

Monthly Fluoride Report
System Type - Fluoride Systems

System Information

Treatment plant/pump station: _____
 Fluoride Chemical Used: _____

System Name: _____
 PWSID#: _____

Reporting period: _____

Notes: _____

Signature: _____ Date: _____

Fluoride

Date	Mgals pumped	Amount of Fluoride Used	Daily Residual	Theoretical Calculation
units:	Mgals			
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				
Avg				
Min				
Max				
Total				

Systems that **don't** use the state lab need to report their **distribution system** certified lab results here.

Date	Location in the distribution system	Result mg/L