

Phone: (207) 622-3701  
SCOTT J. MINOR, P.E.  
General Manager

**AUGUSTA WATER DISTRICT**  
170 Hospital Street  
Augusta, Maine 04330  
[www.augustawater.org](http://www.augustawater.org)

Eng. Fax: (207) 621-0360  
BRIAN H. TARBUCK, P.E.  
Assistant General Manager

MICHAEL A. MOREY  
Director of Engineering Services

TRUSTEES

DAVID P. SMITH, President  
BEVERLY BEAUCAGE, Treasurer  
PAUL MCCLAY

June 10, 2005

Jennifer Hitchcock  
SWTR Coordinator  
State of Maine Drinking Water Program  
11 State House Station  
Augusta, ME 04333-0011

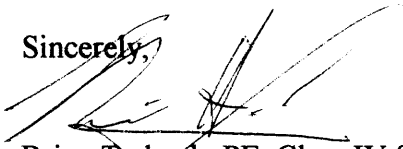
Dear Ms. Hitchcock:

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 May, 2005. 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;
4. Triangle Station Monthly Operating Report.

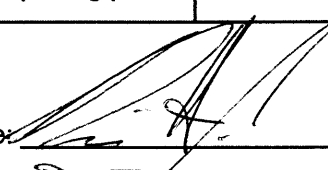
Please contact me at 622-3701 x117 if you have any questions about this report.

Sincerely,



Brian Tarbuck, PE, Class IV System ME #2026  
Assistant General Manager

cc: Scott Minor

<b>Monthly Fluoride Report</b>		<b>System Information</b>		
<b>System Type - Fluoride Systems</b>		Treatment plant/pump station:	Triangle Station	
System Name:	Augusta Water District	Fluoride Chemical Used:	Sodium fluoride	
PWSID#:	90080	Notes:		
Reporting period:	May, 2005	Date		
Signature:  Date: 6/9/2005	AWD		Location	HETL
	5/17/2005 12:40	1.11	Triangle Station	1.17
	5/17/2005 12:20	1.10	Western Station	1.15
	5/17/2005 13:40	1.13	Northwest Station	1.17
	5/17/2005 15:00	1.03	Hospital Street Station	1.14

Fluoride				
Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	2.01	97	1.03	0.86
2	2.01	103	1.12	0.92
3	2.00	102	1.06	0.92
4	2.02	140	1.14	1.24
5	2.06	91	1.11	0.80
6	1.53	106	1.19	1.24
7	2.07	122	1.11	1.06
8	1.29	82	1.25	1.14
9	2.06	110	1.12	0.96
10	1.57	86	1.16	0.98
11	1.78	87	1.14	0.88
12	2.02	99	1.10	0.88
13	1.51	95	1.17	1.13
14	1.88	121	1.08	1.16
15	1.71	90	1.13	0.95
16	2.02	84	1.12	0.75
17	1.52	146	1.10	1.73
18	1.76	80	1.10	0.82
19	2.10	104	1.09	0.89
20	1.56	118	1.12	1.36
21	1.66	115	1.12	1.24
22	1.53	84	1.10	0.99
23	1.63	99	1.15	1.09
24	1.77	107	1.13	1.09
25	2.30	83	1.13	0.65
26	1.89	128	1.13	1.22
27	1.60	101	1.18	1.13
28	1.87	96	1.12	0.92
29	1.86	89	1.12	0.86
30	1.23	124	1.15	1.82
31	2.07	87	1.09	1.41
<b>Avg</b>	<b>1.80</b>	<b>102</b>	<b>1.13</b>	<b>1.07</b>
<b>Min</b>	<b>1.23</b>	<b>80</b>	<b>1.03</b>	<b>0.65</b>
<b>Max</b>	<b>2.30</b>	<b>146</b>	<b>1.25</b>	<b>1.82</b>
<b>Total</b>	<b>55.89</b>	<b>3,176</b>		

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:**  
 The wells are monitored with a continuous fluoride analyzer (Hach CA610).  
 The average daily fluoride residual is recorded for reporting purposes.

