

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

BRIAN TARBUCK
General Manager

TRUSTEES:

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September 7, 2007

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

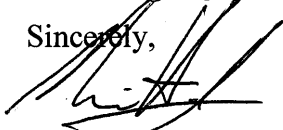
Dear Mr. Whitney:

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 August, 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 Well Production Report

System Type - All GW systems

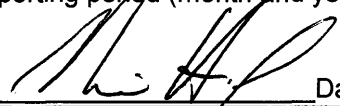
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **9/7/2007**

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.):
 The 1955 100 HP motor on Brookside well was replaced on August 21, 2007 by RE Chapman Company.

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	0.79	0.99	0.72	2.49
2	0.85	0.71	0.45	2.01
3	0.79	0.98	0.71	2.48
4	0.58	0.74	0.78	2.10
5	0.49	0.70	0.81	2.01
6	0.65	0.82	0.74	2.22
7	0.58	0.75	0.79	2.12
8	0.46	0.72	0.81	2.00
9	0.54	0.70	0.78	2.03
10	0.57	0.73	0.80	2.10
11	0.51	0.76	0.77	2.05
12	0.34	0.74	0.81	1.89
13	0.66	0.76	0.74	2.16
14	0.79	0.97	0.69	2.46
15	0.55	0.61	0.83	1.99
16	0.60	0.78	0.78	2.16
17	0.58	0.84	0.76	2.19
18	0.39	0.62	0.83	1.83
19	0.39	0.59	0.84	1.82
20	0.43	0.71	0.53	1.67
21	0.85	1.02	0.32	2.19
22	0.85	0.71	0.51	2.07
23	0.81	0.95	0.52	2.28
24	0.59	0.81	0.56	1.97
25	0.62	0.76	0.56	1.94
26	0.61	0.76	0.56	1.93
27	0.54	0.66	0.58	1.79
28	0.81	0.99	0.52	2.32
29	0.71	0.87	0.55	2.12
30	0.82	0.99	0.52	2.34
31	0.81	0.99	0.52	2.32
Sum	19.59	24.73	20.71	65.03

