



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER RESOURCES - DRINKING WATER UNIT  
William R. Snodgrass - Tennessee Tower  
312 Rosa L. Parks Ave., 11th Floor  
Nashville, TN 37243-1102

MONTHLY DISTRIBUTION SYSTEM FLUORIDE SAMPLING  
SUMMARY and QUARTERLY CHECK SAMPLE REPORTING

Public Water System Name & Address					
Contact Person:					
PWSID Number:				County:	
	Month <sup>(1)</sup>	Average for Month mg/L <sup>(2)</sup>	Highest Fluoride Measurement mg/L <sup>(3)</sup>	Lowest Fluoride Measurement mg/L <sup>(4)</sup>	Number of Days Fluoride Measured <sup>(5)</sup>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
<u>Instructions:</u> This report 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 Resources, Drinking Water Unit. (1) Enter the month for which the results are being reported. (2) Enter the calculated 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. (6) <u>Mail completed report to the address above.</u> For assistance or questions call 1-888-891-8332.					
Quarterly Check Samples:					
Collection Date	Address		PWS Results (ppm)	Certified Lab	Certified Lab Results (ppm)
I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in the Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.					
Certified Operator:			Signature:		
Phone:			Date:		