

# ANNUAL REPORT 2021

Serafica St., Mangaldan, Pangasinan

Tel. Nos.: (075) 513-4229; (075) 523-5884

Telefax: (075) 653-0574

Email: mangaldanwaterdistrict0979@yahoo.com



# Republic of the Philippines

# MANGALDAN WATER DISTRICT

Serafica St., Mangaldan, 2432 Pangasinan Tel. Nos. (075) 523-5884; (075)653-0574

January 27, 2022

### MS. GIGI S. SERAFICA

Management Advisor UDEV1 4th Floor Local Water Utilities Administration Katipunan Road, Balara, Diliman 1105 Quezon City

Dear Madam:

We are forwarding your good office the Annual Report of Mangaldan Water District for CY 2021.

We hope you find this report satisfactory.

For your information and guidance.

Thank you and best regards.

Very truly yours,

ENGR. MARCELO M. PETONIO
General Manager

"Water is life.... Use it Wisely"

LBC EXPRESS, INC. JAYO COMMERCIAL BLOG. RIZAL S DAN, PANGASINAN Tel. No : (63) - 675 5124393 VAT TIN : 000-782-148-804



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CONSIGNEE: And or/ care of:/

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ILITIES ADMIN., KATIPUNAN RD BALARA DILIMAN
, QUEZON CITY, METRO MANILA
Contact No.(s).: 9205581 / 9293989306

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ENGR PETONIO, ENGR MARCELO N Signature of Shipper

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SIR Accreditation No: 1220007821492015880218 Date Issued: 05/25/2015 valid until 07/31/2025

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Vy agree to be bound with the terms and conditions written at the

t forth at LBC EXPRESS

ENGR PETONIO ENGR MARCELO M

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# MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

# ANNUAL REPORT

For the Period January 1, 2021 to December 31, 2021

# I. GENERAL

### A. ADMINISTRATIVE

a. Functional Chart	Annex A (attached)
b. Position/Organizational Chart (Key employees only) - showing	Aillex A (attached)
Permanent positions and incumbents	Annex B (attached)
2. Attach list of employed personnel with pertinent information.	
(List of Plantilla of Personnel for the Fiscal Year 2021)	Annex C (attached)
The following summarizes the District's staffing	
a. Total number of employees	46
b. Number of permanent employees	34
c. Number of casual/temporary employees/laborers	3
d. Number of employees meeting minimum qualifications per	36
Job Description adopted by the District	
e. Number of employees not classified as casual/temporary	none
who do not meet the minimum qualifications established by the District	
f. Number of Coterminous employee	2
g. Number of Job Order personnel	7
3. Has the District adopted a policy prohibiting hiring of personnel related	
up to the <i>fourth degree</i> by affinity or consaguinity? (Yes or No)	Yes, CSC Rules
ap to the journal acgree by annity of consaganity. (163 of No)	
If not, how many of the employees are related to other employees	
of officials with the fourth degree by affinity of consaguinity?	none
4. Has the District adopted rules and regulation	Yes
a. Personnel Matters	Yes, CSC-Approved Personnel Mechanism
b. Utility Customer Relations	Yes
c. General Utility Operations	Yes
During the year, in how many instances (or how many times) have	
exemption to theses rules and regulations has been in special	
cases?	none
5. Attach list of policy - setting resolutions adopted, repealed or amended	
by the District Board including those adopting LWUA guidelines	
(Summary of Policy - Setting Resolutions)	Annex D (attached)
6. Has the District written and properly updated, reliable records of the following?	
(A field check may be undertaken, if necessary? Yes or no)	
a. Customer Complaints	Yes
b. Billing and Collection	Yes
c. Deliquencies in Payment of Water Bills	Yes
d. Meter Histories	Yes
e. Service Connections	Yes
f. Equipment Histories	Yes
g. Equipment Downtime	Yes
h. Bacteriological Tests	Yes
i. System Pressure	Yes
j. Leak Reports	Yes
k. Unaccounted for Water	Yes
I. Pump Effeciencies	Yes
m. Water Production	Yes
n. Water Production	Yes
	Yes
o. Valve and pipeline location	
p. General Accounting	Yes
q. Stock Inventory	Yes
r. Stores Usage	Yes Yes
s. Employees Record	Yes
t. Minutes and Board Meetings	Yes
7. For this year, Auditing has been done by the Commission on Audit	Yes

8. Attach list of reports prepared regularly by the District on a monthly basis as required in the commercial Practice Manual (Omit this item if the District has not yet installed the commercial practices system in which case, indicate that the said system has not yet been installed yet.

(List of Reports Prepared Regularly)

Annex E (attached)

# B. FINANCIAL/COMMERCIAL

1. Attach the District's financial statements for the report year including a comparison of the immediate past year.	Annex F (attached)
2. For the year under report, the District's total <i>budgetary outlay</i> was broken down into:	
(Source: Approved Budget)	103,633,493.00
- Occasion Outley	60 426 241 00
a. Operating Outlay	69,426,341.00 33,000,000.00
<ul> <li>b. Capital Outlay</li> <li>c. Special budgets, if any (additional budget)-Contingency</li> </ul>	
d. Debt Service	7 <u>0</u>
e. Reserve	1,207,152.00
C. Neder Ve	
3. For this same <i>one-year</i> period, the District's Gross Revenue was broken down into:	
(Source: Financial Report)	65,446,091.17
Westerney (1884-9707) (1874-9705-980-980-980)	
a. Collection from water sales	64,582,889.76
b. Other water revenues	747,464.26
c. Other non-operating income	115,737.15
d. Proceeds from LWUA loan to finance new service connections	
4. For this same <i>one-year</i> period, the District's expenditures was broken down into:	
(Source: Financial Report)	36,009,200.61
a. Operational (operation & maintenance expenses, including depreciation)	27,260,497.73
b. Capital Outlay	8,748,702.88
c. Annual Debt Servicing (Annex G - Summary of Loan Payments to LWUA)	
E For this same and war naried the total calaries wages 9 other empluments and	
5. For this same <i>one-year</i> period, the total salaries, wages & other emoluments paid for the District's employees where broken down into:	22,108,758.00
for the district's employees where broken down into.	22,100,730.00
a. For permanent employees	21,718,889.01
b. For casual/temporary	389,868.99
6. Expenses for power/fuel for pumping during the year (Acct. #726, if Commercial	
Practices Accts. are in effect):	14,987,921.58
7. Total amount billed during the year is broken down into:	65,055,747.05
a. Total Billings (Current and Old Accounts)	62,254,714.33
b. Old Accounts	2,801,032.72
8. Total amount <i>collected</i> (water sales only during the year is broken down into:	61,927,152.41
C STATE BUILDING	07.500.000.00
a. Current Billings	37,536,693.26
b. Arrears	24,390,459.15
O. Total amount uncellested (delignant) at userla and applicate part of the	2 201 200 05
9. Total amount uncollected (deliquent) at year's end excluding Bad Debts	3,201,309.05
10. Total reserves at year's end	11 507 220 01
10. Total reserves at year 5 emu	11,587,338.81

