

WATER ANALYSIS FOR FLUORIDE

LAB NUMBER	CO.	CITY	DATE RECEIVED
Date Collected		Public Well System #	
County Name			
NAME OF WATER SYSTEM:			
SYSTEM ADDRESS:			
Location where sample was taken:			
Collected by (Name)		Tel:	
Type of System <input type="checkbox"/> 1. Municipal Community <input type="checkbox"/> 2. Industrial Commercial <input type="checkbox"/> 3. Private Residence			
SEND REPORT TO:			
SOURCE TYPE			
<input type="checkbox"/> 1. Surface <input type="checkbox"/> 2. Well <input type="checkbox"/> 3. Spring <input type="checkbox"/> 4. Purchased <input type="checkbox"/> 9. Combination or other			
SYSTEM TREATMENT (CHECK ONLY FOR DRINKING WATER SAMPLES):			
<input type="checkbox"/> 1. None <input type="checkbox"/> 2. Chlorination <input type="checkbox"/> 3. Filtration <input type="checkbox"/> 4. Fluoridation			
<input type="checkbox"/> 9. Other (Specify) _____			
REMARKS:			
FIELD RESULT (Please write in fluoride concentration obtained at YOUR station):			
_____ mg/L (ppm) fluoride by the _____ method.			
Date _____ By _____			
LABORATORY REPORT			
Fluoride F		Chemists Initials	
_____ mg/L			
FOR FLUORIDATED SYSTEMS ONLY			
The fluoridation of your water supply is:			
<input type="checkbox"/> IN COMPLIANCE our reference laboratory found from 0.5 mg/L to 0.9 mg/L fluoride			
<input type="checkbox"/> OUT OF COMPLIANCE our reference laboratory found below 0.5 mg/L or above 0.9 mg/L fluoride			
Your fluoride testing procedure is:			
<input type="checkbox"/> IN CONTROL: Your reported test result agrees with the test result of our reference laboratory			
<input type="checkbox"/> OUT OF CONTROL Your reported test result varies significantly from our reference laboratory's test result Contact the state Public Health Laboratory if you need assistance.			
FOR NON-FLUORIDATED SYSTEMS ONLY			
Your water system is:			
<input type="checkbox"/> IN COMPLIANCE our reference laboratory found 2.0 mg/L fluoride or less			
<input type="checkbox"/> OUT OF COMPLIANCE our reference laboratory found greater than 2.0 mg/L fluoride			
DATE OF FINAL REPORT		LABORATORY SUPERVISOR	