

**MASS/DEPARTMENT OF PUBLIC HEALTH DAILY FLUORIDATION REPORT**

Month of December Year 2006 Page 1 of 1 (Use the same form daily for one month for each source or manifolded or combined sources)

**Section I. PWS INFORMATION:**

1. PWS Name: Riverdale Water Department 2. PWS ID#: 9999000 3. City/Town or District: Riverdale, MA  
 4. Source(s) Fluoridated/MassDEP Source Code/Location ID: -01FW  
 5. Is the Source(s) Manifold? Yes  No  List location or Mass DEP location ID# for the daily sample: WTP Finished Water

**Section II. PWS CHEMICAL USE INFORMATION:**

1. Type of fluoride chemical used: NaF  Na<sub>2</sub>SiF<sub>6</sub>  H<sub>2</sub>SiF<sub>6</sub>   
 2. What is the purity of the fluoride chemical? 99 % (From shipping container or hydrometer test rounded to nearest unit).  
 3. Are all fluoride-metering pumps protected by two (2) operating anti-siphon (back-pressure) valves? Yes  No   
 4. Was each anti-siphon valve disassembled and inspected in the last 12 months? Yes  Date: 1/23/2006 No   
 Explain: \_\_\_\_\_  
 5. Was the fluoride test meter calibrated each day before use? (See Note 2) Yes  No   
 Explain: \_\_\_\_\_  
 6. Do you require on site technical assistance? Yes  No  If yes, explain: \_\_\_\_\_

**Section III. DAILY RESULT:**

Days of the Month	Gallons of Water Treated (to the nearest 1,000 gallons)	Amt. Fluoride Added (Lbs)	Saturator <sup>1</sup> Volume of Make Up Water Added <input type="checkbox"/> Gals or <input checked="" type="checkbox"/> Cu Ft	Calculated Fluoride Ion Dosage (ppm)	Results of Fluoride Tests by PWS (ppm) <sup>2,3</sup>	Name of tester and Comments E.g. Reason(s) for not fluoridating or sampling. Changes in product or batch mixing day etc.
1	878,000		7.2	1.21	1.1	DS
2	978,000		9.9	1.47	1.3	SN
3	2,080,000		17.7	1.25	1.1	TM
4	1,698,000	50.0	13.3	1.16	1.0	SN
5	1,353,000		11.2	1.22	1.1	DS
6	674,000	50.0	4.8	1.06	1.1	DS
7	975,000		7.7	1.17	1.0	SN
8	1,180,000		10.4	1.29	1.2	TM
9	904,000	50.0	8.5	1.37	1.2	SN
10	1,865,000		14.9	1.18	1.1	DS
11	1,953,000	50.0	17.1	1.28	1.0	DS
12	695,000		4.6	1.00	1.1	DS
13	753,000		6.4	1.25	1.1	DS
14	462,000	50.0	3.2	1.04	1.0	SN
15	681,000		4.9	1.07	1.1	TM
16	2,565,000	50.0	20.7	1.19	1.2	SN
17	1,554,000		12.0	1.14	1.0	DS
18	1,805,000	50.0	11.6	0.97	0.9	DS
19	909,000	50.0	7.7	1.25	1.3	SN
20	667,000		6.7	1.46	1.2	TM
21	857,000		7.5	1.28	1.1	SN
22	750,000	50.0	6.0	1.18	1.0	DS
23	2,219,000		19.4	1.28	1.3	DS
24	1,977,000	50.0	18.7	1.38	1.3	DS
25						DS - Plant Offline
26	2,921,000	50.0	26.5	1.33	1.2	DS
27	3,039,000	50.0	30.3	1.45	1.3	DS
28	3,054,000	50.0	28.7	1.37	1.4	DS
29	2,622,000	50.0	0.0	0.10	0.9	DS - Chemical pump was air bound
30	910,000	50.0	7.4	1.20	1.2	SN
31	1,980,000		17.2	1.27	1.2	SN
Totals	44,958,000	750.0	362.2			<b>If you use a saturator:</b> calculate monthly
Average	1,498,600	25.0	12.1	1.20	1.1	Fluoride Ion Dosage 1.00 ppm

- Notes:** 1) If you use a saturator you must calculate a monthly fluoride ion dosage based on pounds used.  
 2) If you use a Mass. certified lab. for daily sampling, attach a copy of your Mass. approved lab analytical report form to this report.  
 3) All pumping fluoridated sources **MUST** be tested daily for fluoride at the entry point to the distribution system or near the point of fluoride application.  
 4) The optimum fluoride level is 0.7 mg/L. **5) Report all Fluoride results to the nearest tenth.**  
**6) For Fluoride issues that require reporting,** notify DPH at 617-624-5573 **AND** MassDEP Drinking Water Program Regional Office or 617-292-5770.

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Name of PWS certified operator or responsible party: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone #: (978) 999-9999 Fax#: (978) 999-9998 Email address: xxx@xxxx.com

**Section IV: DPH USE:**

Date received: \_\_\_\_\_ Comments: \_\_\_\_\_

PWSs approved by MassDEP for Fluoridation treatment must return all applicable pages (A, B & C) of this report form **by the 10<sup>th</sup> day following the reporting month** to: MassDPH, 250 Washington Street-5<sup>th</sup> floor, Boston, MA 02108. Attention: Office of Oral Health DPH Fluoride Form A -5-24-07  
 Prepared by H2O Software, (978) 877-0352, lguilmartin@cs.com