

**Delaware Department of Transportation
Materials and Research Laboratory
P.O. Box 778 Dover, DE 19903
302-760-2400**

WATER TEST REPORT

Lab No.: W- _____	Contract No. _____
Sampled By: _____	Date Sampled: _____
Contractor: _____	Date Received: _____
Supply Location: _____	Date Tested: _____

Test	Specification	Results
pH	4.5 – 8.5	_____
Chloride, ppm	≤ 300 ppm	_____

Remarks:

This sample conforms to the requirements of Section 803 and is _____

Technician: _____

Chem Lab Supervisor: _____ Date: _____

Chemical Lab Manager: _____ Date: _____