	6.4	7.6	0.51	0.51	2-9-05/1:45	0.08	0.84	MOONEY	2-9-05/2:15	A	COLILERT							
	LAB DI WATER POUR PLA	SPT	MOONEY	2-23-05/11:45			0.05	0.05	2-23-05/11:45			MOONEY	2-23-05/12:00							COND=.054	UMHOS	0:2ML

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): **February - 05**
 Signature: _____ Date: **3/10/2005**

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	1.97	n/a	7.69	n/a
2	2.07	n/a	7.69	n/a
3	1.61	n/a	7.69	n/a
4	1.97	n/a	7.70	n/a
5	1.83	n/a	7.68	n/a
6	1.74	n/a	7.69	n/a
7	1.48	n/a	7.68	n/a
8	2.41	n/a	7.69	n/a
9	1.70	n/a	7.68	n/a
10	2.13	n/a	7.69	n/a
11	1.62	n/a	7.66	n/a
12	1.64	n/a	7.66	n/a
13	1.49	n/a	7.66	n/a
14	2.04	n/a	7.69	n/a
15	1.42	n/a	7.67	n/a
16	2.10	n/a	7.68	n/a
17	1.79	n/a	7.66	n/a
18	1.72	n/a	7.59	n/a
19	1.49	n/a	6.92	n/a
20	1.95	n/a	7.08	n/a
21	1.53	n/a	7.02	n/a
22	1.69	n/a	7.33	n/a
23	2.28	n/a	7.74	n/a
24	1.34	n/a	7.70	n/a
25	2.03	n/a	7.73	n/a
26	1.86	n/a	7.74	n/a
27	1.33	n/a	7.72	n/a
28	1.70	n/a	7.73	n/a
Summary	49.91		7.60	
	(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	17	0				1.26
8	21	50				1.25
2	22	0				1.23
3	18	50				1.24
5	22	0				1.25
3	21	0				1.23
5	19	100				1.23
2	16	0				1.24
4	26	100				1.23
4	17	0				1.26
8	24	50				1.25
1	18	0				1.23
4	17	0				1.22
4	16	0				1.21
3	21	50				1.19
2	14	100				1.20
5	23	0				1.17
4	23	0				1.15
5	17	0				1.15
4	16	50				1.15
6	20	0				1.12
3	16	100				1.14
2	17	0				1.14
6	25	100				1.14
3	15	0				1.21
5	6	0				1.20
4	19	0				1.19
3	13	100				1.21
110.92	518	850				1.12
(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	28	Number of repeat samples taken	0
Number of positive samples	0	Average chlorine residual at sites	0.98

Monthly Well Production Report		System Information	
System Type - All GW systems		Treatment plant/pump station: All wells	
System Name:	Augusta Water District	Select one	
PWSID#:	90080	Community System	→ <input checked="" type="checkbox"/>
Designated operator name and ME License #:	Brian Tarbuck 2026	Non-transient Non-community	→ <input type="checkbox"/>
e-mail address:	btarbuck@augustawater.org	Transient Non-Community	→ <input type="checkbox"/>
Reporting period (month and year):	February - 05	List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):	
Signature: _____ Date: <u>3/10/2005</u>		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	0.62	0.50	0.85	1.97
2	0.67	0.61	0.78	2.07
3	0.42	0.38	0.82	1.61
4	0.63	0.57	0.78	1.97
5	0.54	0.50	0.79	1.83
6	0.47	0.41	0.86	1.74
7	0.30	0.27	0.91	1.48
8	0.92	0.81	0.69	2.41
9	0.45	0.39	0.86	1.70
10	0.74	0.66	0.73	2.13
11	0.42	0.38	0.81	1.62
12	0.54	0.21	0.88	1.64
13	0.32	0.30	0.87	1.49
14	0.56	0.67	0.80	2.04
15	0.28	0.25	0.89	1.42
16	0.75	0.62	0.73	2.10
17	0.40	0.55	0.84	1.79
18	0.38	0.45	0.89	1.72
19	0.29	0.30	0.90	1.49
20	0.00	1.06	0.89	1.95
21	0.00	0.58	0.95	1.53
22	0.26	0.51	0.91	1.69
23	1.08	0.48	0.73	2.28
24	0.00	0.36	0.98	1.34
25	0.11	1.05	0.87	2.03
26	1.23	0.37	0.27	1.86
27	1.33	0.00	0.00	1.33
28	1.28	0.18	0.23	1.70
Sum	14.97	13.44	21.50	49.91