



SECTION OF DRINKING WATER PROTECTION
Fluoridation Monthly Report (Single Well)

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	Raw Water Fluoride Concentration mg/l	Water Source

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 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 Monthly Report (Single Well) to:

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