|  |  |
| --- | --- |
| 施設  番号 |  |

第１２号様式

年　　　月　　　日

鎌ケ谷市長　様

施設名称

管理責任者名

年　　　月に検査した結果を次のとおり報告します。

　　　　　　　　　　　水質検査月報　　　　　　　　　　月分

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 日 付 | 採取時間 | 色 | 濁 り | 残留塩素濃度  mg／l | 採取場所 | 摘　要 |
| １ |  |  |  |  |  |  |
| ２ |  |  |  |  |  |  |
| ３ |  |  |  |  |  |  |
| ４ |  |  |  |  |  |  |
| ５ |  |  |  |  |  |  |
| ６ |  |  |  |  |  |  |
| ７ |  |  |  |  |  |  |
| ８ |  |  |  |  |  |  |
| ９ |  |  |  |  |  |  |
| １０ |  |  |  |  |  |  |
| １１ |  |  |  |  |  |  |
| １２ |  |  |  |  |  |  |
| １３ |  |  |  |  |  |  |
| １４ |  |  |  |  |  |  |
| １５ |  |  |  |  |  |  |
| １６ |  |  |  |  |  |  |
| １７ |  |  |  |  |  |  |
| １８ |  |  |  |  |  |  |
| １９ |  |  |  |  |  |  |
| ２０ |  |  |  |  |  |  |
| ２１ |  |  |  |  |  |  |
| ２２ |  |  |  |  |  |  |
| ２３ |  |  |  |  |  |  |
| ２４ |  |  |  |  |  |  |
| ２５ |  |  |  |  |  |  |
| ２６ |  |  |  |  |  |  |
| ２７ |  |  |  |  |  |  |
| ２８ |  |  |  |  |  |  |
| ２９ |  |  |  |  |  |  |
| ３０ |  |  |  |  |  |  |
| ３１ |  |  |  |  |  |  |