

LOUISIANA DEPARTMENT OF HEALTH/WELL-AHEAD LA FLUORIDE MONTHLY MONITORING REPORT

Month/Year

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ATTN: Well-Ahead LA – Oral Health Promotion
LAOralHealthCoalition@LA.GOV

PWS:
PWS NAME:
ADDRESS:
PWS OPERATOR:
REPORT COMPLETED BY (Name and Title):

DAY	RESULT	MGD TREATED	ACID	LBS
1	0.00	0.00	0.00	0.00
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				
TOTAL MGD PUMPED		0.000		
		TOTAL CHEMICAL USED;		0.00

PLEASE NOTE: ANY PROBLEMS YOUR SYSTEM IS EXPERIENCING.

PLEASE COMPUTE:

MONTHLY AVERAGE	0.00
MONTHLY MAXIMUM	0.00
MONTHLY MINIMUM	0.00

CHEMICAL USED:

CHEMICAL PURITY:

MONTHLY SPLIT-SAMPLE TO DHH CERTIFIED LAB COLLECTED ON _____
HOUSE RESULT: _____ PPM CERT. LAB RESULT: _____ PPM

Thank you for completing your Monthly Monitoring Report. Please provide only electronic submissions of reports to the Well-Ahead LA Oral Health Promotion at LAOralHealthCoalition@LA.GOV.