11. Complaints filed, processed and settled during the year	
<ul> <li>a. Total number filed, processed and settled during the year</li> <li>b. Number dismissed for lack of merit/withdrawn</li> </ul>	2,133
c. Number investigated	2,133
d. Number settled to the satisfaction of complaints	2,133
e. Number elevated to the District Board of Directors	
f. Number settled by the Board	:-
g. Number elevated to the higher authorities	-
W. W. W. Statemanner	<del></del>
<ol> <li>At year's end, the following water charges were in force:</li> <li>(Annex H-Approved Water Rates Schedule)</li> </ol>	Annex H (attached)
Had these rates been submitted to LWUA for review? (Yes or No)	Yes
C. TECHNICAL	
1. Has the District adopted by Board Resolutions, a set of design and construction	Van
standard? (Yes or No) If so, who prepared it?	Yes
Is it being adhered to strictly?	GM Yes
is it being adhered to strictly:	res
2. Does the District undertake bacteriological test of its water? (Yes or No)	Yes
How often are these test made per year?	monthly
Is LWUA being furnished copies of these test reports? (Yes or No)	Yes
For the report year, how many such reports were submitted to LWUA?	237
er e sa cala s a l'élèctrochos premir l'ambigne displace displacement de la calacter de la calac	
3. State the method of water treatment employed by the District, if any	chlorination system
4. Does the District undertake regular pump efficiency test? (Yes or No)	Yes
How many of these pumps does the District have in its system?	14
How many of these pumps are operational?	14
D. OPERATIONAL	
<ol> <li>Total water production during the year in cubic metes</li> </ol>	4,885,146
(Annex I-Summary of Water Production and Consumption)	Annex I (attached)
Total water billed in cubic meters	3,901,785
Average per capita consumption in lpd	143.5
2. Attach list of Water Sources (Annex J-WD Water Sources)	Annex J (attached)
3. Is the District provided with measuring devices to measure their water	
production? (Yes or No)	Yes
If yes, what type?	flow meter
If not, how do you measure productions	-
4. As of year's end, the District has the following existing service connection and	
related information. (Annex K-Service Connection Growth)	Annex K (attached)
a Total number of existing connections (Active & Inective Connection)	15.010
<ul> <li>a. Total number of existing connections (Active &amp; Inactive Connection)</li> <li>b. Number of Active Connections</li> </ul>	15,919 14,652
c. Number of Metered Connections	14,675
With functioning meters	14,675
2. With non-functioning meters	-
d. Number of flat rate connections	
e. Number of connections regularly billed	14,500 +
f. Number of deliquent concessionaires	5,671
g. Average number of customers per connections (HH)	5
	*

a. Estimated population served by utility whether fully or partially  6. Because of inadeuate facilities, the District had to provide partial service in accordance with the following average length of time each 24-hours day:  a. Less than 6 hours service b. 7-12 hours service c. 13-18 hours service d. 19-24 hours service (Not: You may vary the number of hours as may be necessary to suit actual conditions)  7. Attach list of major equipment and machinery (with an initial cost of at least P 10,000.00 including pertinent information). (Annex L-List of Major Equipments)  8. Does the District keep written record of request for service? (Yes or No)  a. Does the record show the date when such requests were made and the nature of the service requested (Yes or No)  b. On the average, how long (in days) does it take the District to respond and attend such requests? c. How many such reports were received during the year? d. How many of these reports attended to during the year? 2,133 d. How many of these reports attended to during the year? 2,133	5. Estimated population of district service areas	114,377
in accordance with the following average length of time each 24-hours day:  a. Less than 6 hours service b. 7-12 hours service c. 13-18 hours service d. 19-24 hours service (Not: You may vary the number of hours as may be necessary to suit actual conditions)  7. Attach list of major equipment and machinery (with an initial cost of at least P 10,000.00 including pertinent information). (Annex L-List of Major Equipments)  8. Does the District keep written record of request for service? (Yes or No)  a. Does the record show the date when such requests were made and the nature of the service requested (Yes or No)  b. On the average, how long (in days) does it take the District to respond and attend such requests? c. How many such reports were received during the year?  2.133	a. Estimated population served by utility whether fully or partially	73,260
b. 7-12 hours service c. 13-18 hours service d. 19-24 hours service (Not: You may vary the number of hours as may be necessary to suit actual conditions)  7. Attach list of major equipment and machinery (with an initial cost of at least P 10,000.00 including pertinent information). (Annex L-List of Major Equipments)  8. Does the District keep written record of request for service? (Yes or No)  a. Does the record show the date when such requests were made and the nature of the service requested (Yes or No)  b. On the average, how long (in days) does it take the District to respond and attend such requests? c. How many such reports were received during the year?  - 24 hrs/day entire the coverage area	AND THE PROPERTY OF THE PROPER	
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d. 19-24 hours service (Not: You may vary the number of hours as may be necessary to suit actual conditions)  7. Attach list of major equipment and machinery (with an initial cost of at least P 10,000.00 including pertinent information). (Annex L-List of Major Equipments)  8. Does the District keep written record of request for service? (Yes or No)  a. Does the record show the date when such requests were made and the nature of the service requested (Yes or No)  b. On the average, how long (in days) does it take the District to respond and attend such requests?  c. How many such reports were received during the year?  the coverage area  1-2 days  2,133		
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b. On the average, how long (in days) does it take the District to respond and attend such requests?  1-2 days  1-2 days  2,133	a. Does the record show the date when such requests were made and the nature	
attend such requests? 1-2 days c. How many such reports were received during the year? 2,133	of the service requested (Yes or No)	Yes
attend such requests? 1-2 days c. How many such reports were received during the year? 2,133	b. On the average, how long (in days) does it take the District to respond and	
c. How many such reports were received during the year? 2,133		1-2 days
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Submitted by:

ENGR MARCELO M. PETONIO General Manager

# MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

# ANNUAL REPORT

For the Period January 1, 2021 to December 31, 2021

# II. PROFILE

### 1. THE WATER DISTRICT & ITS PHYSICAL SYSTEM'S FACILITIES

		LION

1. Date Formed	September 1, 1979	Age (months) as of 12/31/20	504
2. Date CCC was issued	October 6, 1980	CCC No.	139
3. Personnel	46		

Comments: (adequacy, qualification, performance & others)

Very Satisfactory

# B. EXISTING SYSTEM'S FACILITIES

### 1. Service

1.1 Service Area	102.400 kms.
1.2 Population of Service Area (Latest)	114,377
1.3 No. of Households	22,875
1.4 No. of Persons/Household	5 persons
1.5 Service Time (hrs./day)	24 hours/day

