

Phone: (207) 622-3701

AUGUSTA WATER & SANITARY DISTRICTS

Fax: (207) 622-4539

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

BRIAN TARBUCK
General Manager

TRUSTEES:

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May 7, 2007

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

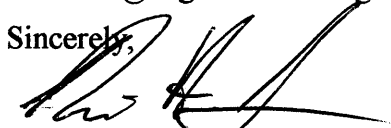
Dear Mr. Whitney:

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 April, 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; and
4. Triangle Station Monthly Operating Report.

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

Sincerely,




Brian Tarbuck, PE

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Augusta Water District**

PWSID#: **90080**

Reporting period: **April, 2007**

Signature:  Date: 5/8/2007

System Information

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

Notes:

Date	AWD	Location	HETL
4/9/07 10:30 AM	1.20	Triangle Station	1.16

Fluoride

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.89	127	1.27	1.21
2	1.67	115	1.24	1.24
3	2.01	133	0.47	1.20
4	1.70	110	0.48	1.17
5	1.94	128	1.97	1.19
6	1.77	118	0.60	1.20
7	1.69	111	1.13	1.18
8	1.42	103	1.11	1.30
9	2.07	130	1.25	1.13
10	1.78	115	1.20	1.16
11	2.11	134	1.03	1.14
12	1.70	117	1.08	1.24
13	1.71	109	1.06	1.15
14	1.65	113	1.12	1.23
15	1.84	119	1.25	1.16
16	1.93	130	1.05	1.21
17	1.67	114	1.18	1.23
18	1.55	96	1.04	1.12
19	1.80	120	1.18	1.20
20	2.08	123	1.06	1.07
21	1.54	106	1.20	1.24
22	1.81	118	1.25	1.18
23	1.89	124	1.02	1.18
24	1.80	118	1.09	1.18
25	2.10	129	1.01	1.11
26	1.75	119	1.08	1.23
27	1.93	116	1.30	1.08
28	1.69	113	1.22	1.20
29	1.63	112	1.26	1.24
30	2.12	133	1.21	1.13
Avg	1.81	119	1.13	1.18
Min	1.42	96	0.47	1.07
Max	2.12	134	1.97	1.30
Total	54.25	3,555		

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:

CA610 analyzer required maintenance and was not working accurately for a few days in April (notable 4/3, 4/4 and 4/6).

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

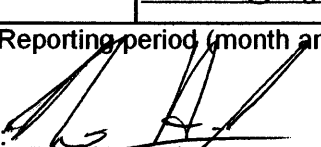
I hereby certify that this report is true and correct and that the bacterial analyses reported herein were performed in accordance with the Standard Methods for Water Analysis.

