

Phone: (207) 622-3701

# AUGUSTA WATER & SANITARY DISTRICTS

Fax: (207) 622-4539

12 Williams Street  
Augusta, Maine 04330  
[www.augustawater.org](http://www.augustawater.org)

BRIAN TARBUCK  
General Manager

TRUSTEES:

DAVID P. SMITH, President  
LISA M. HASKELL Treasurer  
STEPHEN J. ROBERGE

COMMISSIONERS:

KENNETH R. KNIGHT, Chair / Treasurer  
PETER E. DUNN JR.  
THOMAS A. SOTIR, Clerk

October 3, 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 October, 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 [btaruck@augustawater.org](mailto:btaruck@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: **October, 2007**

Notes:

Signature:  Date: **11/6/2007**

Date	AWD	Location	HETL
10/9/2007 10:35	1.18	Triangle Wellhouse	1.10

**Fluoride**

Date	Total production	Gallons of makeup water	Daily Average Residual	Theoretical Calculation
units:	Mgals	gallons	mg / L	mg / L
1	1.84	128	1.05	1.25
2	1.96	134	1.02	1.23
3	1.77	119	1.01	1.21
4	2.05	139	1.06	1.22
5	2.04	132	1.13	1.16
6	1.69	118	1.09	1.25
7	1.86	130	0.99	1.26
8	1.61	115	1.06	1.29
9	1.78	114	1.04	1.15
10	1.61	110	1.05	1.23
11	1.74	121	1.05	1.25
12	1.71	110	1.18	1.16
13	1.33	95	1.10	1.29
14	1.72	121	1.06	1.26
15	1.90	126	1.09	1.20
16	2.13	141	1.14	1.19
17	1.68	119	1.10	1.28
18	1.97	135	1.07	1.24
19	1.82	122	1.15	1.20
20	1.53	110	1.09	1.29
21	1.46	106	1.11	1.30
22	2.02	141	0.97	1.26
23	1.80	119	1.07	1.19
24	1.67	118	1.13	1.27
25	1.81	126	1.11	1.26
26	1.53	102	1.07	1.20
27	1.85	126	1.03	1.23
28	1.74	116	1.04	1.20
29	1.80	125	1.04	1.25
30	1.77	114	1.11	1.16
31	1.69	115	1.04	1.22
<b>Avg</b>	<b>1.77</b>	<b>121</b>	<b>1.07</b>	<b>1.23</b>
<b>Min</b>	<b>1.33</b>	<b>95</b>	<b>0.97</b>	<b>1.15</b>
<b>Max</b>	<b>2.13</b>	<b>141</b>	<b>1.18</b>	<b>1.30</b>
<b>Total</b>	<b>54.90</b>	<b>3,750</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

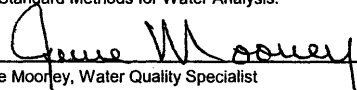
**Notes:**

**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, Water Quality Specialist

Number of samples required	15
Number of samples taken for compliance	31
Number of quality control samples	1
Number of positive samples	0