# 2. Structure and Equipment

2.1 Administration Building

Office Area Office Equipment (see List of Major Equipments)	148.95 sq. m. Annex L (attached)
2.2 If rented, how much per month?	n/a
2.3 Type of Water Source	Deep Well
Rated Capacity per day (cu.m. / day)	15,897

2.4 Reservoir (description, built, dimension and capacity)

1 unit	400	cu.m	Steel Tank Reservoir at <u>Public Plaza of Mangaldan</u>
1 unit	150	cu.m	Steel Tank Reservoir at Brgy. Amansabina

# 2.5 Water Sources (Annex J-WD Water Sources)

### 2.6 Service Connections

Type	Flat	Metered	Total
Residential Government	<u>≥</u> 2	13,943	13,943
Commercial	-	709	709
Bulk	-	-	) <b>-</b>
Total	(#)	14,652	14,652

# 2.7 Production

/ Production	
Average Monthly Production	MOREOUS SERVICES
a. Booster/Pumping (cu.m)	407,096
b. Bulk Water (cu.m)	
Production Efficiency % (average/month)	
(Total Water Utilized/Total Production)	79.87%
NRW % ( 20.13 % ) YTD	20.13%

# 2. CURRENT OPERATION / FINANCIAL HIGHLIGHTS

A. Existing Water Rates (Annex H-Water Rates Schedule)

Annex H (attached)

Average Water Sales (average/mo)	5,188,238.00
Average Collection (average/mo)	5,160,596.00
Average Expenses-O & M for the year (average/mo)	4,114,105.00
C. Financial Highlights (rate & status)	
Current Ratio = Current Assets  Current Liabilities	7:42:1
Long Term Debt/Equity Ratio	-
Monthly Biling (average/mo)	5,188,238.00
Collection Efficiency-% of On-Time Payment (YTD)	91.3
COMMUNITY ECONOMIC PROFILE	
A. Total Population (covered by the Water District)	114,377
B. Average Monthly Family Income in the Area	50,000.00
C. Major Source of Income	employed
D. Average Monthly Family Expenditure in the Area	30,000.00
E. City/Municipal Revenue	333,938,287.07
F. Average Rate of Mortality per 100,000 population due to waterborne diseases (e.g. diarrhea)	none
G. Average Rate of Morbidity per 100,000 population due to waterborne diseases (e.g. diarrhea)	none
H. Major Agricultural. Industrial and Commercial activities	palay/corn/other root crop production/carabao
Palay/Corn/Squash Production, Carabao/Cattle/Swine/Goat/Chicken Production; Concre	ete Aggregates

### 4. OTHER INFORMATION

3

B. Operating Income/Expenses

- 1. The District has been paying the \_\_n/a\_\_ Water District an average of \_-\_ cubic meter of Bulk Water per
- 2. The District has implemented the Meter Clustering System to help alleviate water pilferage
- 3. The District has regularly monitors the Residual Chlorine in various strategic points of its water supply system (<u>17</u> Summary of Bacteriological Analysis 2021)
- 4. The District has maintained its established safety programs and standard operating procedure
- 5. The District has continued implementing the 5% discount for water bill of Senior Citizens
- 6. The District has approved the Gender and Development Budget for CY 2021 in compliance with RA 9710
- 7. The District has adopted and implemented the approved Strategic Performance Management System (SPMS)
- 8. The District has fully paid its long term debt under Loan Account No. 3-554 RL to LWUA on December 2017
- 9. The District has maintained its ISO 9001:2015 Certification
- 10. The District has adopted and implemented the Freedom of Information (FOI) in compliance with Executive Order No. 02, Series of 2016 by the President of the Philippines
- 11. The District has been awarded PRIME-HRM Bronze Award by the Civil Service Commission on July 24, 2019
- 12. The Mangaldan Water District's Water Safety Plan is compliant with the requirements for acceptability pursuant to Department of Health Administrative Order No. 2017-0006 on September 26, 2019
- 13. The District's completed project for CY 2020 includes Drilling of one (1) Exploratory/Production Well and Construction of Pumping Station at Brgy. Osiem, Expansion of Distribution Lines for Water Supply at Brgy. Osiem and Drilling of one (1) Exploratory/Production Well located at Brgy. Tebag
- 14. The District's completed project for CY 2021 includes Expansion of Distribution Lines for Water Supply at Brgy. Tebag, Construction of Pumping Station and Perimeter Fence with Backfilling and Steel Gate at Brgy. Tebag and Installation of its Appurtenances, Construction of MAWAD Extension Office and on-going Drilling of one (1) Exploratory/Production Well at Brgy. Guesang
- 15. The Mangaldan Water District has been awarded the 1st Runner Up in the 2021 FOI Awards under the FOI Champion for Local Water District's Category given on November 23, 2021 at the Radison Blu Cebu during the 2021 FOI Summit

Prepared by:

MS. VIOLETA B. GAYAGA Division Manager B - Finance Approved by:

ENGR. WARSELO M. PETONIO

General Manager



# Republic of the Philippines MANGALDAN WATER DISTRICT Mangaldan, Pangasinan

# **FUNCTIONAL CHART**

As of December 31, 2021

Board of	100
Directors	

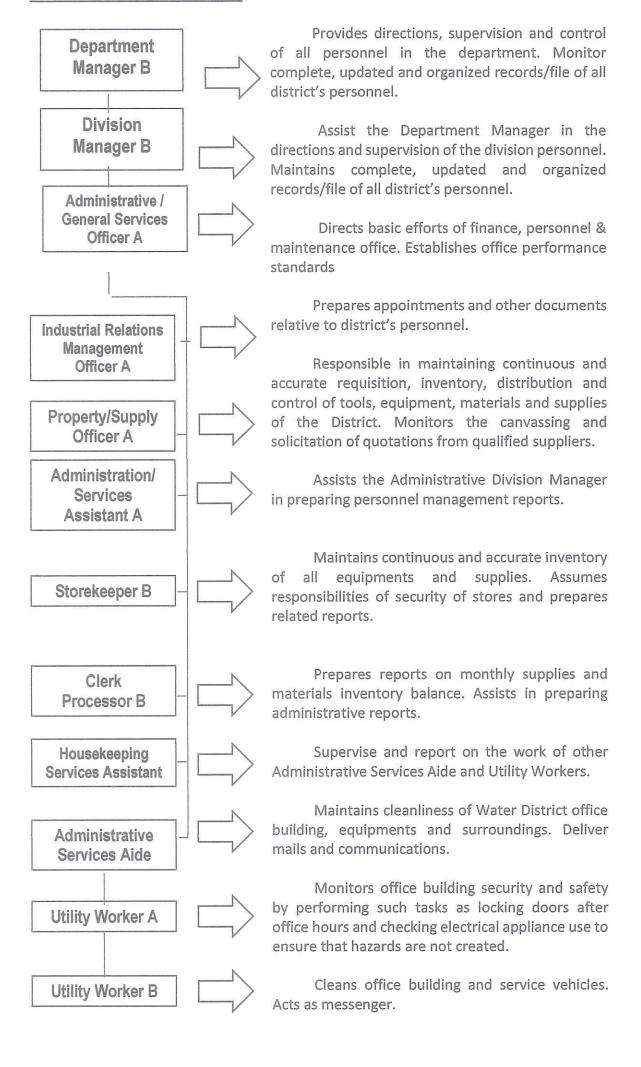


Policy making bodies. The BODs shall exercise and perform its power and duties through the mediums of resolution and/or directives.