June Mooney
 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 Present/Absent	Method	Lauryl Tryptose 48 hr	bril. green	EC 44.5c	HPC 48 hrs
1	WELLHOUSE	DIS	MOONEY	4-3-07/9:25	1.40	1.42	1.12	MOONEY	4-3-07/3:15	A	COLILERT				
2	NORTHWEST STA.	DIS	MOONEY	4-3-07/11:40	1.29	1.33	1.29	MOONEY	4-3-07/3:15	A	COLILERT				
3	WESTERN STA.	DIS	MOONEY	4-3-07/12:10	1.17	1.19	1.11	MOONEY	4-3-07/3:15	A	COLILERT				
4	OFFICE	DIS	MOONEY	4-3-07/12:30	1.22	1.22	1.23	MOONEY	4-3-07/3:15	A	COLILERT				
5	HOSPITAL ST. STA.	DIS	MOONEY	4-3-07/1:20	1.04	1.05	1.15	MOONEY	4-3-07/3:15	A	COLILERT				
6	WILLOW ST. STA.	DIS	MOONEY	4-3-07/1:40	1.13	1.16	1.18	MOONEY	4-3-07/3:15	A	COLILERT				
7	WESTERN STA.	DIS	MOONEY	4-9-07/10:00	1.14	1.16	1.22	MOONEY	4-9-07/3:15	A	COLILERT				
8	WELLHOUSE	DIS	MOONEY	4-9-07/10:30	1.33	1.30	1.20	MOONEY	4-9-07/3:15	A	COLILERT				
9	NORTHWEST STA.	DIS	MOONEY	4-9-07/11:00	1.27	1.28	1.17	MOONEY	4-9-07/3:15	A	COLILERT				
10	OFFICE	DIS	MOONEY	4-9-07/11:20	1.28	1.28	1.20	MOONEY	4-9-07/3:15	A	COLILERT				
11	HOSPITAL ST. STA.	DIS	MOONEY	4-9-07/11:50	1.04	1.07	1.17	MOONEY	4-9-07/3:15	A	COLILERT				
12	MANCHESTER TOWN OFFICE	DIS	MOONEY	4-9-07/1:15	0.66	0.68	1.09	MOONEY	4-9-07/3:15	A	COLILERT				
13	WESTERN STA.	DIS	MOONEY	4-17-07/9:40	1.09	1.08	1.12	MOONEY	4-17-07/2:15	A	COLILERT				
14	WELLHOUSE	DIS	MOONEY	4-17-07/10:00	1.26	1.27	1.19	MOONEY	4-17-07/2:15	A	COLILERT				
15	NORTHWEST STA.	DIS	MOONEY	4-17-07/10:35	1.18	1.19	1.29	MOONEY	4-17-07/2:15	A	COLILERT				
16	OFFICE	DIS	MOONEY	4-17-07/11:00	1.19	1.22	1.31	MOONEY	4-17-07/2:15	A	COLILERT				
17	HOSPITAL ST. STA.	DIS	MOONEY	4-17-07/11:25	1.07	1.07	1.18	MOONEY	4-17-07/2:15	A	COLILERT				
18	TOGUS STA.	DIS	MOONEY	4-17-07/11:55	0.88	0.88	1.24	MOONEY	4-17-07/2:15	A	COLILERT				
19	BEST INN	DIS	MOONEY	4-17-07/12:30	0.92	0.94	1.16	MOONEY	4-17-07/2:15	A	COLILERT				
20	WESTERN STA.	DIS	MOONEY	4-23-07/9:30	0.93	0.95	1.19	MOONEY	4-23-07/12:15	A	COLILERT				
21	WELLHOUSE	DIS	MOONEY	4-23-07/9:50	1.53	1.53	1.32	MOONEY	4-23-07/12:15	A	COLILERT				
22	NORTHWEST STA.	DIS	MOONEY	4-23-07/10:20	1.49	1.49	1.20	MOONEY	4-23-07/12:15	A	COLILERT				
23	OFFICE	DIS	MOONEY	4-23-07/10:40	1.45	1.45	1.23	MOONEY	4-23-07/12:15	A	COLILERT				
24	HOSPITAL ST. STA.	DIS	MOONEY	4-23-07/11:00	1.16	1.19	1.19	MOONEY	4-23-07/12:15	A	COLILERT				
*	DISTILLED WATER POUR PL	SPT	MOONEY	4-24-07/11:15	0.00	0.00		MOONEY	4-24-07/12:15					COND.=1.18	UMHOS 0.2MIL

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):	April - 07		
Signature:			
Date:	5/5/2007		

