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AUGUSTA WATER & SANITARY DISTRICTS

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General Manager

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TRUSTEES:

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March 10, 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 February, 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; 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 Operating Report
System Type - All GW systems

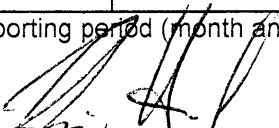
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **3/10/2006**

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:
 Note: Cleaned fluoride saturator on 2/1; refilled w/ 500 lbs. NaF; not a typo. BHT

Daily water production

Date	Mgals pumped	Peak hourly flow	pH	Dis. log inactivation
1	1.48	n/a	7.69	n/a
2	2.00	n/a	7.70	n/a
3	1.64	n/a	7.71	n/a
4	1.37	n/a	7.68	n/a
5	1.61	n/a	7.70	n/a
6	1.71	n/a	7.68	n/a
7	2.17	n/a	7.70	n/a
8	1.32	n/a	7.70	n/a
9	2.39	n/a	7.69	n/a
10	1.57	n/a	7.68	n/a
11	1.51	n/a	7.67	n/a
12	1.91	n/a	7.69	n/a
13	1.69	n/a	7.65	n/a
14	2.15	n/a	7.69	n/a
15	1.45	n/a	7.68	n/a
16	1.64	n/a	7.68	n/a
17	2.15	n/a	7.69	n/a
18	2.25	n/a	7.66	n/a
19	1.94	n/a	7.69	n/a
20	2.29	n/a	7.71	n/a
21	1.82	n/a	7.69	n/a
22	1.61	n/a	7.68	n/a
23	2.27	n/a	7.70	n/a
24	1.42	n/a	7.71	n/a
25	1.91	n/a	7.69	n/a
26	1.66	n/a	7.69	n/a
27	1.76	n/a	7.68	n/a
28	1.55	n/a	7.67	n/a
Summary	50.24		7.69	
	(total)	(avg.)	(avg.)	(min.)

Chemical usage

From table below: →

List units: (i.e. lbs, gal)

1	2	3	4	5	6	Disinfectant Residual
gal	gal	lbs				mg/L
3.5	19	500				1.32
2.7	14	0				1.25
3.2	20	100				1.27
2.7	17	0				1.30
3.0	15	0				1.28
3.0	19	0				1.31
3.5	17	150				1.25
4.0	24	0				1.25
2.7	14	0				1.24
4.6	27	100				1.28
3.0	17	0				1.38
3.0	16	0				1.34
3.0	19	100				1.29
2.7	16	0				1.32
3.5	21	0				1.41
2.1	13	0				1.45
3.0	16	150				1.39
4.6	21	0				1.39
5.4	22	0				1.37
1.9	17	0				1.43
3.0	21	150				1.34
2.7	17	0				1.12
3.5	16	0				1.03
2.4	12	150				0.79
3.2	12	0				1.00
2.7	17	0				1.16
3.5	18	100				1.18
2.7	17	0				1.20
88.38	494	1,500				0.79
(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:	25	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.09

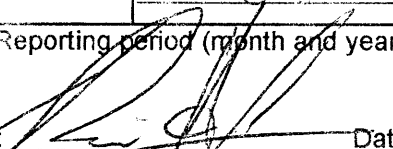
Bacteriological Report Form
 Utility: Augusta Water District, PWSID: 90080
 Laboratory: Augusta Water District, Lab # 1015075

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 M. W. [Signature]
 June M. W. Water Quality Specialist