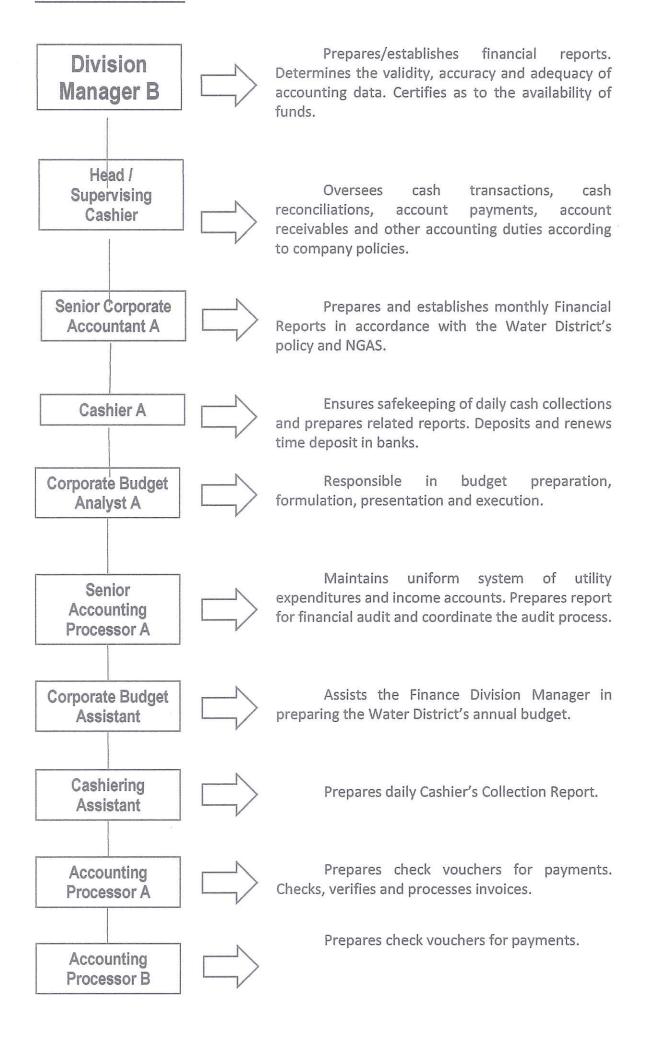
# Office of the General Manager:

General Manager B	Directs the basic efforts of all departments/division toward achieving the utility goals and objectives within established policies. Carries out Board policies.
Executive Assistant B	Assists the General Manager in planning, programming and scheduling of work activities and maintains project schedules of work assigned to departments or divisions; monitors & tracks progress of assigned projects.
Information Officer C	Selecting, managing and acquiring resources  – both hard copy and electronic to meet Water District's current and anticipated needs.
Secretary A	Provides secretarial and clerical services to the General Manager in pursuit of his functions.
Project Planning & Development Assistant B	Prepares and presents detailed reports on project proposals.
Driver-Mechanic	Renders driving services to the District Officials and guests in all their official functions.

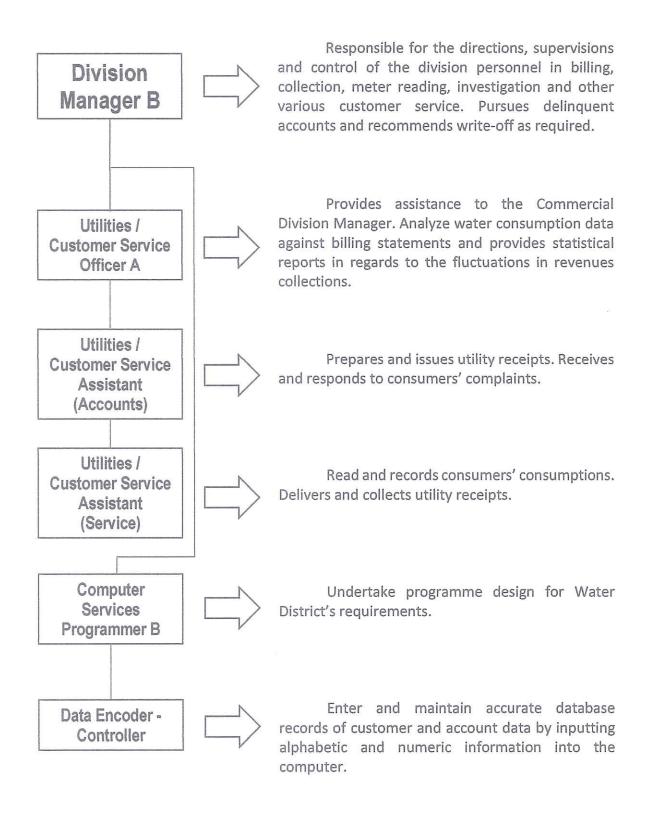
# **Administrative Division:**



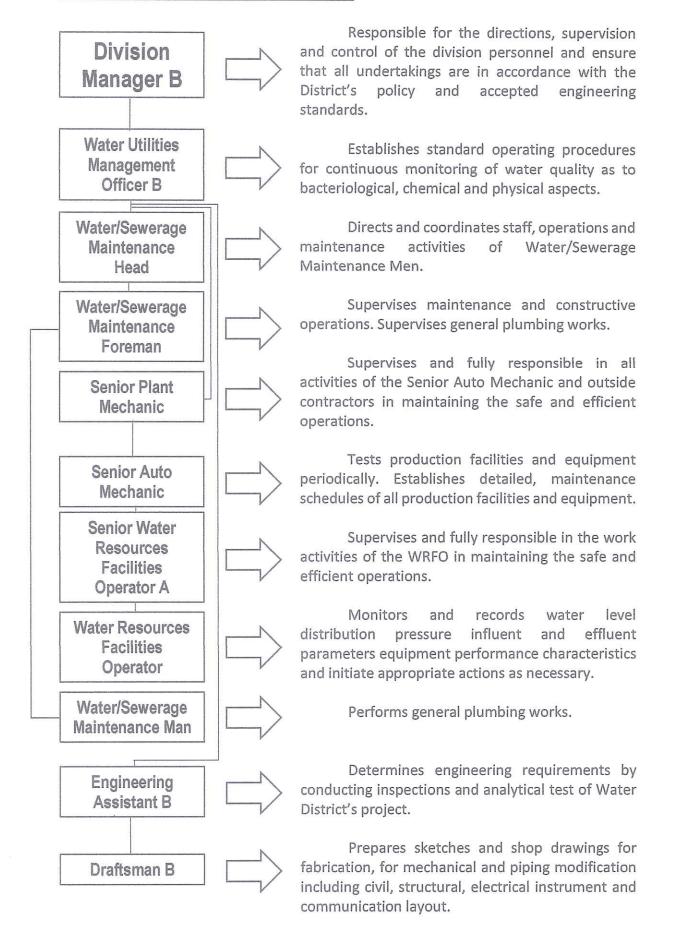
# **Finance Division:**



# **Commercial Division:**



# **Engineering/Operations Division:**



Prepared by:

