

	Drinking Water Protection Section P.O. Box 64975 St. Paul, Minnesota 55164-0975	Fluoridation Monthly Report (Population Less Than 3300)	PWSID#	Month & Year
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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		
Dilution (if applicable): %	Well #	mg/l	Well # mg/l

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
Week	1	2	3	4	5
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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25					
26					
27					
28					
29					
30					
31					

**INSTRUCTIONS FOR FILLING OUT THE
FLUORIDATION MONTHLY REPORT (Population Less Than 3300)**

**Column
Number**

- 1** **Weekly (at least) water meter reading in thousands of gallons.**

- 2** **Pumpage in thousands of gallons: current meter reading minus the previous meter reading.**

- 3** **The total number of gallons of fluoride solution used 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 performed at least once each calendar week. Do not composite samples.**

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

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

COMMENTS:

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

Additional fluoride forms can be found at Community Public Water Supply Forms (<https://www.health.state.mn.us/communities/environment/water/com/com.html>).