SUPPLEMENTAL SURFACE WATER REPORT FORM

ALTERNATE FILTRATION TECHNOLOGIES -- CARTRIDGE / BAG FILTRATION

ARKANSAS DEPARTMENT OF HEALTH - ENGINEERING BRANCH

REPORT FOR PWS _____ **MONTH** _____ **YR** _____

PWS ID # _____ **WTP NAME** _____

Provide the following information for each **final** cartridge / bag filter used.

Total number of final filter housings in use during the month: _____

Number of cartridges / bags in each final filter housing: _____ Cartridge(s) _____ Bag(s)

Were identical cartridges / bags used in each final filter housing? _____ No _____ Yes

If "No", submit a copy of this form for each different type final cartridge / bag used during the month.

List each Individual Final Filter Name or Number: _____

Manufacturer of Cartridge / Bag: _____

Cartridge / Bag Product Name: _____

Manufacturer's Code or Model Number: _____

Micron Rating: _____ Micron Nominal **or** _____ Micron Absolute

NSF Standard 61 Certified: _____ No _____ Yes

NSF Standard 53 Certified: _____ No _____ Yes

Date Cartridge / Bag Replaced: _____

(List Name / Number of each final filter and the date the cartridge(s)/bag(s) were replaced.)

Was replacement cartridge(s)/bag(s) the same as listed above? _____ No _____ Yes

If No, provide the following information on the replacement cartridge(s)/bag(s).

Replacement Cartridge / Bag for Filter Number(s) _____

Manufacturer of Cartridge / Bag: _____

Cartridge / Bag Product Name: _____

Manufacturer's Code or Model Number: _____

Micron Rating: _____ Micron Nominal **or** _____ Micron Absolute

NSF Standard 61 Certified: _____ No _____ Yes

NSF Standard 53 Certified: _____ No _____ Yes

Comments: _____

The above information is true and accurate to the best of my knowledge.

Print Name: _____ Treatment License #: _____

Signature: _____ Date: _____

Make a copy for your records & return by the 10th of the following month to:

ARKANSAS DEPARTMENT OF HEALTH
ENGINEERING BRANCH
4815 WEST MARKHAM STREET, SLOT 37
LITTLE ROCK, AR 72205