कार्यालय सहायक यंत्री लोक स्वास्थ्य यांत्रिकी विभाग उपखण्ड झाबुआ (म.प्र.)

कमाक /528 जल परिक्षण प्र.शा / संयं / लो. स्वा या / 2025 झाबुआ दिसाम**्ड/जी** प्रति

प्रान्धार्य एकलव्य आदर्श आवासीय विद्यालय भोरड्जिया (नानापुर) जिला- आबुआ (म.५)

विषय:- जल परिक्षण के संबंधित। लंदर्भ:- आपका का पत्र कें/स्था/२०२५ दिनांक 29/04/2025

> सहारक यंत्री लोक स्वास्थ्य यांत्रिकी विभाग श्रिक्टीखण्ड झाबुआ (म.प्र.)

ृष्ड'कन क्रमांक \$24/ जल परिक्षण प्र.शा. / स.यं. / लो. स्वा. यां. / 202**ड** झाबुआ[ं] वि प्रतिलिपि:—

1 कार्यपालन यंत्री लोक स्वास्थ्य यांत्रिकी विभाग झाबुआ की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

संमान:- अपरोकानुसार-, चेक /

सहायक यंत्री लोक स्वास्थ्य यांत्रिकी विभाग विषयण्ड झाबुआ (म.प्र.)

PUBLIC HEALTH ENGINEERING DEPARTMENT

WATER QUALITY TESTING LABORATORY

PUBLIC HEALTH ENGINEERING SUB DIVISION, JHABUA (M.P.)

Hab/PHE/AL Habua 15

Date 29/4/2025

प्रान्वार्य, एकलच्य आदर्श आवासिय विद्यालय सोर इ.डिया (रानापूर) जिला - झाबुआ (म. पू.) Ref gourcatter No **क**. 221/2015/137

	, 3,10/		_		
S.No.	Particul a rs	No. of Sample	Rate	Unit	Amoun
J.	रासायनिक प्रतीया	02	1200/_	प्र ित	2400=00
	(द सेहिए			TOTAL	2400=w

Sub division JHABUA

Sub division JHABUA .

PUBLIC HEALTH ENGINEERING DEPARTMENT

WATER QUALITY TESTING LABORATORY

PUBLIC HEALTH ENGINEERING DIVISION JHABUA 457661

Samp	ole Received Fron	n _{au-11} (Analys	Analysis Report No. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15									
Rahi	ole Received From जन्म आद्धि ३	मावासीय ह		Bill No. 15 date 29 14 2025. Particulars of Collection									
जेता:	Date of Collection 29 0412025 Date of Receipt . 79 04 2025 date of Analysis 29 04 2025												
Des	Description of Sample :-												
(i)	200 9RHI - R.O. Water . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
(ii)	रका न परिसर	and 4Rex - Bosing water.											
(iii)													
(iv)													
(v)													
		\			Value Obtained		,						
S No.	Parameters	Unit & permissible limit as per BIS 10500-2012	(i)	(ii)	(iii)	(iv)	(v)						
(A)	PHYSICAL				1								
1	Colour	5 TO 15 HAZEN	05.0	10.0									
2	Taste	Agreeable											
3	Odeur	Unobjectional	Aceptable	Acceptable									
4	Turbidity	1 to 5 NTU	01.0	01.6									
(B)	CHEMICAL												
5	рн	PH SCALE (6.5 to 8.5)	7.1	6.3	\								
6	Specific Conductivity	Micro mhos / Cm.	-		\								
7	Total Dissolved Solids	500-2000 mg/l	400	400		\							
8	Total Hardness(as Co Ca3)	300-600 mg/l	182	182		1							
9	Total Alkalinity	200-600 mg/l	246	276		-							
10	Chlorides (as CI)	250-1000 mg/l	56	56									
11	Fluoride (as F)	1.0-1 5 mg/l	1.02	1.21									
12	Nitrate (as NO ₃)	45 mg/l	1.30	1.30		1							
13	Iron (Fe)	i ≡ mg/l	0.14	0.14		\ \							
14	Residual Chlorine	0.2-1.0 mg/l	0	0		\							
15	Sulphate	200-400 mg/l	7:59	8.62		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
16	manganese	0.1-0.3 mg/l	0	0			\						
17	Arsenic	0.01-0.01 mg/l	-				-						
18	BACTERIOLOGICAL						\						
(C)	Total Coliform /100 ml.	Nil	-			-	\						
19	Faecal Coliform /100 ml.	Nil			-		-						
(D)	OTHER TEST		_		1		1						

नाटः अप्त परीनाम 1315 10500-2012 के अनुमार् निर्धारित सिमा में पाये गये हैं।

Chemist ,

W.T.L. PHE, Dn. JHABUA

PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

D, No. 528

Dated: 05/05/2025

It is certified that an inspection team headed by MR. DAYALU RATHOD (ASSISTANT ENGINEER) (Name of Officers with designation) from PUBLIC HEALTH ENGINEERING SUB. DIVELDING (Name of Department/ Office) inspected the EKLAVYA MODEL RESIDENTEAL SCHOOL, MORDUNDEYA (M.P.) (Name & Address of the school) on 29 04 2005 (date of inspection) and found that the EMRS MORBUNDIVA (Name of school) has safe drinking water facilities for the students and members of staff of the institution and is maintaining the hygienic sanitation condition in the school building & the campus as per norms prescribed by the Central/ State/ U.T. Govt.

The above is valid for a period of ... DNE YEAR

al: PRE Sub Dn. Inabua(M. P.)
Strry Dayaly Rathode. Signature with Seal:

Name

Assistent Engineer Designation

Name & Address of the Office / Department : P.H. E. D. Thaloug

То

EKLANYA MODEL RESIDENTIAL SCHOOL, MORDINDEYA (M.P.)

(Name & Address of the Institution)

^{*} The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, translated notarized version in English be uploaded along with the original vernacular certificate as a single pdf.