

Waycross Public Health Laboratory

Fluoride Monitoring
1751 Gus Karle Parkway • Waycross, GA 31503
(912) 338-7050



2 0 2 6

Water Fluoridation Split-Sample Reporting Form

Print or type return address:

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 samples below). The information below will be read by computer and automatically entered into the fluoridation database.

1 2 3 4 5 6 7 8 9 0

Shade Circles Like This:



Not Like This:



THIS SECTION TO BE COMPLETED BY WATER SYSTEM SUBMITTING SPLIT SAMPLE

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

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Chemical Use to Fluoridate Water

- ☐ Sodium Fluoride
- ☐ Sodium Fluorosilicate
- ☐ Sodium Fluorosilicic Acid

THIS SECTION FOR STATE LAB USE ONLY

Fluoride Concentration – State Lab

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Tested By: _____

Date Received: ____/____/____

Date Tested: ____/____/____

Date Reported: ____/____/____

As of 1 January 2023

Send all fluoride **split samples** to this address

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