Supplemental Surface Water Report Form
Alternate Filtration Technologies -- Cartridge / Bag Filtration
Arkansas Department of Health - Engineering Section

Report for PWS

PWS ID # ______________________  WTP Name ______________________  Month _________  Yr _______

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:  Yes  No

NSF Standard 53 Certified:  Yes  No

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:  Yes  No

NSF Standard 53 Certified:  Yes  No

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

Alternate Filtration Technologies - Supplemental Report Form