## PROFORMA FOR SAFE DRINKING WATER AND SANITARY CONDITION CERTIFICATE

No. Dated:
It is certified that an inspection team headed by Dor Dortoneshwor B, Kale
(Name of Officers with designation) from PHC USHAdumal - Tat Mewon
(Name of Department/ Office) inspected the St. Joseph's Higher See, School
(Name & Address of the school) on2411212024. (date of inspection) and found that the
St. Jusepho Hishw see. Jehn (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
dmm/:



Signature with	Seal:	SIM,
----------------	-------	------

Name: Do. Doponoonwa, B. Kol

Designation: P.H.C. Usthal Dumala
Tal.Newasa, Dist.A'Naga

Name & Address of the Office / Department:

To

Principal

St. Joseph's Higher Secondary School Handinimgaon, Newasa, Ahmednagar, Maharashtra 414603.

(Name & Address of the Institution)

<sup>\*</sup> 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.

## State / Regional / District / Public Health Laboratory . A. Nagos ....

E-mail-ID: dehkor @ garcul: com

Phone No.: 02412354038

## REPORT ON CHEMICAL EXAMINATION OF WATER FOR DRINKING PURPOSES

Date of Collection:

Date of Receipt: - 24.12-24

(All the Analytical Results are in mg./Litre except pH, Turbidity)

Sr. No. TEST PARAMETER		(1)"	(2)	(3)	BIS Specification 10500: 2012 Normal Values	
		locuters		4.5	Desirable Limits	Permissible Limits
1.	Physical Appearance	Clear			<u> </u>	_
2.	Odour	oclourless			Agreeable	Agreeable
3.	Turbidity (as N.T.U.)	0.87			,1.0	5.0
4.	pH Value	6.9			6.5 to 8.5	No relaxation
5.	Chlorides (as Cl)	39		•	250	1000
6.	Nitrates (as NO <sub>3</sub> )	1.01			45.	No relaxation
7.	Total Hardness (as CaCO <sub>3</sub> )	54			200	600
8.	Alkalinity (as CaCO <sub>3</sub> )	62.			200	600
9.	Total Dissolved Solids	180			500	2000
10.	Iron (as Fe)	0.01			0.3	No relaxatio
· 11.	Fluoride (as F)	0.56			1.0	1.5
12.	Other Tests (if any)			, a		
13.		Į.··				
14.						
15.						
16.						
17.	7. 12.1.	20% 80	112 616			
18.		*ตาบรั	er (*)	ALTHIE !	13	
19.						
20.	·					

<sup>·</sup> This report is restricted only for the Sample's is Submitted to this Laboratory.

01.0

[P.T.O.]

8411125 24112134

<sup>·</sup> This Sample/s is / are not Collected by this Laboratory.

A-Neger

10000						
R	171	١./		T	77	C
1		v	A	к		•

	(0.110.386.0.72) (0.2.141)
A) Sample No. (s) is/a/e pota parameters only.	able/chemically fit for drinking purpose on the basis of analyse
However, this / these water source/s can be use ascertaining it's bacteriological quality frequent	ed for drinking purpose only after proper treatment, disinfection artly or regularly.
3) Sample No. (s) Contain	ns
	401" . ·
-	7 1 2 1 2 1 11
	Tripit's
	· admids ·
	rce available nearby then this these water Source/s can be used for lisinfection and ascertaining it's bacteriological quality frequently or
C) Sample No. (s) Contains	
	0
	2.7
	081
	10.0
Hence, this / these water Source/s is / are chemica	ally non-potable / unfit for drinking purpose on the basis of analysed
parameters only.	
	- T
NEALTH SERVICES	No. 3
	Date :- 1/1 / 2-5
Forwarded With Compliments To :	$\sim$
Forwarded with companions to . 12	मोलेंप हाथर से स्कूल
होडि निममाव ।	ता-नेवास)
With reference to letter No. :	Deted
	Dated :
es Rs.: 940	A sols
ceipt No. and Date: 446112-6	Junior Scientific Officer
24/12/24	District Public Health Laboratory Ahmednagar

## महाराष्ट्र राज्य सार्वजनिक आरोग्य सेवा

राज्य/प्रादेशिक/जिल्हा आरोग्य प्रयोगशाळा अहमदनगर

दूरध्वनी क्रमांक ०२४१-२३५४०३८

	पाणी ्नमुन्य	पाचा सूक्ष्म	जीवीय अह	वाल ү ।	121 2464 ES
प्रति,	:- शेट	जोसेफ	स हार	पर् न्य	व्हरा स्युत्व , एडा
पाठविणाऱ्यांचे पत्र क्रमांक व दिनांक	:- 25	01921.	2028		नेवास।
प्रयोगशाळा संदर्भ क्रमांक		(4)	26		
नमुना घेतल्याचा दिनांक	:- ?.		,		
नमुना पोहचल्याचा दिनांक	:-	20/9	2 202	T.	
परीक्षण सुरू केल्याचा दिनांक	:-				
			ारीक्षणाचे निष्कष		
अ. क्र. नमुन्याचे विवरण	Т	प्रती १०० र	मि.ली. नमुन्याती क्ष्मजंतूची संख्य	ोल संभाव्य ग	इतर अभिप्राय
	n n	कोलीफॉर्म्स	थरमोटॉलरंट कोलीफॉर्म्स	इ. कोलाय	
उपरोक्त व्यवभा	4 1	त्रानुसार			
पाणी नुमुने दृ	ज्मा फ		<b>/</b>		
के इंडे निभमा	ر)			•	
व्यास शार्ष	ति पाणी	00	_		पिष्यास्थान्थ
निसुन	(00				
R.No30-E9 Amount-ero		१ प्रक्रिया केल्यानं	तर व सक्ष्मजीवीय	पनर्तपासणीनंतर	पिण्यास योग्य असल्याची खात्री
अभिप्राय : पिण्वसि अयोग्य पाण्यावर योग्य झाल्यानंतर ते पाणी पिण्यासाठी वापरता ये		ar are are are			
अहवाल क्रमांक : 2660				दिनांक :	-27-12-29
अभिप्राय तारेने कळविल्याचा दिनांक :					
					Mal.
	ाल्हा पारपद, 1470 ालय, जिल्हा			•	कनिष्ठ वैज्ञानिक अधिकारी
<ul><li>(१) जिल्हा आरोग्य आयकारी पं</li><li>(३) तालुका आरोग्य अधिकारी पं</li></ul>				1	जिल्हा आरोग्य प्रयोग शाळा
(३) तालुका आराग्य आपपगरा				4	अहमदनगर-४१४ ००१