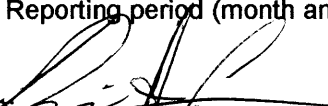
**Bacteriological Report Form**  
**Utility:** Augusta Water District, PWSID: 90080  
**Laboratory:** Augusta Water District, Lab # 1015075

Number of samples required	15
Number of samples taken for compliance	35
Number of quality control samples	1
Number of positive samples	0

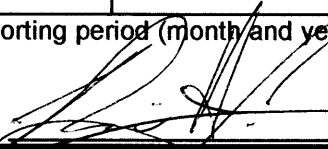
I hereby certify that this report is true and correct and that the bacterial analyses reported herein were performed in accordance with the Standard Methods for Water Analysis.

*June Mooney*  
 June Mooney, Laboratory Director

Samp. #	Location	Sam. Type	Collected by	Collection date & time	Free Cl <sub>2</sub>	Total Cl <sub>2</sub>	Fluoride (mg/l)	Set up by:	Date & time	Coliform Present/Absent	Method	Lauryl Tryptose 24 hr	48 hr	bril. green	EC 44.5c	HPC 48 hrs	
1	TREATMENT PLANT	DIS	MOONEY	5-4-05/11:15	0.25	0.28	0.93	MOONEY	5-5-05/10:15	A	COLILERT						
2	WESTERN STA.	DIS	MOONEY	5-4-05/1:10	0.70	0.71	0.94	MOONEY	5-5-05/10:15	A	COLILERT						
3	WELLHOUSE	DIS	MOONEY	5-4-05/1:30	1.14	1.13	1.06	MOONEY	5-5-05/10:15	A	COLILERT						
4	NORTHWEST STA.	DIS	MOONEY	5-4-05/1:50	0.99	1.00	1.25	MOONEY	5-5-05/10:15	A	COLILERT						
5	WILLOW ST. STA.	DIS	MOONEY	5-4-05/2:15	0.83	0.84	1.03	MOONEY	5-5-05/10:15	A	COLILERT						
6	AWD OFFICE	DIS	MOONEY	5-4-05/2:45	1.04	1.06	1.08	MOONEY	5-5-05/10:15	A	COLILERT						
7	HOSPITAL ST. STA.	DIS	MOONEY	5-4-05/3:10	0.79	0.81	1.05	MOONEY	5-5-05/10:15	A	COLILERT						
8	TREATMENT PLANT	DIS	MOONEY	5-9-05/4:00	1.26	1.27	1.13	MOONEY	5-9-05/4:15	A	COLILERT						
9	WESTERN STA.	DIS	MOONEY	5-10-05/10:45	0.71	0.72	1.02	MOONEY	5-10-05/4:15	A	COLILERT						
10	WELLHOUSE	DIS	MOONEY	5-10-05/11:10	1.09	1.09	1.12	MOONEY	5-10-05/4:15	A	COLILERT						
11	NORTHWEST STA.	DIS	MOONEY	5-10-05/11:45	0.95	0.98	1.04	MOONEY	5-10-05/4:15	A	COLILERT						
12	K.V. CREDIT UNION	DIS	MOONEY	5-10-05/12:35	0.82	0.84	1.03	MOONEY	5-10-05/4:15	A	COLILERT						
13	AWD OFFICE	DIS	MOONEY	5-10-05/1:20	0.95	0.96	1.10	MOONEY	5-10-05/4:15	A	COLILERT						
14	HOSPITAL ST. STA.	DIS	MOONEY	5-10-05/1:40	0.51	0.52	1.02	MOONEY	5-10-05/4:15	A	COLILERT						
15	TREATMENT PLANT	DIS	MOONEY	5-17-05/9:30	0.96	0.97	1.11	MOONEY	5-17-05/4:30	A	COLILERT						