System Information

Treatment plant/pump station:	All wells		
	Select one		
Community System	→	<input checked="" type="checkbox"/>	
Non-transient Non-community	→	<input type="checkbox"/>	
Transient Non-Community	→	<input type="checkbox"/>	
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	0.86	0.65	0.39	1.89
2	0.89	0.47	0.31	1.67
3	0.86	0.67	0.47	2.01
4	0.89	0.60	0.21	1.70
5	0.85	0.65	0.44	1.94
6	0.87	0.55	0.36	1.77
7	0.89	0.48	0.33	1.69
8	0.91	0.32	0.19	1.42
9	0.85	0.82	0.40	2.07
10	0.88	0.56	0.33	1.78
11	0.84	0.76	0.51	2.11
12	0.90	0.33	0.47	1.70
13	0.89	0.74	0.07	1.71
14	0.89	0.47	0.28	1.65
15	0.88	0.56	0.40	1.84
16	0.85	0.66	0.42	1.93
17	0.90	0.51	0.26	1.67
18	0.93	0.62	0.00	1.55
19	0.89	0.57	0.33	1.80
20	0.87	0.70	0.50	2.08
21	0.92	0.55	0.06	1.54
22	0.89	0.65	0.27	1.81
23	0.90	0.58	0.42	1.89
24	0.89	0.55	0.37	1.80
25	0.87	0.71	0.51	2.10
26	0.90	0.51	0.34	1.75
27	0.89	0.62	0.43	1.93
28	0.91	0.69	0.10	1.69
29	0.92	0.42	0.30	1.63
30	0.88	0.93	0.32	2.12
Sum	26.58	17.87	9.80	54.25

Monthly Operating Report

System Type - All GW systems

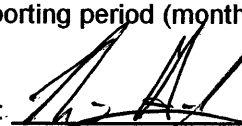
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **5/8/2007**

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	1.89	n/a	7.68	n/a
2	1.67	n/a	7.68	n/a
3	2.01	n/a	7.68	n/a
4	1.70	n/a	7.69	n/a
5	1.94	n/a	7.69	n/a
6	1.77	n/a	7.68	n/a
7	1.69	n/a	7.68	n/a
8	1.42	n/a	7.67	n/a
9	2.07	n/a	7.69	n/a
10	1.78	n/a	7.68	n/a
11	2.11	n/a	7.69	n/a
12	1.70	n/a	7.67	n/a
13	1.71	n/a	7.70	n/a
14	1.65	n/a	7.68	n/a
15	1.84	n/a	7.68	n/a
16	1.93	n/a	7.69	n/a
17	1.67	n/a	7.69	n/a
18	1.55	n/a	7.70	n/a
19	1.80	n/a	7.70	n/a
20	2.08	n/a	7.70	n/a
21	1.54	n/a	7.70	n/a
22	1.81	n/a	7.71	n/a
23	1.89	n/a	7.70	n/a
24	1.80	n/a	7.70	n/a
25	2.10	n/a	7.70	n/a
26	1.75	n/a	7.69	n/a
27	1.93	n/a	7.70	n/a
28	1.69	n/a	7.71	n/a
29	1.63	n/a	7.69	n/a
30	2.12	n/a	7.72	n/a
Summary	54.25		7.69	
	(total)	(avg.)	(avg.)	(min.)

From table below:

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

Chemical usage

Chemical usage						Disinfectant Residual
1	2	3	4	5	6	
gal	gal	lbs				mg/L
0.5	18	0				1.37
3.2	21	0				1.39
1.1	18	0				1.38
2.7	24	150				1.39
1.6	19	0				1.38
1.1	21	100				1.38
2.1	20	0				1.40
1.1	19	0				1.40
1.3	16	0				1.36
1.9	22	100				1.37
1.1	20	0				1.35
2.7	23	0				1.36
1.3	19	150				1.30
0.8	18	0				1.32
1.6	18	0				1.32
2.1	20	0				1.30
1.3	20	0				1.30
1.3	18	150				1.31
-0.8	22	0				1.37
1.1	16	100				1.45
1.6	23	0				1.42
1.3	17	0				1.43
1.6	20	0				1.45
0.8	20	100				1.45
3.8	21	0				1.43
0.5	26	150				1.42
3.0	19	0				1.42
0.3	21	0				1.35
1.3	19	0				1.39
1.9	20	0				1.25
45.40	599	0				1.25
(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:	1.17