



PRODUCTION DEPARTMENT
WATER QUALITY DIVISION
DOH ACCREDITATION NO. 05-001 - 16-LW-1

RESULT OF BACTERIOLOGICAL POTABILITY TESTING OF WATER SAMPLE

Name: BAAO WATER DISTRICT
 Address: La Medalla, Baao, Cam. Sur
 OR #: 233746
 Date: 22-Apr-19
 Amount: 5,400.00

Type of Examination : FCT
 Sample Lab. No. : B19-04-317 to 325
 Collected by: D. BOAQUINA
 Date/Time Released: _____
 Signature: _____
 Name: _____

REMARKS: _____

Laboratory No.	Sample/Location	Sampling Point/ Source	Date & Time Collected	Total Coliforms (MPN/100 ml)	Fecal Coliforms (MPN/100 ml)	HPC Test (CFU/ml)	Remarks
B19-04-317	Sabularse Hermoso Buluang, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 8:13 AM	<1.1	<1.1	0	PASSED
B19-04-318	Bongcayao Hora San Jose, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 8:34 AM	<1.1	<1.1	0	PASSED
B19-04-319	Jungay Milagros San Roque, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 8:54 AM	<1.1	<1.1	2	PASSED
B19-04-320	Ventajar Alejandro II San Ramon, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 9:17 AM	<1.1	<1.1	1	PASSED
B19-04-321	Grutas Marjurie San Vicente, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 9:31 AM	<1.1	<1.1	1	PASSED
B19-04-322	Baybayon, Norma Sagrada, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 9:49 AM	<1.1	<1.1	1	PASSED
B19-04-323	Baudin, Joan Agdangan, Baao, C. S.	FAUCET/ Deep Well	4/23/2019 10:17 AM	<1.1	<1.1	6	PASSED
B19-04-324	Mora, Maricris Fabrica, Bula, C. S.	FAUCET/ Deep Well	4/23/2019 10:35 AM	<1.1	<1.1	2	PASSED
B19-04-325	PNP Nabua Nabua, Cam. Sur	FAUCET/ Deep Well	4/23/2019 11:20 AM	<1.1	<1.1	8	PASSED

MPN - Most Probable Number of Coliform

CFU - Colony Forming Units

HPC - Heterotrophic Plate Count

PNSDW - Philippine National Standards for Drinking Water

Total Coliform Test (TCT)

Less than 1.1 or 0

Fecal Coliform Test (FCT)

Less than 1.1 or 0

Colony Forming Units/ml

<500

Analyzed by:

Checked by:

ZANDRA S. GUTIERREZ, RMT
 Medical Technologist II
 OIC, WQAS & LTAS

LAARNIE N. GALE-SUBIA, MD, FPSP
 Pathologist

Attested by:

ROQUE S. FRANCISCO
 DMA, WPEMD/OIC-WQD
 OIC, Production Department

BAAO WATER DISTRICT
 SUMMARY REPORT ON BACTERIOLOGICAL TEST
 MONTH OF April 20 19

1 Population actually served by utility
 (No. of service connections x average no. of persons
 per service connections)

32,810

2 Required minimum number of sample per month
 (Based on the following table.)

6

Population Served	Minimum number & frequency samples
less than 5,000	One (1) sample monthly
5,000- 100,000	One (1) sample per 5,000 population monthly
more than 100,000	Twenty (20) samples plus 1 sample per 10,000 population monthly

3 Sample Requirements

a. No. of samples examined

9

b. Percent (%) to the minimum required ($\frac{3.a.}{2} \times 100$)

$$\frac{9}{9} = 1 \times 100 = 100\%$$

c. Meets Standard Yes No
 (If b is 100% of more; check Yes)

4 Method

4.1 Multiple Tube Fermentation Technique (MTFT)

a. Number of samples showing presence of coliform group

$$\frac{9}{9} = 1 \times 100 = 100\%$$

b. Percent (%) to samples examined ($\frac{4.1.a.}{3.a.} \times 100$)

c. Meets Standard Yes No
 (If b is 5 % of more; check Yes)

4.2 Membrane Filter Technique (MFT)

a. Total coliform colonies counted fot total number of samples

b. Total volume of samples

c. Coliform density (4.2.a. X 100)
4.2.b _____

d. Meets Standard Yes No
(If 4.2.c. is 4 or less; check Yes)

4.3 Fecal Coliform Test (FCT)

a. Number of samples showing presence of fecal coliform organisms _____

b. Meets Standard Yes No
(If Zero; check Yes)

SUBMITTED BY: DENNIS BOAQUINA

NOTED BY: VICENTE VIC B. ROBOSA
General Manager

NOTE: Please attach laboratory test results with this summary form.

ACKNOWLEDGEMENT

Date : _____

To: _____ Water District

We hereby acknowledge receipt of your report on bacteriological Test for the month(s)
of: _____ 20 _____

Remarks/ Evaluation :

Noted By: _____
Area Manager

Date : _____