



**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 # 241228
Date: 16-Dec-19
Amount : 5,400.00

Type of Examination : FCT
Sample Lab. No. B19-12-316 to 324
Collected by: E. MARIFOSQUE
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
B19-12-316	Adelfa Sorsona La Medalla, Baao, C. S.	FAUCET/ Deep well	12/17/2019 8:23 AM	<1.1	<1.1	4	PASSED
B19-12-317	Rafael Palesa Buluang, Baao, C. S.	FAUCET/ Deep well	12/17/2019 8:30 AM	<1.1	<1.1	1	PASSED
B19-12-318	Ernesto Payra San Isidro, Baao, C. S.	FAUCET/ Deep well	12/17/2019 8:45 AM	<1.1	<1.1	0	PASSED
B19-12-319	Catalina Lompero Sta. Teresita, Baao, C. S.	FAUCET/ Deep well	12/17/2019 9:00 AM	<1.1	<1.1	5	PASSED
B19-12-320	Letecia Arrabis Agdangan, Baao, C. S.	FAUCET/ Deep well	12/17/2019 9:15 AM	<1.1	<1.1	0	PASSED
B19-12-321	Sherlyn Llano Sta. Elena, Bula, C. S.	FAUCET/ Deep well	12/17/2019 9:30 AM	<1.1	<1.1	1	PASSED
B19-12-322	Ronald Nacario Fabrica, Bula, C. S.	FAUCET/ Deep well	12/17/2019 9:42 AM	<1.1	<1.1	0	PASSED
B19-12-323	Eureta Fuentes San Jose, Baao, Cam. Sur	FAUCET/ Deep well	12/17/2019 10:21 AM	<1.1	<1.1	0	PASSED
B19-12-324	PNP Nabua Nabua, Cam. Sur	FAUCET/ Deep well	12/17/2019 10:40 AM	<1.1	<1.1	1	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:

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

Checked by:

LAARNIE N. CALE-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 December 20 19

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

35,115

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

7

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 ($\frac{3.a.}{2} \times 100$)

$$\frac{9}{2} = 4.5 \times 100 = 450\%$$

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 BOAQUIÑA

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 : _____