

COMMUNITY WATER FLUORIDATION ADD/DELETE/CHANGE REPORT

circle one

ADD

DELETE

CHANGE

AREA & SU NUMBERS: _____ . _____
Area Service Unit

SYSTEM NAME: _____

SANITARY FACILITY CODE: _____

NO. OF WELLS/SOURCES: _____

NATURAL FLUORIDE LEVEL: _____ . _____ **PPM (example: 0.3, 0.6)**

RECOMMENDED FLUORIDE LEVEL: _____ . _____ **PPM (example: 1.0, 1.2)**

NOTE: A "CHANGE" IS DEFINED WHEN THERE IS A CHANGE IN EITHER THE SYSTEM NAME, NUMBER OF WELLS/SOURCES, RECOMMENDED FLUORIDE LEVEL, AND/OR NATURAL FLUORIDE LEVEL.

IF SEPARATE SYSTEMS, C & D ARE PHYSICALLY CONNECTED TO BECOME ONE SYSTEM, CD, THEN A "DELETE" FORM IS SENT IN FOR *EITHER* C OR D *AND* A "CHANGE" FORM IS SENT IN CHANGING THE NUMBER OF SOURCES AND NATURAL FLUORIDE LEVEL, IF APPROPRIATE, FOR THE COMBINED SYSTEM CD. IF THERE IS A CHANGE IN THE SYSTEM NAME, THAT WOULD BE NOTED ALSO.

RETURN COMPLETED FORM TO:

**HQW DENTAL PROGRAM
INDIAN HEALTH SERVICE
5300 HOMESTEAD RD. NE
ALBUQUERQUE, NEW MEXICO 87110**