**Drinking Water Protection Section** 

## Fluoridation & Phosphate Monthly

PWSID# Month & P.O. Box 64975 Year St. Paul, Minnesota 55164-0975 Report Street City Name of Facility Zip Operator Contact Phone # Water Source Fluoride Chemical Used: Fluoride Dilution: Raw Water Fluoride Concentration: Well# mg/l Well# Phosphate Chemical Used: mg/l Well# mg/l Operator Name (Print) Signature **Pumpage** Meter **Phosphate** Fluoride Fluoridation Analysis (1000 gal.) **Used Per** Reading **Used Per Date** (1000 gal.) Day Day **Tested Fluoride Sampling Point on Distribution** (gals./lbs) (gals./lbs) Concentration (mg/l) **System** Day 1 2 **3**A **3B** 4 5 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 & PHOSPHATE MONTHLY REPORT

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.
3A	The total number of gallons/lbs of phosphate inhibitor used per day.
3B	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:

You may submit the Fluoridation & Phosphate Monthly Report 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

The Fluoridation Monthly Reports and other forms can be found at Community Public Water Supply Forms (https://www.health.state.mn.us/communities/environment/water/com/com.html)