



SYABAS DISTRICT:
STERILIZING / WATER QUALITY RESERVOIR REPORT

Name of Development : _____
File No. : _____
Developer : _____
Sterilizing Agent : _____

Date	Reservoir Type	Capacity (mld)	Volume of Water (m ³)	Chlorine Dosage (kg)	Time start	Time Finish

* Minimum 2 hours contact time

Water Quality Test

Date		Location of Sampling					
Physical Parameter			Chemical Parameter			Microbiological	
R. Chlorine < 0.2 mg/l	Turbidity < 5 NTU	pH (6.5 - 9.0)	Aluminium 0.1 mg/l	Iron 0.2 mg/l	Manganese 0.3 mg/l	E.Coli (Absent)	T. Coliform (Absent)

General Remarks : Pass Fail

If not satisfactory, please list the following actions required to be taken by contractor / consultant : _____

Carried Out By : _____ (Contractor Signature)
Supervised by: _____ (Consultant Signature)
Name : _____ Name : _____
Designation : _____ Designation : _____
Date : _____ Date : _____

Witnessed By : _____ (SYABAS Signature)
Witnessed By : _____ (SYABAS Signature)
Name : _____ Name : _____
Designation : Technician Water Quality Unit Designation : Head of Unit Water Quality Unit
Date : _____ Date : _____