



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 #: 235740
 Date: 24-Jun-19
 Amount: 5,400.00

Type of Examination : FCT
 Sample Lab. No. : B19-06-306 to 314
 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
B19-06-306	Bonafe, Amelito San Francisco, Baao, C. S.	FAUCET/ Deep Well	6/25/2019 8:20 AM	<1.1	<1.1	1	PASSED
B19-06-307	Britanico, Eligia Buluang, Baao, C. S.	FAUCET/ Deep Well	6/25/2019 8:34 AM	<1.1	<1.1	2	PASSED
B19-06-308	Sodsod, Vivian San Isidro, Baao, C. S.	FAUCET/ Deep Well	6/25/2019 8:52 AM	<1.1	<1.1	0	PASSED
B19-06-309	Agnas, Salvacion Agdangan, Baao, C. S.	FAUCET/ Deep Well	6/25/2019 9:14 AM	<1.1	<1.1	0	PASSED
B19-06-310	Bandin, Ricky Sta. Elena, Bula, C. S.	FAUCET/ Deep Well	6/25/2019 9:27 AM	<1.1	<1.1	5	PASSED
B19-06-311	Morte, Evelyn Pawili, Bula, C. S.	FAUCET/ Deep Well	6/25/2019 9:40 AM	<1.1	<1.1	8	PASSED
B19-06-312	Zamudio, Vilma Bagumbayan, Baao, C. S.	FAUCET/ Deep Well	6/25/2019 10:12 AM	<1.1	<1.1	12	PASSED
B19-06-313	Borazon, Jose Sagrada, Baao, C. S.	FAUCET/ Deep Well	6/25/2019 10:23 AM	<1.1	<1.1	15	PASSED
B19-06-314	PNP Nabua Nabua, Cam. Sur	FAUCET/ Deep Well	6/25/2019 10:46 AM	<1.1	<1.1	24	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

Attested by:

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

Checked by:

LAARNIE N. CALE-SUBIA, MD, FPSP
 Pathologist

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

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

33 875

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

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

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

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

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 : _____