16	BEST INN	DIS	MOONEY	5-17-05/12:15	0.68	0.69	1.05	MOONEY	5-17-05/4:30	A	COLILERT						
17	WESTERN STA	DIS	MOONEY	5-17-05/12:20	0.86	0.88	1.10	MOONEY	5-17-05/4:30	A	COLILERT						
18	WELLHOUSE	DIS	MOONEY	5-17-05/12:40	1.14	1.14	1.11	MOONEY	5-17-05/4:30	A	COLILERT						
19	NORTHWEST STA.	DIS	MOONEY	5-17-05/1:40	1.14	1.13	1.13	MOONEY	5-17-05/4:30	A	COLILERT						
20	AWD OFFICE	DIS	MOONEY	5-17-05/2:15	1.05	1.05	1.00	MOONEY	5-17-05/4:30	A	COLILERT						
21	TOSUS STA.	DIS	MOONEY	5-17-05/2:45	0.48	0.50	1.00	MOONEY	5-17-05/4:30	A	COLILERT						
22	HOSPITAL ST. STA.	DIS	MOONEY	5-17-05/3:00	0.81	0.81	1.03	MOONEY	5-17-05/4:30	A	COLILERT						
23	TREATMENT PLANT	DIS	MOONEY	5-23-05/1:00	0.68	0.69	1.07	MOONEY	5-23-05/4:20	A	COLILERT						
24	AWD OFFICE	DIS	MOONEY	5-24-05/1:30	0.96	0.96	1.05	MOONEY	5-24-05/4:30	A	COLILERT						
25	HOSPITAL ST. STA.	DIS	MOONEY	5-24-05/1:50	0.79	0.82	1.08	MOONEY	5-24-05/4:30	A	COLILERT						
26	WELLHOUSE	DIS	MOONEY	5-24-05/2:30	1.13	1.14	1.18	MOONEY	5-24-05/4:30	A	COLILERT						
27	NORTHWEST STA.	DIS	MOONEY	5-24-05/2:10	0.98	0.98	1.15	MOONEY	5-24-05/4:30	A	COLILERT						
28	WESTERN STA.	DIS	MOONEY	5-24-05/2:50	0.64	0.66	1.04	MOONEY	5-24-05/4:30	A	COLILERT						
29	MULLIGANS	DIS	MOONEY	5-24-05/3:10	0.33	0.32	1.15	MOONEY	5-24-05/4:30	A	COLILERT						
30	TREATMENT PLANT	DIS	MOONEY	5-31-05/11:30	0.26	0.31	1.25	MOONEY	5-31-05/4:45	A	COLILERT						
31	WESTERN STA.	DIS	MOONEY	5-31-05/12:55	0.70	0.68	1.09	MOONEY	5-31-05/4:45	A	COLILERT						
32	WELLHOUSE	DIS	MOONEY	5-31-05/1:15	1.32	1.29	1.16	MOONEY	5-31-05/4:45	A	COLILERT						
33	NORTHWEST STA.	DIS	MOONEY	5-31-05/1:30	1.09	1.10	1.21	MOONEY	5-31-05/4:45	A	COLILERT						
34	AWD OFFICE	DIS	MOONEY	5-31-05/2:10	1.24	1.23	1.16	MOONEY	5-31-05/4:45	A	COLILERT						
35	HOSPITAL ST. STA.	DIS	MOONEY	5-31-05/2:45	0.82	0.83	1.11	MOONEY	5-31-05/4:45	A	COLILERT						
	NEW SCHOOL	O&M	HAMLIN	5-2-05/11:30	0.40		1.03	MOONEY	5-2-05/1:00	A	COLILERT						
	MANCHESTER TOWN OF	CUS	MOONEY	5-31-05/3:15	0.31	0.33	1.05	MOONEY	5-31-05/4:45	A	COLILERT						
*	LAB DI WATER POUR PLA	SPT	MOONEY	5-17-05/10:00	0.05	0.04		MOONEY	5-17-05/11:00	A	COLILERT				COND.=0.52	UMHOS	PP 0.2:ML

