

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

AUGUSTA WATER & SANITARY DISTRICTS

Fax: (207) 622-4539

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

COMMISSIONERS:

KENNETH R. KNIGHT, Chair
WILLIAM R. BRIDGEO, Treasurer
DIANE HASTINGS, Clerk

May 5, 2006

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

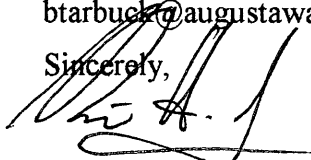
Dear Ms. Douin:

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 April, 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 Fluoride Report
System Type - Fluoride Systems

System Name: **Augusta Water District**
 PWSID#: **90080**
 Reporting period: **April, 2006**

System Information

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

Notes:

Signature:  Date: **5/8/2006**

Date	AWD	Location	HETL
4/5/06 9:40 AM	1.25	Triangle Station	1.32
4/5/06 9:35 AM	1.50	Western Station	1.57
4/5/06 10:50 AM	1.20	Northwest Station	1.28
4/5/06 12:30 PM	1.31	Hospital Street Station	1.36

Fluoride

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.39	117	1.24	1.51
2	1.84	137	1.16	1.33
3	1.69	63	1.23	0.67
4	1.75	103	1.25	1.05
5	1.93	103	1.21	0.96
6	1.72	116	1.21	1.22
7	1.48	116	1.21	1.41
8	1.78	95	1.15	0.96
9	1.44	113	1.19	1.42
10	1.91	97	1.16	0.91
11	1.91	125	1.21	1.17
12	1.91	188	1.15	1.77
13	1.76	54	1.18	0.55
14	1.66	80	1.19	0.87
15	1.89	132	1.14	1.25
16	1.35	101	1.20	1.35
17	1.61	73	1.17	0.81
18	1.91	110	1.19	1.04
19	1.90	119	1.17	1.13
20	1.76	130	1.18	1.33
21	1.92	85	1.22	0.80
22	1.89	122	1.13	1.17
23	1.54	89	1.15	1.04
24	1.90	121	1.12	1.15
25	1.60	108	1.19	1.21
26	1.91	101	1.16	0.96
27	1.90	111	1.20	1.05
28	1.70	99	1.23	1.05
29	1.90	134	1.14	1.27
30	1.89	111	1.16	1.06
Avg	1.76	108	1.13	1.12
Min	1.35	54	1.12	0.55
Max	1.93	188	1.25	1.77
Total	52.72	3,252		

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

Notes:

Bacteriological Report Form

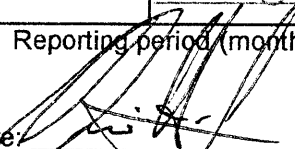
Utility: Augusta Water District, PWSID: 90080
 Laboratory: Augusta Water District, Lab # 1015075

Number of samples required: 15
 Number of samples taken for compliance: 24
 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 Wooley
 June Wooley, Water Quality Specialist

