



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY
MONTHLY DISTRIBUTION SYSTEM
FLUORIDE SAMPLING SUMMARY**

PWSID Number _____

Water System Name _____
and Address _____

County _____

Contact Person _____

	Month ⁽¹⁾	Average for Month ⁽²⁾	Highest Fluoride Measurement ⁽³⁾	Lowest Fluoride Measurement ⁽⁴⁾	Number of Days Fluoride Measured ⁽⁵⁾
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Instructions:

This form is to be completed by all community water systems that add fluoride to their finished water. It may be submitted monthly, or quarterly to the Division of Water Supply at the address listed below.

- (1) Enter the month for which the results are being reported.
- (2) Enter the arithmetic average of all distribution system fluoride measurements taken during the month.
- (3) Enter the highest fluoride value measured during the month in the distribution system.
- (4) Enter the lowest fluoride value measured during the month in the distribution system.
- (5) Enter the number of days fluoride samples were taken in the distribution system.

I certify that the above information accurately corresponds to the operation of this facility for the reporting period specified herein.

Certified Operator _____ Signature _____

Phone (_____) _____

Submit form to: Division of Water Supply,
401 Church Street, 6th Floor L & C Tower
Nashville Tennessee, 37243

For assistance or questions call 1-888-891-8332