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| 施設番号 |  |

年　　月　　日

旭市長

　専用水道施設の水質検査の結果を次のとおり報告します。

施　 設　 名

管理責任者名

水質検査月報　　　　年　　月分

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| 日付 | 採取時間 | 色 | 濁り | 残留塩素量  mg/L | 採取場所 | 摘　要 |
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