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AUGUSTA WATER & SANITARY DISTRICTS

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DALE C. GLIDDEN
General Manager

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TRUSTEES:

DAVID P. SMITH, President
BEVERLY W. BEAUCAGE, Treasurer
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THOMAS A. SOTIR, Clerk

March 7, 2007

Scott Whitney
State of Maine Drinking Water Program
11 State House Station
Augusta, ME 04333-0011

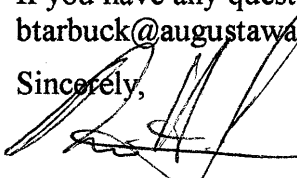
Dear Mr. Whitney:

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, 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: **February, 2007**

Signature:  Date: 3/9/2007

System Information

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

Notes: *Replaced probe on CA610 2/26 - 2/27; ignore readings*

Date	AWD	Location	HETL
2/12/2007 11:00	1.23	Triangle Station	1.20

Fluoride

Date	Mgals filtered	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.82	123	1.20	1.22
2	1.97	127	1.26	1.16
3	1.67	119	1.24	1.29
4	1.88	127	1.21	1.22
5	1.95	132	1.18	1.22
6	1.76	113	1.31	1.16
7	2.19	145	1.17	1.20
8	1.91	129	1.24	1.22
9	2.09	132	1.26	1.14
10	2.00	138	1.26	1.24
11	1.82	127	1.26	1.26
12	1.91	125	1.27	1.18
13	1.77	122	1.30	1.24
14	1.66	120	1.28	1.30
15	1.92	131	1.23	1.23
16	1.78	118	1.31	1.19
17	1.79	122	1.26	1.23
18	1.69	118	1.26	1.26
19	1.85	123	1.24	1.20
20	1.77	116	1.29	1.18
21	1.83	124	1.22	1.22
22	1.91	126	1.25	1.19
23	1.89	120	1.24	1.14
24	1.81	118	1.18	1.17
25	1.66	111	1.19	1.20
26	1.92	125	1.26	1.18
27	1.98	130	2.05	1.18
28	1.90	123	1.23	1.17
Avg	1.86	124.55	1.27	1.21
Min	1.66	111.00	1.17	1.14
Max	2.19	145.26	2.05	1.30
Total	52.07	3,487.53		