Sam. #	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 Trypase 24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WELLHOUSE	DIS	MOONEY	2-7-06/9:45	1.41	1.39	1.25	MOONEY	2-7-06/3:15	A	COLLERT					
2	WESTERN STA.	DIS	MOONEY	2-7-06/10:40	1.22	1.23	1.27	MOONEY	2-7-06/3:15	A	COLLERT					
3	NORTHWEST STA.	DIS	MOONEY	2-7-06/11:00	1.39	1.39	1.30	MOONEY	2-7-06/3:15	A	COLLERT					
4	WILLOW ST. STA.	DIS	MOONEY	2-7-06/11:30	1.18	1.18	1.27	MOONEY	2-7-06/3:15	A	COLLERT					
5	AWD OFFICE	DIS	MOONEY	2-7-06/11:50	1.32	1.32	1.36	MOONEY	2-7-06/3:15	A	COLLERT					
6	HOSPITAL ST. STA.	DIS	MOONEY	2-7-06/12:00	1.30	1.30	1.23	MOONEY	2-7-06/3:15	A	COLLERT					
7	MANCHESTER TOWN OFF.	DIS	MOONEY	2-7-06/2:00	0.50	0.52	1.13	MOONEY	2-7-06/3:15	A	COLLERT					
8	AWD OFFICE	DIS	MOONEY	2-14-06/9:10	1.12	1.16	1.36	MOONEY	2-15-06/10:45	A	COLLERT					
9	TOGUS STA.	DIS	MOONEY	2-14-06/10:35	0.83	0.83	1.29	MOONEY	2-15-06/10:45	A	COLLERT					
10	HOSPITAL ST. STA.	DIS	MOONEY	2-14-06/10:55	1.06	1.07	1.37	MOONEY	2-15-06/10:45	A	COLLERT					
11	NORTHWEST STA.	DIS	MOONEY	2-14-06/11:50	1.21	1.22	1.21	MOONEY	2-15-06/10:45	A	COLLERT					
12	WELLHOUSE	DIS	MOONEY	2-14-06/12:10	1.12	1.11	1.16	MOONEY	2-15-06/10:45	A	COLLERT					
13	WESTERN STA.	DIS	MOONEY	2-14-06/12:35	0.89	0.90	1.19	MOONEY	2-15-06/10:45	A	COLLERT					
14	HOSPITAL ST. STA.	DIS	MOONEY	2-21-06/9:35	0.96	0.97	1.21	MOONEY	2-21-06/2:50	A	COLLERT					
15	AWD OFFICE	DIS	MOONEY	2-21-06/9:55	1.15	1.16	1.18	MOONEY	2-21-06/2:50	A	COLLERT					
16	NORTHWEST STA.	DIS	MOONEY	2-21-06/10:20	1.17	1.18	1.16	MOONEY	2-21-06/2:50	A	COLLERT					
17	WELLHOUSE	DIS	MOONEY	2-21-06/10:35	1.30	1.29	1.13	MOONEY	2-21-06/2:50	A	COLLERT					
18	WESTERN STA.	DIS	MOONEY	2-21-06/11:15	0.88	0.89	1.15	MOONEY	2-21-06/2:50	A	COLLERT					
19	BEST INN	DIS	MOONEY	2-21-06/2:45	0.79	0.80	1.15	MOONEY	2-21-06/2:50	A	COLLERT					
20	K.V. CREDIT UNION	DIS	MOONEY	2-21-06/11:10	0.81	0.81	1.21	MOONEY	2-21-06/2:50	A	COLLERT					
21	WESTERN STA.	DIS	MOONEY	2-27-06/9:25	0.86	0.88	1.23	MOONEY	2-27-06/2:00	A	COLLERT					
22	AWD OFFICE	DIS	MOONEY	2-27-06/10:40	1.21	1.22	1.24	MOONEY	2-27-06/2:00	A	COLLERT					
23	WELLHOUSE	DIS	MOONEY	2-27-06/9:45	1.37	1.36	1.31	MOONEY	2-27-06/2:00	A	COLLERT					
24	HOSPITAL ST. STA.	DIS	MOONEY	2-27-06/11:00	1.03	1.03	1.25	MOONEY	2-27-06/2:00	A	COLLERT					
25	NORTHWEST STA.	DIS	MOONEY	2-27-06/10:10	1.23	1.25	1.22	MOONEY	2-15-06/2:20	A	COLLERT					
	CONY SERVICE	O&M	HAMLIN	2-15-06/1:55	0.30		1.22	MOONEY	2-15-06/2:20	A	COLLERT					
	RED ROBIN	O&M	HAMLIN	2-16-06/11:21	0.30		1.25	MOONEY	2-16-06/11:45	A	COLLERT					
	220 NORTHERN AVE.	CUS	MOONEY	2-14-06/1:00	1.21	1.22	1.33	MOONEY	2-15-06/10:45	A	COLLERT					
*	LAB DISTILLED WATER	SPT	MOONEY	2-21-06/7:45	0.00	0.00		MOONEY	2-21-06/8:10						COND = 1.1	UMHOS

