

Public Water System Name   <b>NY</b> _____	Reporting Month/Year ____/____/20____ MM Y Y Y Y	Date Report Submitted ____/____/20____ MM DD Y Y Y Y	Source Water Type(s) <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water Supply ID	County	Town, Village, or City	

Treatment Plant(s) Identification: #1 \_\_\_\_\_; #2 \_\_\_\_\_; #3 \_\_\_\_\_

Fluoride Compound Used:  Sodium fluoride (NaF - crystalline)  Sodium fluorosilicate (Na<sub>2</sub>SiF<sub>6</sub> - dry powder)  Fluorosilicic acid (H<sub>2</sub>SiF<sub>6</sub> - liquid)

Fluoride Residual Testing Method Used: \_\_\_\_\_

Fluoride Injection Point Location(s) Identification: #1 \_\_\_\_\_; #2 \_\_\_\_\_; #3 \_\_\_\_\_

Date of Fluoride Split Sample \_\_\_\_\_

DATE	Source(s) in use	Treated water volume (1,000 gallons/day)	Chlorination			Free chlorine residual at entry point (mg/l)	Scale/Meter Reading	Fluoridation		Other Treatments / Readings				
			Gaseous		Liquid			Fluoride compound used per day (____lbs./____gals./____qts.)	Fluoride finished water concentration (mg/l)					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)									
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31														
TOTAL														
AVG.														

Chlorine Mix Ratio = \_\_\_\_\_ quarts/gallons of \_\_\_\_\_ % chlorine added to \_\_\_\_\_ gallons of water in crock.

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_ NYS DOH Operator Certification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Operator Grade Level: \_\_\_\_\_

