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| 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

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| 日 付 | 採取時間 | 色 | 濁 り | 残留塩素濃度mg／l | 採取場所 | 摘　要 |
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