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 25
 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	Lauryl Tryptose						
										Present/Absent	MF/COLILERT	24 hr	48 hr	bril. green.	EC 44.5c	HPC 48 hrs		
1	WESTERN STA.	DIS	MOONEY	2-6-07/10:25	1.19	1.19	1.14	MOONEY	2-6-07/2:20	A	COLILERT							
2	WELLHOUSE	DIS	MOONEY	2-6-07/10:45	1.33	1.33	1.63	MOONEY	2-6-07/2:20	A	COLILERT							
3	NORTHWEST STA.	DIS	MOONEY	2-6-07/11:45	1.11	1.12	1.20	MOONEY	2-6-07/2:20	A	COLILERT							
4	OFFICE, 12 WILLIAMS ST.	DIS	MOONEY	2-6-07/12:00	1.14	1.15	1.26	MOONEY	2-6-07/2:20	A	COLILERT							
5	HOSPITAL ST. STA.	DIS	MOONEY	2-6-07/12:30	1.02	1.04	1.25	MOONEY	2-6-07/2:20	A	COLILERT							
6	WESTERN STA.	DIS	MOONEY	2-12-07/10:45	1.23	1.28	1.27	MOONEY	2-12-07/3:15	A	COLILERT							
7	WELLHOUSE	DIS	MOONEY	2-12-07/11:00	1.47	1.47	1.23	MOONEY	2-12-07/3:15	A	COLILERT							
8	NORTHWEST STA.	DIS	MOONEY	2-12-07/11:40	1.35	1.36	1.22	MOONEY	2-12-07/3:15	A	COLILERT							
9	WILLOW ST. STA.	DIS	MOONEY	2-12-07/12:00	1.41	1.40	1.28	MOONEY	2-12-07/3:15	A	COLILERT							
10	OFFICE, 12 WILLIAMS ST.	DIS	MOONEY	2-12-07/12:35	1.45	1.45	1.29	MOONEY	2-12-07/3:15	A	COLILERT							
11	HOSPITAL ST. STA.	DIS	MOONEY	2-12-07/1:10	1.00	1.01	1.23	MOONEY	2-12-07/3:15	A	COLILERT							
12	1000 RIVERSIDE DR.	DIS	MOONEY	2-12-07/1:40	0.75	0.77	1.23	MOONEY	2-12-07/3:15	A	COLILERT							
13	MANCHESTER TOWN OFFICE	DIS	MOONEY	2-20-07/9:50	0.62	0.63	1.22	MOONEY	2-20-07/1:30	A	COLILERT							
14	BEST INN	DIS	MOONEY	2-20-07/10:30	0.84	0.87	1.27	MOONEY	2-20-07/1:30	A	COLILERT							
15	WESTERN STA.	DIS	MOONEY	2-20-07/10:50	1.26	1.28	1.19	MOONEY	2-20-07/1:30	A	COLILERT							
16	WELLHOUSE	DIS	MOONEY	2-20-07/11:10	1.54	1.54	1.40	MOONEY	2-20-07/1:30	A	COLILERT							
17	NORTHWEST STA.	DIS	MOONEY	2-20-07/11:40	1.39	1.39	1.18	MOONEY	2-20-07/1:30	A	COLILERT							
18	OFFICE, 12 WILLIAMS ST.	DIS	MOONEY	2-20-07/2:40	1.45	1.46	1.24	MOONEY	2-20-07/1:30	A	COLILERT							
19	HOSPITAL ST. STA.	DIS	MOONEY	2-20-07/3:00	1.12	1.12	1.25	MOONEY	2-20-07/1:30	A	COLILERT							
20	WELLHOUSE	DIS	MOONEY	2-27-07/9:15	1.35	1.36	1.12	MOONEY	2-27-07/2:30	A	COLILERT							
21	HOSPITAL ST. STA.	DIS	MOONEY	2-27-07/10:15	1.13	1.14	1.19	MOONEY	2-27-07/2:30	A	COLILERT							
22	OFFICE, 12 WILLIAMS ST.	DIS	MOONEY	2-27-07/10:35	1.22	1.24	1.16	MOONEY	2-27-07/2:30	A	COLILERT							
23	NORTHWEST STA.	DIS	MOONEY	2-27-07/11:20	1.26	1.26	1.20	MOONEY	2-27-07/2:30	A	COLILERT							
24	WESTERN STA.	DIS	MOONEY	2-27-07/11:35	1.13	1.12	1.16	MOONEY	2-27-07/2:30	A	COLILERT							
25	GREYBIRCH	DIS	MOONEY	2-27-07/1:25	0.97	0.98	1.23	MOONEY	2-27-07/2:30	A	COLILERT							
	GLEN ST. EXT. HYDRANT	O&M	HAMLIN	2-22-07/2:47	1.00		1.27	MOONEY	2-22-07/3:20	A	COLILERT							
	GLEN ST EXT. EAST BRANCH	O&M	HAMLIN	2-22-07/2:55	0.30		1.18	MOONEY	2-22-07/3:20	A	COLILERT							
	64 PINELAND FOREST DR.	CUS	MOONEY	2-1-07/12:15	0.08	0.08	1.27	MOONEY	2-1-07/3:00	A	COLILERT							
	469 LEIGHTON RD.	CUS	MOONEY	2-27-07/8:45	0.81	0.81	1.25	MOONEY	2-27-07/2:30	A	COLILERT							
*	DISTILLED WATER POUR PL	SPT	MOONEY	2-26-07/9:30	0.01	0.01		MOONEY	2-26-07/10:15							COND.=1.04	UMHOS	0:2ML

Monthly Well Production Report
System Type - All GW systems

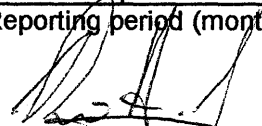
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **3/9/2007**

