

SUPPLEMENTAL SURFACE WATER REPORT FORM

ALTERNATE FILTRATION TECHNOLOGIES -- CARTRIDGE / BAG FILTRATION

ARKANSAS DEPARTMENT OF HEALTH - ENGINEERING SECTION

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 SECTION (MS-37)
4815 W MARKHAM ST
LITTLE ROCK, AR 72205