

Phone: (207) 622-3701
(207) 622-6184

AUGUSTA WATER & SANITARY DISTRICTS

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12 Williams Street
Augusta, Maine 04330
www.augustawater.org

DALE C. GLIDDEN
General Manager

Engineering Fax: (207) 621-0360

TRUSTEES:

DAVID P. SMITH, President
BEVERLY W. BEAUCAGE, Treasurer
PAUL F. McCLAY, Clerk

COMMISSIONERS:

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THOMAS A. SOTIR, Clerk

April 10, 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 March, 2007. You should find the following documents:

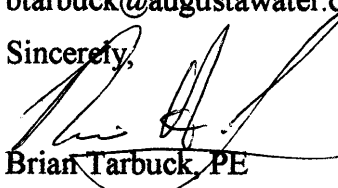
1. Fluoridation Report;
2. Total Coliform Monitoring Report;
3. South Well, Brookside Well and Triangle Well pumpage report;
4. Triangle Station Monthly Operating Report; and
5. Total Coliform Monitoring Report for East Pittston Water District, PWSID: 92255

The fluoride system was taken out of service for two days over March 3rd and 4th.

The sodium hypochlorite system was re-plumbed on March 11th and 12th to minimize off-gassing on the suction side of the pump.

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

Sincerely,


Brian Tarbuck, PE

Monthly Fluoride Report
System Type - Fluoride Systems

(System Information)

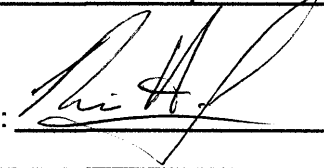
Treatment plant/pump station: **Triangle Station**
 Fluoride Chemical Used: **Sodium Fluoride**

System Name: **Augusta Water District**

PWSID#: **90080**

Reporting period: **March, 2007**

Notes:

Signature:  Date: **4/10/2007**

Date	AWD	Location	HETL
3/14/07 9:40 AM	1.23	Triangle Wellhouse	1.24

Fluoride

Date	Total production	Gallons of makeup water	Daily Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.79	122.187	1.21	1.23
2	1.76	62.5624	0.54	0.64
3	1.95	0	0.11	0.00
4	1.86	0	0.12	0.00
5	1.77	59.5232	0.55	0.61
6	2.06	137.202	1.27	1.20
7	1.75	118.365	1.26	1.22
8	1.91	132.272	1.21	1.25
9	1.94	122.104	1.23	1.13
10	1.97	134.205	1.23	1.23
11	1.58	104.461	1.19	1.19
12	1.97	128.135	1.21	1.17
13	2.17	142.265	1.19	1.18
14	2.08	136.203	1.21	1.18
15	1.90	127.014	1.26	1.20
16	2.27	141.156	1.24	1.12
17	1.92	127.172	1.23	1.19
18	1.85	126.133	1.23	1.23
19	1.77	120.086	1.26	1.22
20	1.85	119.099	1.25	1.16
21	2.02	135.132	1.24	1.20
22	1.97	132.179	1.24	1.21
23	1.89	118.121	1.30	1.12
24	2.03	133.358	1.19	1.18
25	1.68	118.136	1.26	1.26
26	1.85	126.094	1.23	1.23
27	2.09	131.094	1.22	1.13
28	1.87	125.148	1.22	1.20
29	1.75	121.111	1.23	1.25
30	2.17	131.208	1.25	1.09
31	1.67	113.079	1.28	1.22
Avg	1.91	114.35	1.12	1.08
Min	1.58	0.00	0.11	0.00
Max	2.27	142.27	1.30	1.26
Total	59.09	3,544.80		

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

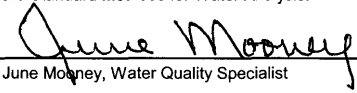
Bacteriological Report Form

Utility: Augusta Water District, PWSID: 90080

Laboratory: Augusta Water District, Lab # 1015075

Number of samples required	15
Number of samples taken for compliance	26
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, Water Quality Specialist