MARLYN C. DE GUZMAN
Division Manager B - Administrative

Approved by:

ENGR. MARCELO M. PETONIO General Manager B

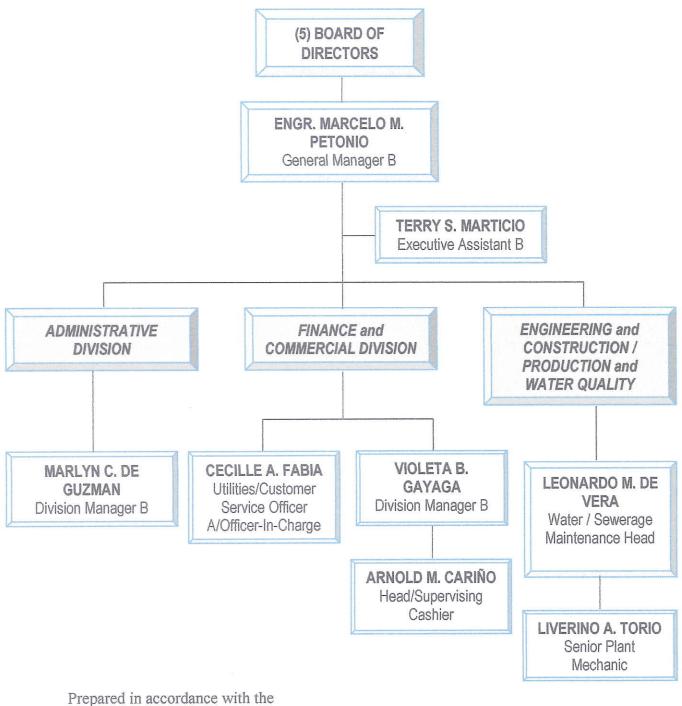


# Republic of the Philippines MANGALDAN WATER DISTRICT Mangaldan, Pangasinan

# POSITION/ORGANIZATIONAL CHART

(Key Employees Only)

As of December 31, 2021



Prepared in accordance with the Approved Organizational Structure:

MARLYN C. DE GUZMAN
Division Manager B - Administrative

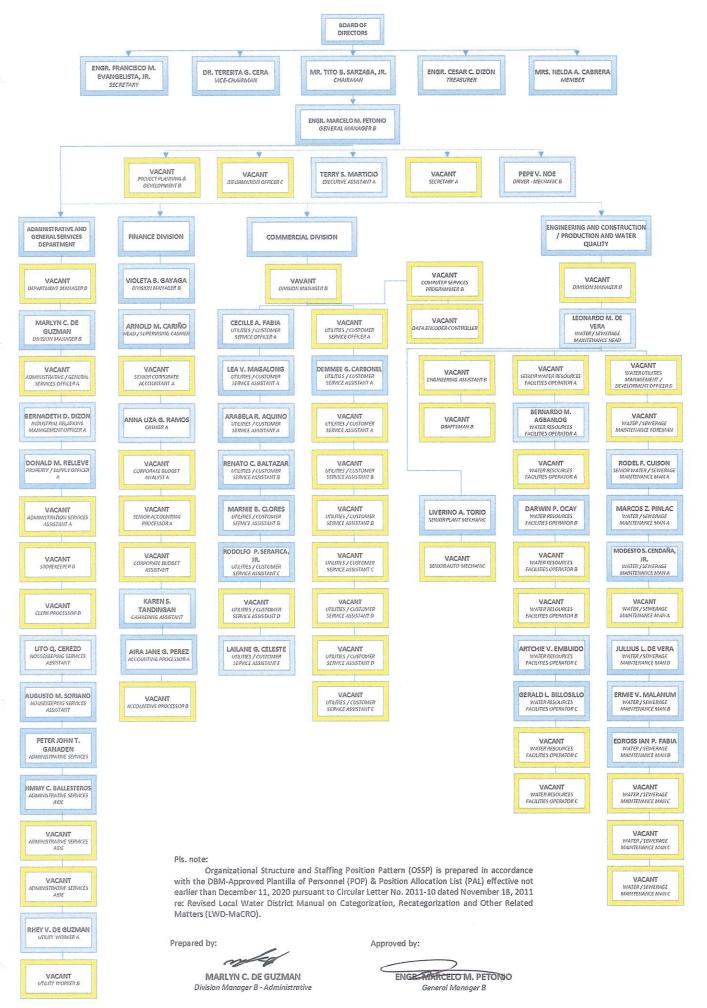
Approved by:

ENGR. MARCELO M. PETONIO General Manager B

# Republic of the Philippines MANGALDAN WATER DISTRICT Mangaldan, Pangasinan

# ORGANIZATIONAL STRUCTURE & STAFFING

CATEGORY "B"



As Required Under Item No. 5 of National Budget Circular No. 584 dated January 6, 2021

**AGENCY:** 

# MANGALDAN WATER DISTRICT

# **CATEGORY "B" WATER DISTRICT**

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				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No	. DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Lanca de la constante de la co	Grade		(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						OFFICE C	F THE GENERAL MA	NAGE	R					
1	General Manager B	27	3	128,329.00	130,423.00	2,094.00	Petonio, Marcelo Magno	Male	12/08/65	197-325-246	01/17/94	05/04/21	Permanent	RA 1080 (Mechanical Engineer)
2	Executive Assistant A	20	1	52,703.00	54,251.00	1,548.00	Marticio, Terry Sigua	Female	11/18/77	924-827-951	02/01/02	01/04/21	Cotermi- nous w/ the Appointing Authority	Subpro- fessional
6	Driver-Mechanic B	7	1	16,458.00	17,179.00	721.00	Noe, Pepe Visperas	Male	09/25/73	260-292-663	02/16/16	01/04/21	Cotermi- nous w/ the Appointing Authority	MC No. 10., s. 13 Category IV (Professional Driver's License)
TOTAL	PER OFFICE			197,490.00	201,853.00	4,363.00								

