Notice of Intent to Permanently Change Fluoridation Status of Public Water System

Attention: Public Water Systems (PWS) wishing to discontinue or reduce the service of Community Water Fluoridation (CWF) are required to file this notice pursuant to **Alabama Act 2018-547 (codified as Alabama Code § 22-23-21).**

Please note: This form must be printed, completed in full, and sent by certified mail to Scott Harris, State Health Officer at the Alabama Department of Public Health, at least **90 days** before any change to the fluoridation status of a Public Water System.

Please direct all forms to:
Alabama Department of Public Health
ATTN: State Health Officer
201 Monroe Street, Suite 1500
Montgomery, AL 36104

PWS ID: _____ Date: _____

Water System Name: _____

Plant Address: _____

Plant Manager: _____

Plant Superintendent: _____

Number of employees: _____ Check one: ❑ Surface Water ❑ Ground Water

Has the water system been awarded an Alabama Department of Public Health CWF grant in the last 5 years? ❑ Yes ❑ No

I am a public water system and intend to:

❑ Discontinue CWF.

❑ Reduce the fluoride level from the optimal 0.7 PPM defined by the Centers for Disease Control and Prevention (CDC).

Date of vote and name of organization requesting the change to CWF status:

_____

Proposed date of change in fluoridation status: _____

Population and communities served: _____

If this is your formal request to de-fluoridate, please state your reason(s):

Name of wells/plants currently fluoridated under your public water system:

_____

_____

Address of wells/plants wishing to discontinue CWF:

_____

_____

Source (please list the body of water that your plant uses as its sample point) _____

Current age of fluoride pump: _____ Current age of bulk tank/day tank: _____

What is the average frequency of fluoride testing? _____

What is the current average level of fluoride in your public water system?_____

What is the current natural level of fluoride present in your community? _____

Have you notified the affected community of your intent to change the fluoridation status? ❑ Yes ❑ No

If yes, by what means was the community notified? _____

_____

If no, by what means do you intend to notify the community? _____

_____

How long before or after fluoride has been removed do you intend to notify the community?

_____

What year did your public water system begin CWF? _____

Please list any questions you may have concerning the effects of fluoride within your community:

Signature _____

Printed Signature _____

Title _____

Date _____

Alabama Act 2018-547 (codified as Alabama Code § 22-23-21)