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			EC 44.5c	HPC 48 hrs	
										Present/Absent	MF/COLILERT	24 hr	48 hr	bril. green			
1	WESTERN STA.	DIS	MOONEY	3-5-07/9:15	1.21	1.22	<.2	MOONEY	3-5-07/2:30	A	COLILERT						
2	WELLHOUSE	DIS	MOONEY	3-5-07/9:35	1.13	1.12	<.2	MOONEY	3-5-07/2:30	A	COLILERT						
3	OFFICE	DIS	MOONEY	3-5-07/10:25	1.12	1.13	<.2	MOONEY	3-5-07/2:30	A	COLILERT						
4	HOSPITAL ST. STA.	DIS	MOONEY	3-5-07/11:00	1.09	1.10	0.31	MOONEY	3-5-07/2:30	A	COLILERT						
5	WILLOW ST. STA.	DIS	MOONEY	3-5-07/11:20	1.23	1.24	<.2	MOONEY	3-5-07/2:30	A	COLILERT						
6	NORTHWEST STA.	DIS	MOONEY	3-5-07/11:40	1.08	1.11	<.2	MOONEY	3-5-07/2:30	A	COLILERT						
7	K.V. CREDIT UNION	DIS	MOONEY	3-5-07/12:30	1.12	1.14	0.49	MOONEY	3-5-07/2:30	A	COLILERT						
8	FARRINGTON SCHOOL	DIS	MOONEY	3-5-07/1:00	0.99	1.01	1.01	MOONEY	3-5-07/2:30	A	COLILERT						
9	MANCHESTER TOWN OFFICE	DIS	MOONEY	3-6-07/10:15	0.69	0.70	1.20	MOONEY	3-6-07/11:30	A	COLILERT						
10	WELLHOUSE	DIS	MOONEY	3-12-07/10:15	0.01	0.03	1.07	MOONEY	3-12-07/12:00	A	COLILERT					3:2ML	
11	WESTERN STA.	DIS	MOONEY	3-13-07/8:50	0.99	1.00	1.03	MOONEY	3-13-07/2:30	A	COLILERT						
12	WELLHOUSE	DIS	MOONEY	3-13-07/9:20	0.02	0.02	1.16	MOONEY	3-13-07/2:30	A	COLILERT					0:2ML	
13	NORTHWEST STA.	DIS	MOONEY	3-13-07/9:45	0.01	0.01	1.18	MOONEY	3-13-07/2:30	A	COLILERT					0:2ML	
14	OFFICE	DIS	MOONEY	3-13-07/10:15	0.00	0.00	1.20	MOONEY	3-13-07/2:30	A	COLILERT					0:2ML	
15	BEST INN	DIS	MOONEY	3-13-07/11:20	0.94	0.96	1.10	MOONEY	3-13-07/2:30	A	COLILERT						
16	HOSPITAL ST. STA.	DIS	MOONEY	3-14-07/1:00	1.17	1.17	1.14	MOONEY	3-14-07/1:30	A	COLILERT						
17	WESTERN STA.	DIS	MOONEY	3-21-07/10:55	1.14	1.13	1.11	MOONEY	3-21-07/3:00	A	COLILERT						
18	WELLHOUSE	DIS	MOONEY	3-21-07/11:10	1.64	1.66	1.18	MOONEY	3-21-07/3:00	A	COLILERT						
19	NORTHWEST STA.	DIS	MOONEY	3-21-07/12:00	1.54	1.55	1.33	MOONEY	3-21-07/3:00	A	COLILERT						
20	OFFICE	DIS	MOONEY	3-21-07/12:30	1.47	1.49	1.27	MOONEY	3-21-07/3:00	A	COLILERT						
21	HOSPITAL ST. STA.	DIS	MOONEY	3-21-07/1:00	1.22	1.25	1.12	MOONEY	3-21-07/3:00	A	COLILERT						
22	WESTERN STA.	DIS	MOONEY	3-27-07/10:40	1.14	1.14	1.13	MOONEY	3-27-07/2:00	A	COLILERT						
23	WELLHOUSE	DIS	MOONEY	3-27-07/11:00	1.42	1.41	1.48	MOONEY	3-27-07/2:00	A	COLILERT						
24	NORTHWEST STA.	DIS	MOONEY	3-27-07/11:25	1.29	1.30	1.63	MOONEY	3-27-07/2:00	A	COLILERT						
25	OFFICE	DIS	MOONEY	3-27-07/11:45	1.26	1.27	1.19	MOONEY	3-27-07/2:00	A	COLILERT						
26	HOSPITAL ST. STA.	DIS	MOONEY	3-27-07/12:10	1.11	1.11	1.13	MOONEY	3-27-07/2:00	A	COLILERT						
*	38 CEDAR ST.	CUS	MOONEY	3-6-07/8:45	1.22	1.23	1.14	MOONEY	3-6-07/11:30	A	COLILERT						
	LAB DISTILLED WATER	SPT	MOONEY	3-27-07/8:30	0.01	0.00		MOONEY	3-27-07/9:00						COND.=1.00	UMHOS	0:2ML

Monthly Well Production Report
System Type - All GW systems

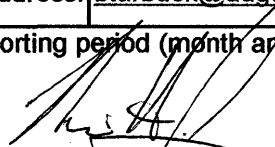
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **4/10/2007**

