



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 # 231922
Date: 19-Feb-19
Amount : 5,400.00

Type of Examination : FCT
Sample Lab. No. B19-03-376 to 384
Collected by: D. A. 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
B19-03-376	Babilonia, Severina San Nicolas, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 7:45 AM	<1.1	<1.1	26	PASSED
B19-03-377	Marmol, Fatima San Jose, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 8:14 AM	<1.1	<1.1	0	PASSED
B19-03-378	Barreras, Manuel San Francisco, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 8:31 AM	<1.1	<1.1	0	PASSED
B19-03-379	Badiola, Jaime San Ramon, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 8:49 AM	<1.1	<1.1	2	PASSED
B19-03-380	Sergio, Editha Sta. Cruz, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 9:10 AM	<1.1	<1.1	1	PASSED
B19-03-381	Peyra, Joseph La Medalla, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 9:28 AM	<1.1	<1.1	3	PASSED
B19-03-382	Brillo, Francia San Isidro, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 9:47 AM	<1.1	<1.1	0	PASSED
B19-03-383	Johnson, Vilma Agdangan, Baao, C. S.	FAUCET/ Deep Well	3/26/2019 10:18 AM	<1.1	<1.1	1	PASSED
B19-03-384	PNP Nabua Nabua, Cam. Sur	FAUCET/ Deep Well	3/26/2019 10:44 AM	<1.1	<1.1	9	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)

Fecal Coliform Test (FCT)

Colony Forming Units/ml

Less than 1.1 or 0

Less than 1.1 or 0

<500

Analyzed by:

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

Checked by:

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 February 20 19

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

32,495

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

0

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

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

0
 $\frac{4 \div 6 = .67 \times 100 = 67\%}{67\%}$

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

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

$\frac{4 \div 6 = .67 \times 100}{67\%}$

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

4.2 Membrane Filter Technique (MFT)

a. Total coliform colonies counted for 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 : _____