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New Jersey Department of Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water
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Individual Filter Assessment Report

System Name:	PWSID #:					
System Name:Address:				Facility Name:		
City: State: Zip:				Facility ID #:		
				Filter Number		
		Desig	gn Specificatio	ons		
	Diameter	Length	Width	Surface Area	Freeboard	Available Head
Media Bed						
Media Specs	Material	Min Size	Max Size	Uniformity Coeff.	Density	Depth
Layer One (top layer)						
Layer Two						
Layer Three						
Layer Four						
Support Gravel						
Underdrain Type					Total Depth	
Number of Troughs		Spacing				_
Filter to Waste	Yes / No	Air scour	Yes / No	Surface wash	Yes / No	
Operating Mode						
Flow Distribution						
	Regulatory	Design	Actual	Backwash	Maximum	
Filter Flow Rate						
Filter Loading Rate						
Backwash Rate						
Backwash Loading Rate						
Additional Comments						
		Opera	ating Procedu	ires		
Calibration	Flow Meter	Backwash	Primary	Secondary		
		meter	Turbidity meter	Turbidity meter		
Method			meter	meter		
Frequency						
Last Calibration Date						
					1	