**AGENCY:** 

# **MANGALDAN WATER DISTRICT**

# **CATEGORY "B" WATER DISTRICT**

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					Adjusted*	Monthly								
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade		(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			·	-	ADN	/INISTRATIVI	AND GENERAL SER	VICES	DIVISION					
7	Division Manager B	23	3	78,111.00	79,336.00	1,225.00	De Guzman, Marlyn Cruz	Female	07/18/68	100-493-933	08/01/94	05/04/21	Permanent	PD 907 (Honor Graduate)
9	Industrial Relations Management Officer A	15	1	32,053.00	33,575.00	1,522.00	Dizon, Bernadeth De Luna	Female	06/07/70	922-294-610	01/02/07	12/16/20	Permanent	Professional
10	Property/Supply Officer A	14	2	29,621.00	31,143.00	1,522.00	Relleve, Donald Mejia	Male	11/18/79	278-038-807	03/16/10	12/18/20**	Permanent	Professional
14	Housekeeping Services Assistant	6	1	15,524.00	16,200.00	676.00	Cerezo, Lito Quidilig	Male	09/13/65	938-226-349	01/16/14	12/16/20	Permanent	CSC Res. #93-3666 (Barangay Official)

**AGENCY:** 

# MANGALDAN WATER DISTRICT

# **CATEGORY "B" WATER DISTRICT**

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					Adjusted*	Monthly								
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				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Тах	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	1 12	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent		Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		-passari,-	V		ADIV	INISTRATIVI	E AND GENERAL SER	VICES	DIVISION					
15	Housekeeping Services Assistant	6	3	16,325.00	16,450.00	125.00	Soriano, Augusto Muyano	Male	08/22/70	927-818-690	10/17/05	10/01/21**	Permanent	MC No. 11, s. 96 Category III
16	Administrative Services Aide	4	2	13,914.00	14,511.00	597.00	Ganaden, Peter John Tanguilig	Male	07/06/90	310-908-800	12/18/17	12/18/20**	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III
17	Administrative Services Aide	4	1	13,807.00	14,400.00	593.00	Ballesteros, Jimmy Caramat	Male	01/01/88	458-092-469	12/18/17	12/16/20	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III
20	Utility Worker A	3	1	13,019.00	13,572.00	553.00	De Guzman Rhey De Vera	Male	01/07/77	724-554-016	12/16/20	-	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III
TOTAL P	ER OFFICE			212,374.00	219,187.00	6,813.00								

**AGENCY:** 

# MANGALDAN WATER DISTRICT

# **CATEGORY "B" WATER DISTRICT**

					Adjusted*	Monthly								
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade		(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		-	·				FINANCE DIVISION	·			(Charles and Automorphisms (Charles and Charles and Ch		greens and a superior	
22	Division Manager B	23	3	78,111.00	79,336.00	1,225.00	Gayaga, Violeta Bautista	Female	07/26/57	124-764-651	11/16/81	05/04/21	Permanent	Professional
23	Head/Supervising Cashier	19	2	47,530.00	49,052.00	1,522.00	Cariño, Arnold Movido	Male	03/04/63	124-764-708	07/16/85	12/18/20**	Permanent	Professional
25	Cashier A	16	1	35,106.00	36,628.00	1,522.00	Ramos, Anna Liza Garcia	Female	09/03/79	929-863-625	03/01/05	12/16/20	Permanent	Professional
29	Cashiering Assistant	8	2	17,663.00	18,417.00	754.00	Tandingan, Karen Soriano	Female	10/26/86	942-186-574	01/16/14	12/18/20**	Permanent	Professional
50	Accounting Processor A	8	1	17,505.00	18,251.00	746.00	Perez, Aira Jane Gonzales	Female	11/19/98	360-153-484	07/01/21	-	Permanent	RA 1090 CPA
TOTAL P	ER OFFICE			195,915.00	201,684.00	5,769.00								

**AGENCY:** 

# **MANGALDAN WATER DISTRICT**

# **CATEGORY "B" WATER DISTRICT**

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					Adjusted*	Monthly	•							
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	Step	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						CC	DMMERCIAL DIVISION							
												The state of the s		
22	LIMBE - IC - L-	10	2	25 522 00	27.044.00	4 522 00	F 11: 6 : 11	- 1	05 45 177	040 604 654	04/45/00	40/40/00**		
	Utilities/Customer Service Officer A	16	2	35,522.00	37,044.00	1,522.00	Section 1971 and the section of the	Female	05/15///	919-681-654	04/15/02	12/18/20**	Permanent	Professional
	Service Officer A						Aquino							
35	Utilities/Customer	12	8	26,560.00	28,117.00	1,557.00	Magalong, Lea	Female	02/09/63	124-764-677	02/16/89	04/15/20**	Permanent	Subpro-
1 1	Service Assistant A				*		Visperas					, = , =		fessional
												100mm		
1 1	Utilities/Customer	12	1	24,495.00	26,052.00	1,557.00	Carbonel, Demmee	Female	04/01/91	445-102-399	08/01/16	07/01/21	Permanent	Professional
	Service Assistant A						Gutierrez							
38	Utilities/Customer	12	2	24,779.00	26,336.00	1,557.00	Aquino, Arabela	Famala	05/11/72	168-036-524	05/17/99	12/18/20**	Permanent	Subpro-
1 1	Service Assistant A	12	64	24,773.00	20,330.00	1,557.00	Reyes	Ciliaic	03/11/12	100-050-524	03/11/33	12/10/20	remanent	fessional
							, 55							ressionar
						TOTAL CONTRACTOR OF THE STREET, STREET	Memorina con a constituent august y some literatura i transition di anno cina a constituent au anno a constitu							
39	Utilities/Customer	10	6	21,079.00	22,106.00	1,027.00	Baltazar, Renato	Male	03/25/68	915-454-508	03/16/99	10/01/20**	Permanent	Subpro-
	Service Assistant B						Dela Cruz							fessional
							**************************************							

