PROFORMA REGARDING SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE.

No		
	Date : 1	5/05/25
14 5-		
It is certified that an inspection team headed by Dr.	Soniay	
More (ADHO) With designation and the second team headed by Dr.	(Name	of Officers
with designation) from Health Dept. Z.P. Dhule Department/Office) inspected the Charles I'm	70	_ (Name of
	Shivoji	
Thursday Dhurs	/ \	& Address of
the School) on 1.5/2025 and found that the <u>Chl</u>	natropati	
Shive in Public School drinking water facilities for the students and members of staff of the in	Name of sch	ool) has safe
the hygienic sanitation condition in the school building & the conditional three school building in the school bui		
prescribed by the Central/State/U.T Govt.		
The above valid for a period of +ill 31 March 20	126	
그리 아이 김사의 바이 그리면 원생이는 그 그 모든 역사인이다.		
	10	,
Signature with Seal	: +	he
Name	: Dr. 5	.D. Bodke
Designation	. DH	0 Dhule
To Dili- School		
- hhatrapati Shivaji Public School,	1 813	
Haranmal Hills, P.O. Morane,		
Dist. Dhule	W.	
Name & Address of the Institution)		



मुख्य अणुजीव शास्त्रज्ञ जिल्हा सार्वजनिक आरोग्य प्रयोगशाळा,धुळे

देवपूर चर्च आवार, जयहिंद कॉलेजजवळ, देवपूर, धुळे - ४२४ ००२

दूरध्यनी - कार्यालय: (०२५६२) २९७४७३

Email: dphldhule@gmail.com, dhpl.dhule@gov.in



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जा.क्र. मुअशा/जिसाआप्रशाधुळे/अणुजीवविभाग/पाणीतपासणीअहवाल/ **೨೨**४/२०²-5

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टिप :-सदरचा/चे पाणी नमुना/नमुने या प्रयोगशाळेने संकलीत केलेला/केलेले नसून संबंधीतांनी या प्रयोगशाळेकडे सादर केलेला/केलेले आहे/आहेत. अभिप्राय – पिण्यास अयोग्य आढळलेल्या पाण्यावर योग्य प्रमाणात क्लोरीनची प्रक्रिया करुन व सुक्ष्मजीवीय पुनर्तपासणीमध्ये पिण्यास योग्य असल्याची खात्री झाल्यानंतरच ते पाणी पिण्यास वापरण्यात यावे.

तपासणी शुल्क रु. :- ९४०/- प्रत माहितीसाठी सविनय सादर :-	पावती क्रमांक :- ५०२७ (६ ५	दिनांक :- ७९ १०५ २०२५
१. मा.जिल्हा आरोग्य अधिकारी, जिल्हा परि	रेषद्,धळे	mileti
२. मा.तालुका आरोग्य अधिकारी, पंचायत र	तमिती,	पुण्या प्राचित्र शास्त्रहा पिल्हा सावणानक आसेन प्रसागशीकी
३. मा.जिल्हा शल्य चिकित्सक, जिल्हा साम	गन्य रुग्णालय,धुळे	हाळू

District Public Health Laboratory, Dhule.

Email-ID: dphldhule@gmail. com Phone No.: 297473

REPORT ON CHEMICAL EXAMINATION OF WATER FOR DRINKING PURPOSES

Date of Collection: 9|5|25 Date of Receipt: 9|5|25 Date of Examination: 14|5|25 (All the Analytical Result are in mg./Litre except pH, Turbidity)

TEST PARAMETER	(1)	(2)	(3)	BIS Spe 10500 Norma	ecification :
强.	Dam			Desirable Limits	Permissible Limits
Physical Appearance	Clear		_		
Odour	Agreeable			Agreeable	Agreeable
Turbidity (as N.T.U.)	0.40			1.0	5.0
pH Value	7.5			6.5 to 8.5	No relaxation
Chlorides (as CI)	62		angle d	250	1000
Nitrates (as NO₃)	10			45	No relaxation
Total Hardness (as CaCO ₃)	.124			200	600
Alkalinity (as CaCO ₃)	138			200	600
Total Dissolved Solids	320			500	2000
ron (as Fe)	0			1.0	No relaxatio
Fluoride (as F)	0			1.0	1.5
Other Tests (if any)	_			•	
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10 S	2 2 7 1 10	ang all the	Policie de la constante de la		10000
	Physical Appearance Odour Turbidity (as N.T.U.) pH Value Chlorides (as CI) Nitrates (as NO ₃) Total Hardness (as CaCO ₃) Alkalinity (as CaCO ₃) Fotal Dissolved Solids Fron (as Fe) Cher Tests (if any)	Physical Appearance Cleq r Odour Agreeable Turbidity (as N.T.U.) PH Value Chlorides (as Cl) Nitrates (as NO ₃) Total Hardness (as CaCO ₃) Alkalinity (as CaCO ₃) Total Dissolved Solids Ton (as Fe) Other Tests (if any) Differ Tests (if any)	Physical Appearance Clear Odour Agreeable Turbidity (as N.T.U.) PH Value 7. S Chlorides (as CI) Nitrates (as NO.) Total Hardness (as CaCO.) Alkalinity (as CaCO.) Total Dissolved Solids Total Dissolved Solids O Diluoride (as F) O Other Tests (if any) Dam Agreeable 7. S 6. 2 Nitrates (as N.T.U.) 1. 0 1. 10 1. 12 4 Alkalinity (as CaCO.) 1. 2. 4 Alkalinity (as CaCO.) O Diluoride (as F) O O O O O O O O O O O O O	Physical Appearance Cleq Y Odour Agreeable Turbidity (as N.T.U.) pH Value 7. S Chlorides (as Cl) 62 Nitrates (as NO ₃) 10 Total Hardness (as CaCO ₃) 124 Alkalinity (as CaCO ₃) 138 Total Dissolved Solids 320 ron (as Fe) 0 Other Tests (if any) Therefore Tests (if any)	Dam

[•] This Report is restricted only for the Sample/s is Submitted to this Laboratory.

[•] This Sample/s is / a/e not Collected by this Laboratory.

REMARKS 11 Type and to the date

Et Will Comment

lowever, this / these water source/s c	an be used for drinking pt	urpose only after prop	per treatment, disinfection and
scertaining it's bacteriological quality	frequently or regularly.		
		Eccesion 6	্যুপিঞ্জা ef Bacteriologist
Sample No. (s)	_Contains	Chie	ef Bacteriologist
		District i	Public Health Laboratory
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§	100 I	La researción	
		0.1	2 *
owever, if there is no any other alte inking purpose only after proper tregularly.	atement, disinfection and	earby then this / thes d ascertaining it's ba	e water Source/s can be used f cteriological quality frequently c
) Sample No. (s)	0-11	100	
()	_Contains		
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Hence, this / these water Source	els is I are charge		
nalysed parameter.	or of the chemically no	on-potable / unfit for	drinking purpose on the basis
nalysed parameters only.			
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