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	Brian Tarbuck	Non-transient Non-community	<input type="checkbox"/>
ME License #:	2026	Transient Non-Community	<input type="checkbox"/>
e-mail address:	btarbuck@augustawater.org	List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):	
Reporting period (month and year):	February - 06	List any operation problems or comments:	
Signature: 	Date: 3/10/2006	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	0.30	0.23	0.95	1.48
2	0.89	0.30	0.81	2.00
3	0.39	0.36	0.89	1.64
4	0.26	0.14	0.98	1.37
5	0.36	0.33	0.91	1.61
6	0.49	0.35	0.87	1.72
7	1.22	0.14	0.81	2.17
8	0.17	0.39	0.76	1.33
9	1.01	0.65	0.72	2.37
10	0.35	0.32	0.92	1.59
11	0.38	0.19	0.94	1.50
12	0.74	0.35	0.83	1.92
13	0.24	0.54	0.89	1.67
14	0.77	0.60	0.78	2.16
15	0.18	0.32	0.96	1.46
16	0.31	0.43	0.88	1.62
17	0.76	0.64	0.77	2.17
18	0.50	1.00	0.74	2.24
19	0.00	1.05	0.89	1.94
20	0.57	0.99	0.73	2.29
21	0.00	0.92	0.89	1.82
22	0.58	0.13	0.91	1.62
23	0.54	1.00	0.73	2.26
24	0.23	0.57	0.61	1.42
25	0.00	1.03	0.87	1.90
26	0.39	0.40	0.87	1.67
27	0.45	0.46	0.86	1.77
28	0.00	0.60	0.94	1.53
Sum	12.09	14.42	23.73	50.23

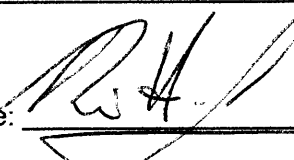
Monthly Fluoride Report

System Type - Fluoride Systems

System Name: **Augusta Water District**

PWSID#: **90080**

Reporting period: **February, 2006**

Signature:  Date: **3/9/2006**

System Information

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

Fluoride Chemical Used: **Sodium Fluoride**

Notes: *Fluoride tank cleaned 2/1 - 2/2; F- probe replaced on 2/23*

Date	AWD	Location	HETL
2/14/2006 12:10	1.16	Triangle Station	1.15
2/14/2006 12:35	1.19	Western Station	1.17
2/14/2006 11:50	1.21	Northwest Station	1.16
2/14/2006 11:15	1.37	Hospital Street Station	1.29

Fluoride

Date	Mgals filtered	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.48	4	0.14	0.04
2	2.00	52	0.87	0.47
3	1.64	103	1.27	1.13
4	1.37	129	1.29	1.69
5	1.61	74	1.27	0.83
6	1.71	123	1.26	1.29
7	2.17	112	1.23	0.93
8	1.32	135	1.28	1.84
9	2.39	132	1.20	0.99
10	1.57	83	1.22	0.95
11	1.51	132	1.42	1.57
12	1.91	81	1.13	0.76
13	1.69	146	1.12	1.56
14	2.15	78	1.13	0.65
15	1.45	126	1.18	1.56
16	1.64	113	1.18	1.24
17	2.15	53	1.20	0.44
18	2.25	166	1.17	1.33
19	1.94	130	1.19	1.21
20	2.29	132	1.13	1.04
21	1.82	111	1.21	1.10
22	1.61	84	1.20	0.94
23	2.27	142	0.55	1.12
24	1.42	96	0.79	1.22
25	1.91	105	1.17	0.99
26	1.66	105	1.23	1.14
27	1.76	100	1.33	1.02
28	1.55	117	1.27	1.36
Avg	1.79	105.78	1.13	1.09
Min	1.32	3.50	0.14	0.04
Max	2.39	166.20	1.42	1.84
Total	50.24	2,961.90		

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