Sampl. #	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 Tryplose	24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WESTERN STA.	DIS	MOONEY	4-5-06/9:25	0.99	1.00	1.50	MOONEY	4-5-06/2:40	A	COLL/CLERT						
2	WELLHOUSE	DIS	MOONEY	4-5-06/9:40	1.25	1.24	1.25	MOONEY	4-5-06/2:40	A	COLL/CLERT						
3	NORTHWEST	DIS	MOONEY	4-5-06/10:50	1.22	1.22	1.20	MOONEY	4-5-06/2:40	A	COLL/CLERT						
4	WILLOW ST. STA.	DIS	MOONEY	4-5-06/12:10	1.18	1.18	1.18	MOONEY	4-5-06/2:40	A	COLL/CLERT						
5	HOSPITAL ST. STA.	DIS	MOONEY	4-5-06/12:30	0.95	0.94	1.31	MOONEY	4-5-06/2:40	A	COLL/CLERT						
6	AWD OFFICE	DIS	MOONEY	4-5-06/1:00	1.11	1.11	1.18	MOONEY	4-5-06/2:40	A	COLL/CLERT						
7	WESTERN STA.	DIS	MOONEY	4-10-06/8:30	0.82	0.81	1.30	MOONEY	4-10-06/2:30	A	COLL/CLERT						
8	WELLHOUSE	DIS	MOONEY	4-10-06/9:50	1.19	1.20	1.29	MOONEY	4-10-06/2:30	A	COLL/CLERT						
9	HOSPITAL ST. STA.	DIS	MOONEY	4-10-06/10:20	1.13	1.12	1.29	MOONEY	4-10-06/2:30	A	COLL/CLERT						
10	AWD OFFICE	DIS	MOONEY	4-10-06/10:50	1.15	1.15	1.23	MOONEY	4-10-06/2:30	A	COLL/CLERT						
11	HOSPITAL ST. STA.	DIS	MOONEY	4-10-06/11:45	0.91	0.93	1.26	MOONEY	4-10-06/2:30	A	COLL/CLERT						
12	WESTERN STA.	DIS	MOONEY	4-18-06/9:40	0.80	0.81	1.24	MOONEY	4-18-06/3:00	A	COLL/CLERT						
13	WELLHOUSE	DIS	MOONEY	4-18-06/10:00	1.24	1.23	1.19	MOONEY	4-18-06/3:00	A	COLL/CLERT						
14	NORTHWEST	DIS	MOONEY	4-18-06/10:30	1.13	1.14	1.17	MOONEY	4-18-06/3:00	A	COLL/CLERT						
15	AWD OFFICE	DIS	MOONEY	4-18-06/10:30	1.13	1.11	1.22	MOONEY	4-18-06/3:00	A	COLL/CLERT						
16	HOSPITAL ST. STA.	DIS	MOONEY	4-18-06/11:15	0.98	0.99	1.22	MOONEY	4-18-06/3:00	A	COLL/CLERT						
17	BEST INN	DIS	MOONEY	4-18-06/11:35	0.66	0.65	1.22	MOONEY	4-18-06/3:00	A	COLL/CLERT						
18	MANCHESTER TOWN OFF	DIS	MOONEY	4-18-06/1:40	0.49	0.51	1.22	MOONEY	4-18-06/3:00	A	COLL/CLERT						
19	AWD OFFICE	DIS	MOONEY	4-25-06/10:00	0.97	0.99	1.17	MOONEY	4-25-06/12:45	A	COLL/CLERT						
20	HOSPITAL ST. STA.	DIS	MOONEY	4-25-06/10:25	1.08	1.04	1.22	MOONEY	4-25-06/12:45	A	COLL/CLERT						
21	TOGUS STA.	DIS	MOONEY	4-25-06/10:50	0.74	0.72	1.24	MOONEY	4-25-06/12:45	A	COLL/CLERT						
22	NORTHWEST	DIS	MOONEY	4-26-06/10:10	1.36	1.36	1.23	MOONEY	4-26-06/1:30	A	COLL/CLERT						
23	WELLHOUSE	DIS	MOONEY	4-26-06/11:10	1.40	1.39	1.12	MOONEY	4-26-06/1:30	A	COLL/CLERT						
24	WESTERN STA.	DIS	MOONEY	4-26-06/11:30	1.03	1.04	1.18	MOONEY	4-26-06/1:30	A	COLL/CLERT						
	TREATMENT PLANT	O&M	MOONEY	4-26-06/12:15	0.21	0.23	1.18	MOONEY	4-26-06/1:30	A	COLL/CLERT						
	LEIGHTON RD.	O&M	HAMLIN	4-27-06/1:15	0.25		1.17	MOONEY	4-27-06/3:10	A	COLL/CLERT						
	44 MAYFLOWER RD.	CUS	MOONEY	4-19-06/11:20	0.74	0.75	1.30	MOONEY	4-19-06/2:30	A	COLL/CLERT						
	31 DAVENPORT ST.	CUS	MOONEY	4-19-06/1:20	0.66	0.66	1.25	MOONEY	4-19-06/2:30	A	COLL/CLERT						
	249 HOSPITAL ST.	CUS	MOONEY	4-28-06/8:15	0.33	0.35	1.27	MOONEY	4-28-06/10:30	A	COLL/CLERT						
	DISTILLED WATER POUR	SPT	MOONEY	4-24-06/9:30	0.00	0.00		MOONEY	4-24-06/10:45	A	COLL/CLERT						

