

# 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 the State Fluoridation Coordinator at the following address:**

Attn: Mallory Rigsby  
State Fluoridation 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?

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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?

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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 \_\_\_\_\_