



NHDES DRINKING WATER AND GROUNDWATER BUREAU

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Monthly Operating Report - Fluoridating Groundwater Systems

Rev July 2020

Report Date: Due by 10th day of following month Treatment Plant # / Name _____
 Name of System: _____ Month, year: _____
 Municipality: _____
 PWS ID#: _____ Prepared by _____
 Primary Operator signature

Date	Raw Water Gallons	Finished Water Gallons	Hours of Operation	pH, s.u.	Min. Chlorine Res. (1)	Fluoride Added lbs (2)	Fluoride Conc. mg/L (3)
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							
Totals							0.00

Notes:

- 1) Disinfectant residual at entry point to distribution, in mg/L
 - 2) Fluoride chemical used: _____ Strength % _____
 - 3) Report measured OR calculated Fluoride for ALL days that finished water is produced.
- Monthly Fluoride certified lab chk _____ mg/L Lab: _____ Sample Date: _____

Count	0.00
#DIV/0!	Avg Fluoride
0.00	Max Fluoride
0.00	Min Fluoride
0	Optim Days
Yes	>80% Opt?