

		Drinking Water Protection Section P.O. Box 64975 St. Paul, Minnesota 55164-0975		Fluoridation Monthly Report (Multi Wells)			PWSID#		Month & Year		
		Name of Facility			Street				City		
Zip		Operator Contact Phone #			Water Source						
Fluoride Chemical Used:				Raw Water Fluoride Concentration:							
Dilution (if applicable) %				Well #		mg/l		Well #		mg/l	
Operator Name (Print)					Signature						
Date	Well #			Well #			Well #				
Day	Col. 2	Col. 3	Col. 4	Col. 2	Col. 3	Col. 4	Col. 2	Col. 3	Col. 4		
1											
2											
3											
4											
5											
6											
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**INSTRUCTIONS FOR FILLING OUT THE
FLUORIDATION MONTHLY REPORT (Multi Well)**

**Column
Number**

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

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

COMMENTS:

You may submit the Fluoridation Monthly Report (Multi Well) 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>)