

PUBLIC WATER SYSTEM NOTICE OF INTENT TO INITIATE PERMANENT CHANGE IN FLUORIDATION STATUS OF ITS WATER SUPPLY

Attention: Public Water Systems (PWS) wishing to discontinue, reduce, or initiate the service of community water fluoridation are required to file this notice pursuant to Act 2018-247.

Please note: This form must be printed, filled out completely, and sent via certified mail to the State Health Officer (Scott Harris, M.D.) no fewer than **90 days** before any change is made to the fluoridation status of a Public Water System.

Please direct all forms to the attention of State Fluoridation at the following address:

Attn: Jennifer Morris, RDH, CDHC
Oral Heath Coordinator

201 Monroe Street, Suite 1350
Montgomery, AL 36104
Alabama Department of Public Health
Oral Health Office
Bureau of Family Health Services

PWS ID: _____ Date: _____

Water System Name: _____

I am a public water system and intend to:

- ☐ Start Community water fluoridation. ☐ Discontinue fluoridation.
- ☐ Reduce the level of fluoride from an optimal level as defined by the federal Centers for Disease Control and Prevention (CDC).

Plant Address: _____

Name of wells/plants currently fluoridated/not fluoridated under your public water system:

Location of wells/plants wishing to discontinue/start community water fluoridation:

Proposed date of change in fluoridation status: _____ Number of employees: _____

Plant Manager: _____

Plant Superintendent: _____

Population and communities served: _____

Check one: ☐ Surface Water ☐ Ground Water

Source (please list the body of water by which your plant uses as its sample point):

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

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

Who is the person or organization that originally voted to initiate community water fluoridation?

What is the average frequency in which levels of fluoride are tested? _____

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

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

Have you notified the community effected by this decision of your intent to change the status of fluoridation? ☐ Yes ☐ No

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

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

How long before or after community water fluoridation had been removed or initiated do you intend to notify the community?

What year did your public water system begin community water fluoridation? _____

Please list any concerns you may have regarding the addition of fluoride to your public water system:

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

Signature _____

Printed Signature _____

Title _____

Date _____