System Information

Treatment plant/pump station: **All wells**

Select one

Community System →

Non-transient Non-community →

Transient Non-Community →

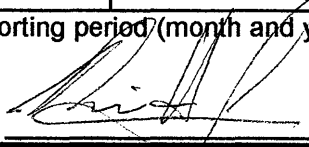
List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):

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	0.56	0.48	0.78	1.82
2	0.57	0.66	0.74	1.97
3	0.41	0.46	0.80	1.67
4	0.78	0.30	0.80	1.88
5	0.56	0.65	0.74	1.95
6	0.45	0.51	0.80	1.76
7	0.69	0.82	0.68	2.19
8	0.54	0.60	0.78	1.91
9	0.63	0.71	0.75	2.09
10	0.59	0.68	0.73	2.00
11	0.49	0.57	0.76	1.82
12	0.54	0.62	0.75	1.91
13	0.42	0.56	0.79	1.77
14	0.37	1.04	0.26	1.66
15	0.61	1.02	0.29	1.92
16	0.52	1.03	0.24	1.78
17	0.51	1.03	0.25	1.79
18	0.38	1.03	0.28	1.69
19	0.52	1.02	0.30	1.85
20	0.42	1.03	0.33	1.77
21	0.48	1.00	0.35	1.83
22	0.56	1.01	0.33	1.91
23	0.51	0.63	0.75	1.89
24	0.42	0.62	0.77	1.81
25	0.40	0.46	0.80	1.66
26	0.52	0.64	0.76	1.92
27	0.55	0.69	0.75	1.98
28	0.42	0.71	0.77	1.90
Sum	14.41	20.55	17.12	52.07

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 - 07**
 Signature:  Date: **3/9/2007**

System Information
 Treatment plant/pump station: **Triangle Station**
 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	1.82	n/a	1.17	n/a
2	1.97	n/a	1.16	n/a
3	1.67	n/a	1.16	n/a
4	1.88	n/a	1.01	n/a
5	1.95	n/a	1.17	n/a
6	1.76	n/a	1.19	n/a
7	2.19	n/a	1.25	n/a
8	1.91	n/a	1.32	n/a
9	2.09	n/a	1.35	n/a
10	2.00	n/a	1.30	n/a
11	1.82	n/a	1.28	n/a
12	1.91	n/a	1.33	n/a
13	1.77	n/a	1.38	n/a
14	1.66	n/a	1.46	n/a
15	1.92	n/a	1.54	n/a
16	1.78	n/a	1.60	n/a
17	1.79	n/a	1.56	n/a
18	1.69	n/a	1.55	n/a
19	1.85	n/a	1.48	n/a
20	1.77	n/a	1.34	n/a
21	1.83	n/a	1.57	n/a
22	1.91	n/a	1.50	n/a
23	1.89	n/a	1.36	n/a
24	1.81	n/a	1.35	n/a
25	1.66	n/a	1.35	n/a
26	1.92	n/a	1.34	n/a
27	1.98	n/a	1.36	n/a
28	1.90	n/a	1.37	n/a
Summary	52.07		1.36	
	(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
1.9	20	0				1.17
1.3	19	150				1.16
1.6	22	0				1.16
2.7	19	0				1.01
2.1	22	0				1.17
2.1	20	150				1.19
3.2	17	0				1.25
1.9	28	0				1.32
1.3	24	150				1.35
1.9	27	0				1.30
0.8	25	0				1.28
2.1	24	150				1.33
3.0	25	0				1.38
1.3	24	0				1.46
1.1	22	0				1.54
2.7	26	150				1.60
0.5	23	0				1.56
1.1	23	0				1.55
2.1	22	0				1.48
2.1	24	0				1.34
0.3	22	0				1.57
2.1	24	0				1.50
1.3	24	0				1.36
2.7	27	0				1.35
1.1	25	0				1.35
1.6	21	0				1.34
2.1	26	0				1.36
1.1	25	50				1.37
49.43	649	800				1.01
(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:	1.19	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	25