

FLUORIDATION REPORT
MONTHLY SUMMARY OF OPERATION

PWSID NUMBER: WV _____

(Required)

MONTH/YEAR: _____

SYSTEM TYPE:(Mark One)

_____ Ground

_____ Surface

_____ Ground Water Under the Influence of Surface Water

SYSTEM NAME _____

PHONE NUMBER _____

COUNTY _____

FLUORIDE CHEMICAL USED: _____

PURITY: _____

DATE	GALLONS OF WATER TREATED*	POUNDS/GAL OF CHEMICALS USED	ANALYTICAL RESULTS (mg/L)	
			PLANT EFFLUENT	DISTRIBUTION SYSTEM
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				
TOTAL				
AVERAGE				
HIGHEST READING				
LOWEST READING				

*Optional IF reported on EW-90/EW-103

I certify the values recorded above are true and accurate to the best of my knowledge.

CERTIFIED BY: _____

(Certified Operator Printed Name Required)

DATE: _____

(Certified Operator Signature Required)

Certification#:

Exp. Date _____

Certification Class _____

Complete and return within 10 days after the end of the month to:
WV Office of Environmental Health Services - Data Management
Capitol and Washington Streets, 1 Davis Square, Suite 200, Charleston, WV 25301-1798
Phone: (304) 558-2981 FAX: (304) 558-0139