Monthly Fluoride Report

Name of System:	PWS ID #	Reporting Month and Year:

Testing Format:	Ion		Photo		Color	

DATE	TF	DATE	TF
1		16	
2		17	
3		18	
4		19	
5		20	
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11		26	
12		27	
13		28	
14		29	
15		30	
		31	
		MAX	
		MIN	
		AVG	

Mississippi State Department of Health
Bureau of Public Water Supply
Evan Bauer
Phone: 601-576-7518
Fax: 601-576-7822
water.fluoride@msdh.ms.gov