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			EC 44.5c	HPC 48 hrs	
										Present/Absent	MF/COLILERT	24 hr	48 hr	bril. green			
1	OFFICE	DIS	MOONEY	8-6-07/9:40	1.31	1.33	1.02	MOONEY	8-6-07/12:45	A	COLILERT						
2	HOSPITAL ST. STA.	DIS	MOONEY	8-6-07/10:00	1.13	1.13	1.07	MOONEY	8-6-07/12:45	A	COLILERT						
3	WESTERN STA.	DIS	MOONEY	8-6-07/10:40	1.13	1.14	1.08	MOONEY	8-6-07/12:45	A	COLILERT						
4	WELLHOUSE	DIS	MOONEY	8-6-07/11:00	1.49	1.49	0.97	MOONEY	8-6-07/12:45	A	COLILERT						
5	NORTHWEST STA.	DIS	MOONEY	8-6-07/11:40	1.47	1.47	1.05	MOONEY	8-6-07/12:45	A	COLILERT						
6	WILLOW ST. STA.	DIS	MOONEY	8-7-07/11:45	1.16	1.17	1.02	MOONEY	8-7-07/12:15	A	COLILERT						
7	WELLHOUSE	DIS	MOONEY	8-14-07/12:45	1.59	1.59	0.75	MOONEY	8-14-07/3:30	A	COLILERT						
8	NORTHWEST STA.	DIS	MOONEY	8-14-07/1:30	1.52	1.52	0.84	MOONEY	8-14-07/3:30	A	COLILERT						
9	OFFICE	DIS	MOONEY	8-14-07/2:10	1.46	1.45	0.75	MOONEY	8-14-07/3:30	A	COLILERT						
10	HOSPITAL ST. STA.	DIS	MOONEY	8-14-07/2:40	1.26	1.27	0.90	MOONEY	8-14-07/3:30	A	COLILERT						
11	WESTERN STA.	DIS	MOONEY	8-15-07/12:00	1.29	1.29	0.68	MOONEY	8-15-07/2:45	A	COLILERT						
12	GREYBIRCH	DIS	MOONEY	8-15-07/12:20	1.24	1.23	0.88	MOONEY	8-15-07/2:45	A	COLILERT						
13	BEST INN	DIS	MOONEY	8-15-07/1:00	0.87	0.88	0.95	MOONEY	8-15-07/2:45	A	COLILERT						
14	K.V. CREDIT UNION	DIS	MOONEY	8-15-07/1:45	1.14	1.13	0.85	MOONEY	8-15-07/2:45	A	COLILERT						
15	WESTERN STA.	DIS	MOONEY	8-22-07/9:45	1.00	1.00	1.05	MOONEY	8-22-07/1:30	A	COLILERT						
16	WELLHOUSE	DIS	MOONEY	8-22-07/10:00	1.52	1.51	0.96	MOONEY	8-22-07/1:30	A	COLILERT						
17	NORTHWEST STA.	DIS	MOONEY	8-22-07/10:20	1.46	1.47	1.08	MOONEY	8-22-07/1:30	A	COLILERT						
18	OFFICE	DIS	MOONEY	8-22-07/10:45	1.43	1.42	1.19	MOONEY	8-22-07/1:30	A	COLILERT						
19	HOSPITAL ST. STA.	DIS	MOONEY	8-22-07/11:10	1.26	1.27	1.19	MOONEY	8-22-07/1:30	A	COLILERT						
20	MANCHESTER TOWN OFFICE	DIS	MOONEY	8-22-07/11:45	0.24	0.24	1.00	MOONEY	8-22-07/1:30	A	COLILERT						
21	WESTERN STA.	DIS	MOONEY	8-29-07/11:00	1.00	1.00	1.14	MOONEY	8-29-07/3:15	A	COLILERT						
22	WELLHOUSE	DIS	MOONEY	8-29-07/11:20	1.29	1.29	1.30	MOONEY	8-29-07/3:15	A	COLILERT						
23	OFFICE	DIS	MOONEY	8-29-07/12:05	1.12	1.13	1.23	MOONEY	8-29-07/3:15	A	COLILERT						
24	NORTHWEST STA.	DIS	MOONEY	8-29-07/11:45	1.22	1.24	1.39	MOONEY	8-29-07/3:15	A	COLILERT						
25	HOSPITAL ST. STA.	DIS	MOONEY	8-29-07/12:30	0.90	0.90	1.15	MOONEY	8-29-07/3:15	A	COLILERT						
	TREATMENT PLANT	O&M	MOONEY	8-2-07/12:30	1.64	1.62	1.13	MOONEY	8-2-07/1:45	A	COLILERT						
	AUGUSTA CROSSING	O&M	MILLS	8-6-07/8:00	0.50		1.05	MOONEY	8-6-07/8:30	A	COLILERT						
	PARADIS, N. BELFAST AVE.	O&M	HAMLIN	8-14-07/2:19	0.70			MOONEY	8-14-07/3:30	A	COLILERT						
	LOEWS, S. HYDRANT	O&M	HAMLIN	8-23-07/1:21	1.00			MOONEY	8-23-07/4:15	A	COLILERT						
	LOEWS, 2 nd DOMESTIC	O&M	HAMLIN	8-23-07/1:15	1.00			MOONEY	8-23-07/4:15	A	COLILERT						
	234 NORTHERN AVE #1	CUS	MOONEY	8-8-07/8:45	1.29	1.30	1.14	MOONEY	8-8-07/10:15	A	COLILERT						
	157 RIVERSIDE DR.	CUS	MOONEY	8-14-07/12:20	0.99	1.00	1.05	MOONEY	8-14-07/3:30	A	COLILERT						
*	DISTILLED WATER POUR PL	SPT	MOONEY	8-28-07/1:30	0.01	0.01		MOONEY	8-28-07/2:00						COND.=1.12	UMHOS	0:2ML

Monthly Fluoride Report
System Type - Fluoride Systems

System Name: **Augusta Water District**

PWSID#: **90080**

Reporting period: **August, 2007**

Signature:  Date: 9/7/2007

System Information

Treatment plant/pump station: **Triangle Station**

Fluoride Chemical Used: **Sodium fluoride**

Notes:

Date	AWD	Location	HETL
8/6/2007 11:00	0.97	Triangle Station	0.90

Fluoride

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	2.49	149	1.08	1.08
2	2.01	120	1.14	1.08
3	2.48	155	1.11	1.12
4	2.10	133	1.11	1.14
5	2.01	127	1.04	1.14
6	2.22	140	1.00	1.14
7	2.12	127	1.04	1.08
8	2.00	127	1.16	1.15
9	2.03	134	1.00	1.19
10	2.10	131	0.97	1.13
11	2.05	137	0.99	1.21
12	1.89	129	0.88	1.23
13	2.16	144	0.79	1.20
14	2.46	159	0.67	1.17
15	1.99	113	0.62	1.02
16	2.16	120	0.97	1.00
17	2.19	143	1.11	1.18
18	1.83	128	1.11	1.26
19	1.82	125	1.01	1.24
20	1.67	117	0.91	1.26
21	2.19	137	0.97	1.13
22	2.07	138	1.06	1.20
23	2.28	152	1.02	1.21
24	1.97	121	1.01	1.11
25	1.94	127	1.02	1.18
26	1.93	131	1.04	1.22
27	1.79	115	1.04	1.16
28	2.32	144	0.96	1.12
29	2.12	142	1.09	1.21
30	2.34	159	1.09	1.23
31	2.32	159	1.06	1.23
Avg	2.10	135	1.00	1.16
Min	1.67	113	0.62	1.00
Max	2.49	159	1.16	1.26
Total	65.03	4,190		

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:

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): **August - 07**

Signature:  Date: **9/7/2007**

System Information

Treatment plant/pump station: **Triangle Station**

Community System →
 Non-transient Non-community →
 Transient Non-Community →

Select one

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	2.49	n/a	7.70	n/a
2	2.01	n/a	7.70	n/a
3	2.48	n/a	7.70	n/a
4	2.10	n/a	7.69	n/a
5	2.01	n/a	7.69	n/a
6	2.22	n/a	7.69	n/a
7	2.12	n/a	7.69	n/a
8	2.00	n/a	7.68	n/a
9	2.03	n/a	7.68	n/a
10	2.10	n/a	7.68	n/a
11	2.05	n/a	7.69	n/a
12	1.89	n/a	7.68	n/a
13	2.16	n/a	7.69	n/a
14	2.46	n/a	7.69	n/a
15	1.99	n/a	7.67	n/a
16	2.16	n/a	7.68	n/a
17	2.19	n/a	7.68	n/a
18	1.83	n/a	7.67	n/a
19	1.82	n/a	7.66	n/a
20	1.67	n/a	7.67	n/a
21	2.19	n/a	7.67	n/a
22	2.07	n/a	7.68	n/a
23	2.28	n/a	7.66	n/a
24	1.97	n/a	7.66	n/a
25	1.94	n/a	7.67	n/a
26	1.93	n/a	7.67	n/a
27	1.79	n/a	7.67	n/a
28	2.32	n/a	7.67	n/a
29	2.12	n/a	7.67	n/a
30	2.34	n/a	7.67	n/a
31	2.32	n/a	7.67	n/a
Summary	65.03		7.68	
	(total)	(avg.)	(avg.)	(min.)

Chemical usage

From table below: →

List units: (i.e. lbs, gal) →

1	2	3	4	5	6	Disinfectant Residual
gal	gal	lbs				mg/L
1.1	28.7	0				1.23
3.0	30.6	0				1.31
1.9	28.2	0				1.41
1.9	31.7	0				1.41
0.5	26.3	0				1.38
0.8	25.3	0				1.35
2.1	26.3	0				1.33
3.8	31.2	0				1.34
-0.3	25.0	0				1.33
1.6	27.7	0				1.41
1.9	21.0	0				1.45
2.1	30.1	0				0.74
3.5	25.8	0				1.26
-0.3	27.4	0				1.61
2.1	29.8	150				1.39
1.6	24.4	150				1.38
0.0	25.5	0				1.37
0.0	25.0	0				1.34
-0.5	25.3	0				1.30
3.0	23.6	0				1.37
1.6	21.5	150				1.40
8.3	28.2	0				1.37
0.8	27.1	0				1.05
1.3	18.5	150				1.09
1.3	21.2	0				1.24
4.3	22.6	0				1.21
-1.3	19.3	0				1.16
1.9	22.0	0				1.22
2.1	14.5	0				1.20
4.6	24.4	0				1.20
1.6	25.3	0				1.22
Summary	56.41	784	600			0.74
	(total)	(total)	(total)	(total)	(total)	(min.)

Chemicals Used

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1	Calcquest liquid	calcium sequestration / Pb / Cu control	77% 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:	25	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.22