



Republic of the Philippines  
**METROPOLITAN NAGA WATER DISTRICT**  
 40 J. Miranda Avenue, Naga City

**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 #: 231008  
 Date: 18-Jan-19  
 Amount: 5,400.00

Type of Examination : FCT  
 Sample Lab. No. : B19-01-293 to 295, 297 & 298  
 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
B19-01-293	Taduran, Edmundo Bagumbayan, Baao, C. S.	FAUCET/ Deep Well	1/22/2019 8:15 AM	<1.1	<1.1	25	<b>PASSED</b>
B19-01-294	Barcenas, Estrella San Vicente, Baao, C. S.	FAUCET/ Deep Well	1/22/2019 8:29 AM	<1.1	<1.1	52	<b>PASSED</b>
B19-01-295	Hernandez, Rex Sta. Cruz, Baao, C. S.	FAUCET/ Deep Well	1/22/2019 8:47 AM	<1.1	<1.1	67	<b>PASSED</b>
B19-01-297	PNP Nabua Nabua, Cam. Sur	FAUCET/ Deep Well	1/22/2019 9:19 AM	<1.1	<1.1	79	<b>PASSED</b>
B19-01-298	Bricenio, Javier Salvacion, Baao, C. S.	FAUCET/ Deep Well	1/22/2019 9:41 AM	<1.1	<1.1	60	<b>PASSED</b>

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

Checked by:

*Laarnie N. Cale-Subia*  
**LAARNIE N. CALE-SUBIA, MD, FPSP**  
 Pathologist

Attested by:

*Roque S. Francisco*  
**ROQUE S. FRANCISCO**  
 OIC, Production Department  
 DMA, WPEMD  
 OIC, WQD

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

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

32,490

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

6

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

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

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

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

67%

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 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 : \_\_\_\_\_