Public Water Systems:
Complete all portions of this section and return form with sample bottle to the address above.

Sample Collected By: _____________________    Work Phone: ___________________
Water System Name: _____________________
Email address: _____________________
County: _____________________

Notes: 1. Use the original forms distributed with the sample bottles only - DO NOT USE PHOTOCOPIES.
2. Please print CLEARLY and within the lines (See examples below). The information below will be "read by
   Computer and automatically entered into the fluoridation database.

Shade Circles Like This: ●
Not Like This: ☒ ☒

State PWS ID number sample Date (mm / dd / yyyy)
G A

Sample Type
☐ Routine
☐ Replacement

Fluoride Analysis Method
☐ ISE Electrode
☐ SPADNS
☐ Complexone
☐ Ion Chromatography

Fluoride Concentration - Operator

Chemical Used to Fluoridate Water
☐ Sodium Fluoride
☐ Sodium Fluorosilicate
☐ Sodium Fluorosilicic Acid

THIS SECTION FOR STATE LAB USE ONLY

Fluoride Concentration - State Lab

Date Received: _____ / _____ / _________
Date Tested: _____ / _____ / _________
Tested by:_____________________________
Date Reported: _____ / _____ / _________