# As Required Under Item No. 5 of National Budget Circular No. 584 dated January 6, 2021

**AGENCY:** 

# **MANGALDAN WATER DISTRICT**

# **CATEGORY "B" WATER DISTRICT**

Serafica St., Mangaldan, Pangasinan

		****	****									AND DESCRIPTION OF THE PERSON		
					Adjusted*	Monthly								
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	100	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
					Managar a supplemental and the state of the	C	OMMERCIAL DIVISION				pontania			
40	Utilities/Customer Service Assistant B	10	1	20,219.00	21,205.00	986.00	Clores, Marnie Biagtan	Male	01/05/76	278-091-488	03/16/10	07/01/21	Permanent	CSC Res. # 93-3666 (Barangay Official)
45	Utilities/Customer Service Assistant C	8.	1	17,505.00	18,251.00	746.00	Serafica, Jr., Rodolfo Paragas	Male	11/23/67	915-454-524	04/15/02	07/01/21	Permanent	Subpro- fessional
52	Utilities/Customer Service Assistant E	4	1	13,807.00	14,400.00	593.00	Celeste, Lailane Glanida	Female	10/22/96	737-702-960	12/16/20	-	Permanent	Professional
TOTAL P	ER OFFICE			183,966.00	193,511.00	9,545.00								

page 6 of 12

**AGENCY:** 

# MANGALDAN WATER DISTRICT

# **CATEGORY "B" WATER DISTRICT**

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				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade		(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		quantum mana	· · · · · · · · · · · · · · · · · · ·	ENGIN	EERING AND CO	ONSTRUCTIO	N AND PRODUCTION	IAND	WATER QU	JALITY DIVISION	ON			
54	Water/Sewerage Maintenance Head	16	1	35,106.00	36,628.00	1,522.00	De Vera, Leonardo Mosarbas	Male	11/02/65	926-118-179	02/20/06	12/18/20	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category II (Mechanical/ Electrical Operator)
57	Senior Plant Mechanic	14	2	29,621.00	31,143.00	1,522.00	Torio, Liverino Acierto	Male	09/29/69	929-868-700	05/02/08	12/18/20**	Permanent	MC No. 11, s. 96 as amended by MC No. 3, 2008 Category I (SCEP) Mechanic (Automotive Servicing)

# As Required Under Item No. 5 of National Budget Circular No. 584 dated January 6, 2021

**AGENCY:** 

# **MANGALDAN WATER DISTRICT**

# **CATEGORY "B" WATER DISTRICT**

Unique Item No.	DBM-APPROVED	Salary	Salary	Actual Monthly Basic Salary as of Dec. 31, 2020	Adjusted* Monthly Basic Salary Effective Jan. 1, 2021	Monthly Salary Adjustment Effective Jan. 1, 2021	Name of Incumbent	Cov	Date of Birth	Tax Identification	Date of Original	Date of Last	Satus of Appoint-	Career Service
CY 2020 (1)	Position Title (2)	Grade (3)	Step (4)	(in Pesos) (5)	(in Pesos) (6)	(in Pesos) (7)	(8)	Sex (9)	(10)	Number (11)	Appointment (12)	Promotion (13)	ment (14)	Eligibility (15)
							N AND PRODUCTION						Control and a second and a seco	
58	Senior Water/ Sewerage Maintenance Man A	12	2	24,779.00	26,336.00	1,557.00	Cuison, Rodel Ferrer	Male	12/09/78	929-868-696	10/17/05	12/18/20**	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III
61	Water Resources Facilities Operator A	8	1	17,505.00	18,251.00	746.00	Agbanlog, Bernardo Mangiralas	Male	11/02/75	278-038-033	03/16/11	12/16/20	Permanent	MC No. 11, s. 96 as amended by CSC Mc No. 10, s. 2013 Category II (Water Resources Facilities Operator)
63	Water/Sewerage Maintenance Man A	8	1	17,505.00	18,251.00	746.00	Cendaña, Jr., Modesto Sabino	Male	06/23/74	919-681-670	09/03/01	01/03/19	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III

AGENCY:

# MANGALDAN WATER DISTRICT

# **CATEGORY "B" WATER DISTRICT**

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					Adjusted*	Monthly								
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	Step	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
				ENGIN	EERING AND CO	DNSTRUCTIO	N AND PRODUCTION	IAND	WATER QU	JALITY DIVISION	ON			
64	Water/Sewerage Maintenance Man A	8	2	17,663.00	18,417.00	754.00	Pinlac, Marcos Zarate	Male	08/17/69	915-454-516	03/16/99	12/18/20**	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III
67	Water/Sewerage Maintenance Man B	6	8	16,378.00	17,092.00	714.00	De Vera, Jullius Lopez	Male	07/05/71	197-325-221	05/29/97	04/15/20**	Permanent	MC No. 11, s. 96 Category III
68	Water/Sewerage Maintenance Man B	6	1	15,524.00	16,200.00	676.00	Malanum, Ermie Villaruz	Male	03/10/76	278-038-339	01/16/14	01/03/19	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III

As Required Under Item No. 5 of National Budget Circular No. 584 dated January 6, 2021

**AGENCY:** 

# **MANGALDAN WATER DISTRICT**

# **CATEGORY "B" WATER DISTRICT**

				,										
					Adjusted*	Monthly								
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	Step	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
				ENGIN	EERING AND CO	ONSTRUCTIO	N AND PRODUCTION	AND	WATER QU	JALITY DIVISION	ON			
	Water/Sewerage Maintenance Man B	6	1	15,524.00	16,200.00	676.00	Fabia, Edross Ian Pante	Male	07/05/77	927-818-704	10/17/05	07/01/21	Permanent	MC No. 11, s. 96 as amended by MC No. 10, s. 2013 Category III s. 2013 Category II (Water Resources Facilities Operator)
69	Water Resources Facilities Operator B	6	1	15,524.00	16,200.00	676.00	Ocay, Darwin Prestoza	Male	03/28/71	932-395-671	03/16/11	01/03/19	Permanent	MC No. 11, s. 96 as amended by CSC Mc No. 10, s. 2013 Category II (Water Resources Facilities Operator)

# As Required Under Item No. 5 of National Budget Circular No. 584 dated January 6, 2021

**AGENCY:** 

# MANGALDAN WATER DISTRICT

# **CATEGORY "B" WATER DISTRICT**

-				,										
					Adjusted*	Monthly								
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	125	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
				ENGIN	EERING AND CO	ONSTRUCTIO	N AND PRODUCTION	AND	WATER QU	JALITY DIVISI	ON			
74	Water Resources Facilities Operator C	4	2	13,914.00	14,511.00	597.00	Embuido, Artchie Visperas	Male	3/17/79	922-069-756	06/18/13	02/16/19**	Permanent	MC No. 11, s. 96 as amended by CSC Mc No. 10, s. 2013 Category II (Water Resources Facilities Operator)
76	Water Resources Facilities Operator C PER OFFICE	4	1	13,807.00 232,850.00	14,400.00 243,629.00	593.00 10,779.00	Billosillo, Gerald Landingin	Male	7/30/80	719-652-855	01/02/20	-	Permanent	MC No. 11, s. 96 as amended by CSC Mc No. 10, s. 2013 Category II (Water Resources Facilities Operator)

As Required Under Item No. 5 of National Budget Circular No. 584 dated January 6, 2021

AGENCY:

# **MANGALDAN WATER DISTRICT**

# **CATEGORY "B" WATER DISTRICT**

Serafica St., Mangaldan, Pangasinan

					Adjusted*	Monthly								and a second and a second as a
				Actual	Monthly	Salary								
				Monthly	Basic Salary	Adjustment								
Unique				Basic Salary	Effective	Effective				Tax	Date	Date of	Satus of	Career
Item No.	DBM-APPROVED	Salary	Salary	as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021			Date of	Identification	of Original	Last	Appoint-	Service
CY 2020	Position Title	Grade	Step	(in Pesos)	(in Pesos)	(in Pesos)	Name of Incumbent	Sex	Birth	Number	Appointment	Promotion	ment	Eligibility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
GRAND TOTAL				1,022,595.00	1,059,864.00	37,269.00								

Note:

The salary rates are in accordance with the Second Tranche of the Modified Salary Schedule for Civilian Personnel in the National Government pursuant to Republic Act No. 11466 dated January 8, 2020 as implemented by National Budget Circular No. 584, s. 2021 dated January 6, 2021

\*\* Date of Last Step Increment.

