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| Facility: potable water | | | | | | |
| person responsible for this record: | | | | | form reference #: | |
| facility: (e.g., honeyhouse, storage building etc): | | | | | | |
| date sample submitted (d/m/y) | water source (e.g., city, well, stored: city / well) | sample site | analyst (include lab contact info and reference #) | test results | is treatment needed? y/n | comments (e.g., method and date (d/m/y) of recommended treatment) |
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