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):	April - 06	List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):	
Signature: 	Date: 5/5/2006	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	0.29	0.17	0.93	1.39
2	0.80	0.23	0.82	1.84
3	0.38	0.47	0.85	1.69
4	0.00	0.87	0.88	1.75
5	0.58	0.55	0.80	1.93
6	0.62	0.24	0.86	1.72
7	0.41	0.17	0.89	1.48
8	0.53	0.43	0.82	1.78
9	0.00	0.51	0.93	1.44
10	0.00	1.05	0.86	1.91
11	0.00	1.05	0.86	1.91
12	0.00	1.05	0.86	1.91
13	0.00	0.89	0.87	1.76
14	0.00	0.75	0.91	1.66
15	0.00	1.04	0.85	1.89
16	0.00	0.42	0.93	1.35
17	0.00	0.69	0.92	1.61
18	0.00	1.05	0.86	1.91
19	0.00	1.04	0.86	1.90
20	0.00	0.86	0.89	1.76
21	0.00	1.05	0.87	1.92
22	0.00	1.04	0.85	1.89
23	0.00	0.62	0.91	1.54
24	0.00	1.04	0.86	1.90
25	0.00	0.73	0.87	1.60
26	0.00	1.04	0.87	1.91
27	0.00	1.04	0.86	1.90
28	0.00	0.80	0.90	1.70
29	0.00	1.04	0.86	1.90
30	0.00	1.03	0.85	1.89
Sum	3.61	22.95	26.16	52.72

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): **April - 06**

Signature: *[Signature]* Date: **5/8/2006**

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:

Daily water production

Date	Mgals pumped	Peak hourly flow	pH	Dis. log inactivation
1	1.39	n/a	7.69	n/a
2	1.84	n/a	7.68	n/a
3	1.69	n/a	7.70	n/a
4	1.75	n/a	7.72	n/a
5	1.93	n/a	7.70	n/a
6	1.72	n/a	7.70	n/a
7	1.48	n/a	7.71	n/a
8	1.78	n/a	7.71	n/a
9	1.44	n/a	7.71	n/a
10	1.91	n/a	7.74	n/a
11	1.91	n/a	7.74	n/a
12	1.91	n/a	7.75	n/a
13	1.76	n/a	7.74	n/a
14	1.66	n/a	7.72	n/a
15	1.89	n/a	7.72	n/a
16	1.35	n/a	7.69	n/a
17	1.61	n/a	7.72	n/a
18	1.91	n/a	7.75	n/a
19	1.90	n/a	7.75	n/a
20	1.76	n/a	7.72	n/a
21	1.92	n/a	7.74	n/a
22	1.89	n/a	7.76	n/a
23	1.54	n/a	7.74	n/a
24	1.90	n/a	7.75	n/a
25	1.60	n/a	7.71	n/a
26	1.91	n/a	7.73	n/a
27	1.90	n/a	7.74	n/a
28	1.70	n/a	7.74	n/a
29	1.90	n/a	7.76	n/a
30	1.89	n/a	7.76	n/a
Summary	52.72		7.73	
	(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
2.4	18	0				1.10
1.6	12	0				1.11
2.4	17	0				1.12
2.1	16	100				1.13
2.4	17	0				1.09
2.7	18	0				1.08
2.1	17	150				1.11
1.3	13	0				1.20
3.2	17	0				1.10
1.9	13	0				1.12
2.1	18	100				1.13
2.7	19	0				1.12
2.4	19	0				1.11
1.9	17	150				1.09
1.9	16	0				1.09
2.4	18	0				1.07
1.9	12	0				1.07
1.9	15	100				1.07
3.0	17	0				1.20
2.4	9	150				1.32
2.1	19	0				1.30
2.4	18	0				1.27
2.4	19	0				1.24
1.9	14	0				1.24
2.1	17	100				1.21
2.7	15	0				1.22
1.9	17	0				1.23
2.7	17	150				1.16
2.4	16	0				1.10
2.4	17	0				1.05
67.96	490	1,000				1.05
(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:	24	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.04