



South Carolina Department of Health and Environmental Control
Bureau of Water

Controlled Fluoridation Monthly Report

Section A: General Information

System Name:		System Number:	
Plant Name:		Plant Number:	
Telephone Number:		E-mail Address:	

Section B: Monitoring Results

Fluoride Analytical Method:		System Lab. Certification No.:	
Monitoring Period (mm/yyyy):			

	Day	Daily Average (mg/l fluoride)		Day	Daily Average (mg/l fluoride)
		1			
	2			18	
	3			19	
	4			20	
	5			21	
	6			22	
	7			23	
	8			24	
	9			25	
	10			26	
	11			27	
	12			28	
	13			29	
	14			30	
	15			31	
	16		Monthly Average (mg/l fluoride):		

Section C: Split Sample

Laboratory Name:		Laboratory Certification Number:	
Sample Date:		System Result (mg/l):	Lab. Result (mg/l):

Section D: Sender Information

Signature:		Date (mm/dd/yy):	
------------	--	------------------	--

Purpose: This form is to be used by public water systems to document finished water fluoride concentrations from treatment plants other than surface water plants. Surface water treatment plants will continue to report finished water fluoride concentrations using form DHEC 1972, page 3.

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Section A. General Information:

Enter the system name, 7-digit system identification number, plant name, plant identification number, telephone number, and e-mail address.

Section B. Monitoring Results

Enter the analytical method used to determine fluoride concentration. Enter the system's laboratory certification number. Enter the monitoring period in month/year format. For each day of the month enter the average fluoride concentration in milligrams per liter. Enter the monthly average at the bottom of the second column. This average is calculated by adding the daily averages and dividing by the number of days in the month.

Section C. Split Sample

If the water system runs a split sample with an outside laboratory either voluntarily or as a grant condition, enter the name of the laboratory receiving the split sample and that laboratory's certification number. Enter the date the split sample was taken in month/day/year format. Enter the result obtained by the water system in mg/l. Enter the result obtained by the laboratory in mg/l. Attach a copy of the laboratory analysis report from the commercial laboratory performing split sample analysis.

Section D. Sender Information

Sign and date the form.

Office Mechanics and Filing: Form will be submitted by the 10th of each month to the Fluoridation Coordinator, Bureau of Water. After data entry by Compliance Assurance Section, form will be maintained in the bureau files. Retention schedule HEC-SEP-WS-15-R