



**SECTION OF DRINKING WATER PROTECTION
Fluoridation & Phosphate Monthly Report**

See Instructions on Reverse Side to Complete Form

PWS ID#	Month of
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Name of Facility		Street	
City		Operator Name (Please Print)	Zip Code
Signature		Title	Phone #
Fluoride Chemical Used	Phosphate Used	Raw Water Fluoride Concentration mg/L	Water Source

Date	Meter Reading (1000 gal.)	Pumpage (1000 gal.)	Phosphate Used Per Day (gals/lbs)	Fluoride Used Per Day (gals/lbs)	Fluoridation Analysis	
					Tested Fluoride Concentration (mg/l)	Sampling Point on Distribution System
Day #	1	2	3A	3B	4	5
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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29						
30						
31						

Copy to be sent back each month to: Minnesota Department of Health, Community Water Supply Unit, P.O. Box 64975, St. Paul, Minnesota 55164-0975

**INSTRUCTIONS FOR FILLING OUT THE
FLUORIDATION & PHOSPHATE MONTHLY REPORT**

**Column
Number**

- 1 Daily water meter reading in thousands of gallons.

- 2 Pumpage in thousands of gallons: daily meter reading minus the previous day's meter reading.

- 3A Number of gallons/lbs of phosphate inhibitor used per day.

- 3B The total number of gallons of fluoride solution used per day or the total pounds of fluoride compound used if you are using sodium silicofluoride.

- 4 Your tested fluoride concentration of the treated water. These tests are to be run daily. Do not composite samples.

- 5 Sample location: the sample is to be taken on the distribution system and at different locations each day.

NOTE: THE RAW WATER FLUORIDE CONCENTRATION SHOULD BE TESTED MONTHLY.

COMMENTS: _____

Send Fluoridation & Phosphate Monthly Report to:

**Minnesota Department of Health
Community Water Supply Unit
P.O. Box 64975
St. Paul, MN 55164-0975**