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		Method		Lauryl Tryptose		EC 44.5c	HPC 48 hrs
										Present/Absent	MF/COLILERT	24 hr	48 hr	bril. green			
1	TOGUS STA.	DIS	MOONEY	10-1-07/11:00	0.58	0.58	1.23	MOONEY	10-1-07/2:00	A	COLILERT						
2	HOSPITAL ST. STA.	DIS	MOONEY	10-1-07/11:20	0.89	0.91	1.26	MOONEY	10-1-07/2:00	A	COLILERT						
3	OFFICE	DIS	MOONEY	10-1-07/11:40	1.12	1.13	1.25	MOONEY	10-1-07/2:00	A	COLILERT						
4	NORTHWEST STA.	DIS	MOONEY	10-1-07/12:10	1.18	1.18	1.20	MOONEY	10-1-07/2:00	A	COLILERT						
5	WELLHOUSE	DIS	MOONEY	10-1-07/12:25	1.27	1.27	1.11	MOONEY	10-1-07/2:00	A	COLILERT						
6	WESTERN STA.	DIS	MOONEY	10-1-07/12:50	0.88	0.88	1.20	MOONEY	10-1-07/2:00	A	COLILERT						
7	WELLHOUSE	DIS	MOONEY	10-9-07/10:35	1.19	1.19	1.18	MOONEY	10-9-07/3:15	A	COLILERT						
8	WESTERN STA.	DIS	MOONEY	10-9-07/11:00	1.03	1.04	1.18	MOONEY	10-9-07/3:15	A	COLILERT						
9	NORTHWEST STA.	DIS	MOONEY	10-9-07/11:20	1.10	1.10	1.26	MOONEY	10-9-07/3:15	A	COLILERT						
10	WILLOW ST. STA.	DIS	MOONEY	10-9-07/11:50	1.12	1.12	1.33	MOONEY	10-9-07/3:15	A	COLILERT						
11	OFFICE	DIS	MOONEY	10-9-07/12:10	1.11	1.11	1.25	MOONEY	10-9-07/3:15	A	COLILERT						
12	HOSPITAL ST. STA.	DIS	MOONEY	10-9-07/12:30	0.98	0.99	1.28	MOONEY	10-9-07/3:15	A	COLILERT						
13	MANCHESTER TOWN OFFICE	DIS	MOONEY	10-9-07/1:10	0.50	0.51	1.28	MOONEY	10-9-07/3:15	A	COLILERT						
14	TOGUS STA. AFTER	DIS	MOONEY	10-10-07/8:30	0.70	0.71	1.19	MOONEY	10-10-07/10:30	A	COLILERT						
15	WELLHOUSE	DIS	MOONEY	10-16-07/10:20	1.45	1.43	1.62	MOONEY	10-16-07/1:15	A	COLILERT						
16	WESTERN STA.	DIS	MOONEY	10-16-07/10:45	0.96	0.96	1.25	MOONEY	10-16-07/1:15	A	COLILERT						
17	NORTHWEST STA.	DIS	MOONEY	10-16-07/11:05	1.29	1.29	1.28	MOONEY	10-16-07/1:15	A	COLILERT						
18	OFFICE	DIS	MOONEY	10-16-07/11:35	1.34	1.34	1.58	MOONEY	10-16-07/1:15	A	COLILERT						
19	HOSPITAL ST. STA.	DIS	MOONEY	10-16-07/12:00	1.05	1.06	1.45	MOONEY	10-16-07/1:15	A	COLILERT						
20	WELLHOUSE	DIS	MOONEY	10-23-07/10:50	1.30	1.30	1.67	MOONEY	10-23-07/2:00	A	COLILERT						
21	WESTERN STA.	DIS	MOONEY	10-23-07/11:15	1.03	1.03	1.22	MOONEY	10-23-07/2:00	A	COLILERT						
22	BEST INN	DIS	MOONEY	10-23-07/11:30	0.51	0.52	1.19	MOONEY	10-23-07/2:00	A	COLILERT						
23	NORTHWEST STA.	DIS	MOONEY	10-23-07/12:00	1.11	1.13	1.33	MOONEY	10-23-07/2:00	A	COLILERT						
24	OFFICE	DIS	MOONEY	10-23-07/12:20	1.20	1.20	1.15	MOONEY	10-23-07/2:00	A	COLILERT						
25	HOSPITAL ST. STA.	DIS	MOONEY	10-23-07/12:40	0.87	0.88	1.16	MOONEY	10-23-07/2:00	A	COLILERT						
26	WESTERN STA.	DIS	MOONEY	10-30-07/11:30	0.89	0.90	1.24	MOONEY	10-30-07/3:15	A	COLILERT						
27	WELLHOUSE	DIS	MOONEY	10-30-07/11:50	1.26	1.26	1.54	MOONEY	10-30-07/3:15	A	COLILERT						
28	NORTHWEST STA.	DIS	MOONEY	10-30-07/12:10	1.18	1.18	1.45	MOONEY	10-30-07/3:15	A	COLILERT						
29	OFFICE	DIS	MOONEY	10-30-07/12:35	1.08	1.10	1.24	MOONEY	10-30-07/3:15	A	COLILERT						
30	HOSPITAL ST. STA.	DIS	MOONEY	10-30-07/12:55	0.80	0.81	1.22	MOONEY	10-30-07/3:15	A	COLILERT						
31	GREYBIRCH	DIS	MOONEY	10-30-07/1:30	0.73	0.75	1.23	MOONEY	10-30-07/3:15	A	COLILERT						
	AUGUSTA CROSSING B202	O&M	MS/JM	10-3-07/11:10	0.60		1.24	TANGEMAN	10-3-07/12:06	A	COLILERT						
	AUGUSTA CROSSING 6"	O&M	MS/JM	10-3-07/10:10	0.50		1.19	TANGEMAN	10-3-07/12:06	A	COLILERT						
	GRANITE HILLS STA.	O&M	MOONEY	10-5-07/10:00	0.56	0.56	1.16	MOONEY	10-5-07/1:00	A	COLILERT						
	TREATMENT PLANT	O&M	MOONEY	10-9-07/1:30	1.32	1.32	1.19	MOONEY	10-9-07/3:15	A	COLILERT						
	67 COUNTRY CLUB RD.	CUS	MOONEY	10-16-07/9:15	0.07	0.11	1.23	MOONEY	10-16-07/1:15	A	COLILERT						O:2ML
*	LAB DISTILLED WATER	SPT	MOONEY	10-24-07/11:45	0.00	0.01		MOONEY	10-24-07/1:00						COND.=0.99	UMHOS	O:2ML

