



Drinking Water Protection Section
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975

Fluoridation Monthly Report (Single Well)

PWSID#

Month & Year

Name of Facility	Street	City
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Zip	Operator Contact Phone #	Water Source(s)
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Fluoride Chemical Used:	Raw Water Fluoride Concentration
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Dilution (if applicable): %	Well #	mg/l	Well #	mg/l	Well #	mg/l
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Operator Name(Print)	Signature
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Date	Meter Reading (1000 gal.)	Pumpage (1000 gal.)	Amount of Solution or Compound Used Per Day (gal./lbs.)	Fluoridation Analysis	
				Tested Fluoride Concentration (mg/l)	Sampling Point on Distribution System
Day	1	2	3	4	5
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

**INSTRUCTIONS FOR FILLING OUT THE
FLUORIDATION MONTHLY REPORT (Single Well)**

**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.
- 3** The total number of gallons of fluoride solution used per day or the total pounds of fluoride compound used if you use sodium fluorosilicate.
- 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:

Click here to enter text.

You may submit the Fluoridation Monthly Report (Single Well) to the Minnesota Department of Health through these options:

Option 1 – Mail the report to:

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

Option 2 – Email the report (as an attached file) to:
[**health.report-fluoride@state.mn.us**](mailto:health.report-fluoride@state.mn.us)

The Fluoridation Monthly Reports and other forms can be found at:
[**www.health.state.mn.us/divs/eh/water/forms/index.html**](http://www.health.state.mn.us/divs/eh/water/forms/index.html).