

SAMPLE NO : 01

Health Sec C/o
Mil Hospital
Jaipur-06

3

FORM FOR SUBMITTING SAMPLE OF WATER

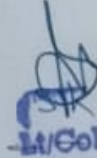
1. Sample of water collected from RO clo APS Jaipur
2. The reason for and exact nature of the examination required. Bacteriological
3. Date and hour of sampling 13/09/22 : 10:30 hrs
4. Nature and location of source of water the site of sampling ~~Nil~~ RO clo APS Jaipur
5. Nature and distance of any source of water from which an inflow of pollution appears probable. Nil
6. Geological strata likely to affect the water constituents. Nil
7. If the source be a well NO

- | | |
|--------------------------------|------|
| (i) Depth of the water surface | } NA |
| (ii) Depth of water | |
| (iii) Staining | |
| (iv) Coping | |
| (v) Covering | |
| (vi) Strata penetrated | |
| (vii) Method of raising water | |

8. If stored surface water nature of collecting surface and conditions of storage - Clean
9. Meteorological conditions heavy rainfall or drought - NA
10. Any treatment the water has received :-

- | | |
|-------------------|------------|
| (i) Clarification | <u>Yes</u> |
| (ii) Chlorination | <u>Yes</u> |
| (iii) Softening | <u>No</u> |
| (iv) Boiling | <u>No</u> |




M/Gol/Maj/Capt
Officer In-charge
Health Section