**Monthly Well Production Report**  
**System Type - All GW systems**

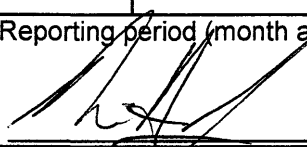
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **11/6/2007**

**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	0.51	0.63	0.71	1.84
2	0.58	0.72	0.66	1.96
3	0.42	0.63	0.71	1.77
4	0.63	0.77	0.65	2.05
5	0.65	0.81	0.59	2.04
6	0.17	0.76	0.76	1.69
7	0.37	0.77	0.72	1.86
8	0.27	0.58	0.75	1.61
9	0.47	0.57	0.74	1.78
10	0.30	0.55	0.76	1.61
11	0.38	0.62	0.75	1.74
12	0.43	0.54	0.73	1.71
13	0.19	0.33	0.81	1.33
14	0.29	0.70	0.73	1.72
15	0.54	0.66	0.70	1.90
16	0.66	0.78	0.69	2.13
17	0.40	0.54	0.74	1.68
18	0.54	0.73	0.70	1.97
19	0.50	0.62	0.70	1.82
20	0.34	0.43	0.76	1.53
21	0.31	0.39	0.76	1.46
22	0.44	0.90	0.69	2.02
23	0.49	0.60	0.71	1.80
24	0.41	0.52	0.74	1.67
25	0.41	0.68	0.71	1.81
26	0.18	0.58	0.77	1.53
27	0.43	0.73	0.70	1.85
28	0.46	0.56	0.72	1.74
29	0.38	0.70	0.72	1.80
30	0.50	0.64	0.63	1.77
31	0.33	0.64	0.73	1.69
Sum	<b>12.98</b>	<b>19.70</b>	<b>22.23</b>	<b>54.90</b>

**Monthly Operating Report**  
**System Type - All GW systems**

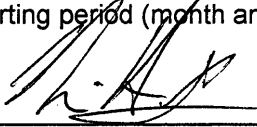
System Name: **Augusta Water District**

PWSID#: **90080**

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

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

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

Signature:  Date: **11/6/2007**

**System Information**

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

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	1.84	n/a		n/a
2	1.96	n/a		n/a
3	1.77	n/a		n/a
4	2.05	n/a		n/a
5	2.04	n/a		n/a
6	1.69	n/a		n/a
7	1.86	n/a		n/a
8	1.61	n/a		n/a
9	1.78	n/a		n/a
10	1.61	n/a		n/a
11	1.74	n/a		n/a
12	1.71	n/a		n/a
13	1.33	n/a		n/a
14	1.72	n/a		n/a
15	1.90	n/a		n/a
16	2.13	n/a		n/a
17	1.68	n/a		n/a
18	1.97	n/a		n/a
19	1.82	n/a		n/a
20	1.53	n/a		n/a
21	1.46	n/a		n/a
22	2.02	n/a		n/a
23	1.80	n/a		n/a
24	1.67	n/a		n/a
25	1.81	n/a		n/a
26	1.53	n/a		n/a
27	1.85	n/a		n/a
28	1.74	n/a		n/a
29	1.80	n/a		n/a
30	1.77	n/a		n/a
31	1.69	n/a		n/a
Summary	<b>54.90</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	19	0				1.07
1	21	0				1.07
1	21	100				1.07
1	18	0				1.08
3	24	0				1.08
2	23	0				1.13
1	18	0				1.14
2	21	0				1.13
1	17	150				1.14
1	19	0				1.19
1	18	0				1.13
1	20	150				1.14
2	18	0				1.15
2	16	0				1.13
1	23	100				1.22
1	16	100				1.29
2	25	0				1.22
1	17	0				1.20
2	17	100				1.21
1	20	0				1.23
1	15	0				1.16
2	14	0				1.21
2	21	150				1.18
1	18	0				1.13
2	20	0				1.11
2	16	150				1.08
1	18	0				1.16
1	17	0				1.15
2	18	0				1.10
2	18	0				1.04
2	19	0				1.10
<b>46</b>	<b>582</b>	<b>1,000</b>				<b>1.04</b>
(total)	(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	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:	31	Number of repeat samples taken:	0
Number of positive samples:	0	Average chlorine residual at sites:	1.02