

# Fluoridation Monthly Report

## SINGLE TREATMENT POINT

Public Water System (PWS) ID # \_\_\_\_\_

Month \_\_\_\_\_

Year \_\_\_\_\_

PWS Name	Treatment Point Name	Fluoride Chemical Type

Certified Operator Name	Certified Operator Signature	Telephone

Day	Meter Reading (1000 gallons)	Pumped Water (1000 gallons)	Amount of Chemical Used (gal or lb)	Test Result (mg/L)	Distribution System Location
1					
2					
3					
4					
5					
6					
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31					

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

FLUORIDATION MONTHLY REPORT – SINGLE TREATMENT POINT

**Instructions for filling out the Fluoridation Monthly Report**

**Meter Reading:** Daily water meter reading in thousands of gallons.

**Pumped Water:** Pumped water volume in thousands of gallons: daily meter reading minus the previous day's meter reading.

**Amount of Chemical Used:** The total number of gallons or pounds of fluoride chemical used per day.

**Test Result:** Your tested fluoride concentration of the treated water. These tests are to be run daily. Do not composite samples.

**Distribution Location:** The distribution system location at which the fluoride sample was taken.

**Note: The raw water fluoride concentration should be tested monthly.**

Minnesota Department of Health  
Drinking Water Protection  
651-201-4700  
[www.health.state.mn.us](http://www.health.state.mn.us)

*To obtain this information in a different format, call: 651-201-4700. Printed on recycled paper.*