<b>Monthly Well Production Report</b>		<b>System Information</b>	
<b>System Type - All GW systems</b>		Treatment plant/pump station: <b>All wells</b>	
System Name:	<b>Augusta Water District</b>	Select one Community System → <input checked="" type="checkbox"/> Non-transient Non-community → <input type="checkbox"/> Transient Non-Community → <input type="checkbox"/>	
PWSID#:	<b>90080</b>	List any new or changed system information (facilities, treatments, sources, operators, address, tele, etc.):	
Designated operator name and ME License #:	<b>Brian Tarbuck 2026</b>	List any operation problems or comments:	
e-mail address:	<b>btarbuck@augustawater.org</b>	This sheet reports production from all three wells at Augusta Water District. This is a supplemental report to the MOR.	
Reporting period (month and year):	<b>May - 05</b>		
Signature: 	Date: <b>6/10/2005</b>		

Daily water production (MG)				
Date	Triangle Well	South Well	Brookside Well	Sum
1	0.00	1.08	0.93	2.01
2	0.00	1.08	0.94	2.01
3	0.00	1.07	0.93	2.00
4	0.00	1.08	0.95	2.02
5	0.00	1.09	0.98	2.06
6	0.00	1.12	0.41	1.53
7	0.00	1.08	0.99	2.07
8	0.00	0.78	0.51	1.29
9	0.00	1.09	0.97	2.06
10	0.00	1.11	0.46	1.57
11	0.00	1.10	0.68	1.78
12	0.00	1.08	0.94	2.02
13	0.00	1.12	0.39	1.51
14	0.59	0.70	0.58	1.88
15	0.45	0.28	0.98	1.71
16	0.84	0.47	0.71	2.02
17	1.36	0.09	0.06	1.52
18	1.35	0.23	0.18	1.76
19	1.30	0.45	0.35	2.10
20	1.35	0.12	0.09	1.56
21	1.33	0.19	0.14	1.66
22	1.35	0.12	0.06	1.53
23	0.63	0.80	0.19	1.63
24	0.40	1.10	0.27	1.77
25	0.74	1.06	0.50	2.30
26	0.48	1.09	0.32	1.89
27	0.30	1.11	0.19	1.60
28	0.48	1.09	0.31	1.87
29	0.46	1.09	0.31	1.86
30	0.02	0.52	0.69	1.23
31	0.57	0.55	0.96	2.07
Sum	<b>14.02</b>	<b>24.93</b>	<b>16.95</b>	<b>55.89</b>

**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: **bstarbuck@augustawater.org**  
 Reporting period (month and year): **May - 05**  
 Signature:  Date: **6/10/2005**

**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	2.01	n/a	7.79	n/a
2	2.01	n/a	7.78	n/a
3	2.00	n/a	7.79	n/a
4	2.02	n/a	7.78	n/a
5	2.06	n/a	7.78	n/a
6	1.53	n/a	7.81	n/a
7	2.07	n/a	7.79	n/a
8	1.29	n/a	7.82	n/a
9	2.06	n/a	7.79	n/a
10	1.57	n/a	7.81	n/a
11	1.78	n/a	7.81	n/a
12	2.02	n/a	7.79	n/a
13	1.51	n/a	7.82	n/a
14	1.88	n/a	7.82	n/a
15	1.71	n/a	7.78	n/a
16	2.02	n/a	7.78	n/a
17	1.52	n/a	7.77	n/a
18	1.76	n/a	7.78	n/a
19	2.10	n/a	7.77	n/a
20	1.56	n/a	7.75	n/a
21	1.66	n/a	7.75	n/a
22	1.53	n/a	7.74	n/a
23	1.63	n/a	7.79	n/a
24	1.77	n/a	7.80	n/a
25	2.30	n/a	7.80	n/a
26	1.89	n/a	7.81	n/a
27	1.60	n/a	7.82	n/a
28	1.87	n/a	7.81	n/a
29	1.86	n/a	7.81	n/a
30	1.23	n/a	7.80	n/a
31	2.07	n/a	7.80	n/a
Summary	<b>55.89</b>		<b>7.79</b>	
	(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
2.4	15.2	0				1.06
3.5	16.7	50				1.06
3.2	18.8	0				1.05
3.8	17.7	100				1.05
3.0	16.1	0				1.04
3.2	18.0	50				1.00
2.4	15.8	0				1.03
3.0	16.9	0				0.92
1.3	10.7	150				0.99
4.0	18.0	0				0.97
2.1	12.1	100				1.05
2.7	17.2	0				1.10
4.0	18.5	0				1.06
3.0	15.6	0				1.08
2.4	15.8	0				1.07
3.8	16.9	100				1.11
3.5	18.8	0				1.26
2.1	15.0	0				1.36
3.0	16.7	0				1.29
3.8	20.1	100				1.28
2.4	13.4	0				1.33
3.0	14.5	0				1.39
3.5	16.4	100				1.23
2.1	13.4	0				0.80
3.0	16.1	100				1.00
4.0	20.7	0				0.91
2.7	21.0	100				1.16
1.6	7.8	0				1.25
3.2	16.4	0				1.14
2.1	15.6	0				1.13
2.1	11.6	0				1.16
<b>89.99</b>	<b>498</b>	<b>950</b>				<b>0.80</b>
(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 liquid	calcium sequestration / Pb / Cu control	75% polyphosphate
2	Sodium hypochlorite	primary and secondary disinfection	12.50%
3	sodium fluoride	fluoridation	
4			
5			
6			
<b>Disinfectant</b>			

Summary of Total Coliform Bacteria Rule - please continue to submit complete results			
Number of routine samples taken:	35	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	0.86