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	0.47	0.58	0.75	1.79
2	0.23	0.74	0.79	1.76
3	0.12	1.02	0.81	1.95
4	0.51	0.61	0.74	1.86
5	0.41	0.56	0.80	1.77
6	0.60	0.73	0.72	2.06
7	0.42	0.52	0.80	1.75
8	0.52	0.63	0.75	1.91
9	0.37	0.79	0.79	1.94
10	0.55	0.68	0.74	1.97
11	0.49	0.57	0.51	1.58
12	0.88	0.30	0.79	1.97
13	0.85	0.59	0.73	2.17
14	0.61	0.76	0.71	2.08
15	0.51	0.64	0.75	1.90
16	0.71	0.87	0.69	2.27
17	0.52	0.65	0.74	1.92
18	0.47	0.62	0.77	1.85
19	0.60	0.34	0.82	1.77
20	0.88	0.77	0.20	1.85
21	0.86	0.70	0.46	2.02
22	0.86	0.67	0.44	1.97
23	0.88	0.60	0.41	1.89
24	0.86	0.71	0.46	2.03
25	0.89	0.48	0.32	1.68
26	0.88	0.58	0.39	1.85
27	0.84	0.76	0.48	2.09
28	0.88	0.57	0.42	1.87
29	0.87	0.54	0.33	1.75
30	0.84	0.79	0.54	2.17
31	0.90	0.62	0.15	1.67
Sum	20.28	19.99	18.82	59.09

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): **March - 07**

Signature: *[Signature]* Date: **4/10/2007**

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	1.90	n/a	7.67	n/a
2	1.83	n/a	7.93	n/a
3	1.79	n/a	7.89	n/a
4	1.31	n/a	7.89	n/a
5	2.10	n/a	7.89	n/a
6	1.81	n/a	7.90	n/a
7	1.94	n/a	7.89	n/a
8	2.00	n/a	7.89	n/a
9	1.73	n/a	7.89	n/a
10	1.80	n/a	7.88	n/a
11	1.66	n/a	7.87	n/a
12	1.74	n/a	7.87	n/a
13	1.65	n/a	7.86	n/a
14	1.85	n/a	7.86	n/a
15	1.74	n/a	7.86	n/a
16	1.56	n/a	7.85	n/a
17	2.06	n/a	7.85	n/a
18	1.80	n/a	7.84	n/a
19	1.35	n/a	7.84	n/a
20	2.08	n/a	7.85	n/a
21	1.56	n/a	7.84	n/a
22	1.96	n/a	7.84	n/a
23	1.90	n/a	7.84	n/a
24	1.46	n/a	7.83	n/a
25	1.96	n/a	7.83	n/a
26	1.53	n/a	7.82	n/a
27	1.69	n/a	7.82	n/a
28	1.49	n/a	7.82	n/a
29	1.93	n/a	7.76	n/a
30	1.70	n/a	7.69	n/a
31	1.79	n/a	7.69	n/a
Summary	54.70		7.84	
	(total)	(avg.)	(avg.)	(min.)

From table below:

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

Chemical usage

1	2	3	4	5	6	Disinfectant Residual
gal	gal	lbs				mg/L
2	24	0				1.37
2	23	500				1.41
1	24	0				1.46
1	25	0				1.42
3	25	0				1.32
3	24	0				1.32
2	27	0				1.30
2	22	0				1.25
0	22	150				1.17
1	20	0				1.04
-1	20	0				0.70
2	18	150				0.39
4	20	0				0.79
2	20	0				1.25
2	29	0				1.29
3	25	0				1.28
1	32	0				1.32
1	23	0				1.33
2	25	0				1.34
2	24	150				1.26
2	25	0				1.42
1	27	0				1.53
-2	24	150				1.41
4	21	0				1.34
2	22	0				1.38
3	20	0				1.38
1	20	100				1.40
0	23	0				1.42
4	21	0				1.40
-1	19	150				1.37
3	24	0				1.37
52.92	717	1,350				0.39
(total)	(total)	(total)	(total)	(total)	(total)	(min.)

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calciquest liquid 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:	26	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.00

MAINE DRINKING WATER PROGRAM

TOTAL COLIFORM BACTERIA RESULTS

Please read the sampling instructions on the back of this form. Sample Collector must fill out shaded sections.
For small water systems taking less than 10 samples per month.

Water Test Results for the Month: March Year: 2007

Public Water System Information	
System's name:	East Pittston H ₂ O
Sampler's phone #:	623-4633
PWSID#:	92205
Address:	Po Box 297 A RR#2 Gardiner Maine 04845
Sample Category (1):	Bactr
Sampler's name:	Bill Wilkinson

Laboratory Information	
Lab name:	Augusta Water District
Lab certification:	ME012
Lab mgr. name:	Jane Mooney
Lab phone #:	623-4633 x29

#	Sample collection point	Date & time sample was taken	Laboratory sample ID #	Date & time sample was processed	Total Coliform count	Noncoliform count (Mem. filtration only)	Fecal coliform or E. Coli (2)	EPA/STD Method
1	Village Store	3/22/07 2:50	070326	3/22/07 @ 9:45 a.m.	0			9223B
2								
3								
4								

I (we) understand this report will be submitted to the Maine Drinking Water Program.

Sampler's Signature: Bill Wilkinson

Laboratory signature: Jane Mooney

(1) Routine Compliance, Recheck, Operation & Maintenance, Raw Water, or Special Purpose.
 (2) Fecal Coliform or E. Coli analysis must be performed on all Coliform positive samples.