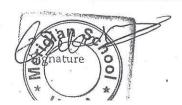
## GOVERNMENT OF TELANGANA DIRECTORATE OF INSTITUTE OF PREVENTIVE MEDICINE., P.H, LABS, FOOD (HEALTH) ADMINISTRATION, NARAYANAGUDA, HYDERABAD-29

## WATER ANALYSIS SECTION

(Form to be filled in by the concerned party and returned with Sample of water)

Sl. No	Particulars	
1	Name & Address of Person / Organisation.  Contact No:	Mesidian School Survey No: 73, Adash Nagar colony Changicherla, Medipally Mandal-86886
2	Date and time of collection:	15-05-2023 (13:45)
3	Collected by (Name and Designation):	N. Saidaval, ST
4	Nature of analysis required	Chemical/ Bacteriological / Both / Any Special Test.
5	Source of Water:	River / Bore Well / Open Well / Other Sources.
6	Is it an old or New Source (How many Months/years old)	3 years
7	Nature of Soil in which it is situated	
8	Exact place (Like P.T/H.T) D.No. Street, Village, Town from which the sample was taken	- Grove og abrug
9	Possibility of impurities reaching the source.	
a	Distance and position of the source from the nearest habitation, cattle sheds, manure heaps, middens or grave yards.	
b	Distance and position of the source from Cesspools, Drains, Sewers, etc.,	
c	Distance and position of the source from wet or dry cultivation.	
10	State of Wheather at the time of Sample Dry / Any rain.	
11	Total depth of well and distance of water from ground level.	
12	Does the water become turbid, colored or affected in taste or odour after falling rain or under particular Circumstances.	
13	Is chlorination done? If done- Residual Chlorine-mg/1	
14	Any other information not covered by the above which would be relevant or useful to the analysis and interpretation.	



(Sxitor