Prepared by:

Verified & Certified as to the Exsistence

of Appropriation by:

MARLYN C. DE GUZMAN

**Division Manager B - Administrative** 

VIOLETA BIGAYAGA

Division Manager B - Finance

APPROVED BY:

ENGR. MARCELO M. PETONIO

General Manager B

# PLANTILLA-APPOINTMENT OF PERSONNEL FOR NON-ITEMIZED POSITION As Required Under Item No. 5.0 of National Budget Circular No. 584 dated dated January 6, 2021

**AGENCY:** 

MANGALDAN WATER DISTRICT

**CATEGORY "B" WATER DISTRICT** 

Serafica St., Mangaldan, Pangasinan

							Adjusted*	Daily
				5		Actual	Pay Rate	Pay Rate
						Pay Rate	Daily	Adjustment
				Number and/or Name		Daily	Effective	Effective
Source of Fund	Program/Project		Salary	of Personnel Holding		as of Dec. 31, 2020	Jan. 1, 2021	Jan. 1, 2021
Authority (1)	Activity Assignment (2)	Agency Position (3)	Grade (4)	the Position (5)	Period of Employment (6)	(in Pesos) (7)	(in Pesos) (8)	(in Pesos) (9)
MAWAD Corporate Fund	Aministrative Div.	Administrative Aide I	1	Bautista, Christopher Ocampo	03-16-2021 to 12-31-2021	525.05	547.00	21.95
MAWAD Corporate Fund	Finance Division	Administrative Aide I	1	Pascua, Mae Giselle Imuan	01-04-2021 to 12-31-2021	525.05	547.00	21.95
MAWAD Corporate Fund	Commercial Division	Administrative Aide I	1	Sulit, Jr., Jerry Paragas	03-16-2021 to 12-31-2021	525.05	547.00	21.95
TOTAL						1,575.15	1,641.00	65.85

Note:

The salary rates are in accordance with the First Tranche of the Modified Salary Schedule for Civilian Personnel in the National Government pursuant to Republic Act No. 11466 dated January 8, 2020 as implemented by National Budget Circular No. 584 dated January 6, 2021.

Prepared by:

Certified as to the Existence of Appropriation:

APPROVED BY:

MARLYN C. DE GUZMAN

Division Manager B - Administrative

Division Manager B - Finance

ENGR: MARCELO M. PETONIO General Manager B

# MANGALDAN WATER DISTRICT Mangaldan, Pangasinan

"Annex D"

# Yearly Log of Board Actions 2021

Board I	Resolution No.	Date	
	001-21	1-15-2021	Approving the implementation of the second tranche compensation based on Republic Act No. 11466 as approved by the President of the Philippines dated January 8, 2020 as implemented by NBC No. 584 dated January 6, 2021
	002-21	1-15-2021	Approving the projects for implementation and giving the GM the blanket authority to make an estimat for the approved budget cost and to inform the BAC for them to determine the mode of procurement
·	003-21	1-29-2021	Authorizing the General Manager to enter into Memorandum of Agreement with the GSIS for the availment of GSIS Financial Assistance Loan II for and in behalf of the MAWAD subject to existing rules and regulations
	004-21	2-18-2021	Approving BAC recommendation declaring Kenwood Construction Ent. Corp. as the lowest calculated and responsive bid for the contract re: construction of pump house with backfilling and perimeter fence and Steel gate in Brgy. Tebag and authorizing the GM to enter into contract of agreement
	005-21	3-12-2021	Approving the contract of agreement in connection with the lease of lot in Brgy. Guesang and authorizing the GM to enter into contract of agreement with the owner
	006-21	3-12-2021	Approving BAC recommendation declaring JB Sachi as the lowest calculated and responsive quotation for the supply and delivery of 900 pcs water meters
	007-21	3-12-2021	Approving BAC recommendation declaring RKS Motor Control Producst for the supply, delivery of Variable frequency drive motor control system
	008-21	3-26-2021	Approving BAC recommendation declaring Ayson P.D Construction as the lowest calculated bid for the contract re: supply of labor and materials for the expansion of distribution lines for water supply at Brgy. Tebag.
	009-21	4-16-2021	Amendment of Resolution No. 7, s' 2015 re: resolution designating the Water Safety Plan Team in the development of MAWAD Water Safety Plan
	010-21	4-30-2021	Approving BAC recommendation for negotiated procurement as an alternative method of procurement for the supply and delivery of materials for the construction of MAWAD extension bldg and Pakyaw contracting for the cost of labor
	011-21	4-30-2021	Approving BAC recommendation declaring CENPELCO as the Single Calculated and responsive quotation for the supply, delivery and installation of one unit 25KVA-dx transformer, single phase, primary line under direct contracting
	012-21	5-14-2021	Addendum on Policy No. 2, s; 2020 re: Policy on Water Refilling Station
	013-21	5-28-2021	Approving BAC recommendation for negotiated procurement as an alternative method of procurement for the supply, delivery and installation of one unit brand new generator set for pumping station no 14 located at brgy. Tebag
	014-21	5-28-2021	Approving BAC recommendation for negotiated procurement as an alternative mode of procurement for the supply and delivery of 100 drums granular chlorine

Board	Resolution No.	Date	TITLE
	015-21	5-28-2021	Acceptance of the Deed of Donation of 200 sq. mtr lot located in Brgy. Banaoang
	016-21	6-17-2021	Approving BAC recommendation declaring the Alpha Enterprises as the lowest calculated and responsive quotation for the supply and delivery of 100 drums chlorine and authorizing the GM to enter into contract of agreement with the supplier
	017-21	6-17-2021	Approving BAC recommendation declaring Trade Venture International Corp. as the single calculated and responsive quotation for the supply, delivery and installation of one unit brand new generator set and authorizing the GM to enter into contract with the supplier
	018-21	6-25-2021	Approving the creation of Anti Red Tape committee
	019-21	6-25-2021	Approving the creation of review and compliance committee
	020-21	8-13-2021	Approving the CAPEX for the year 2022
	021-21	8-13-2021	Approving the composition of technical working group
	022-21	9-17-2021	Approving BAC recommendation declaring Nationwide Printers as single calculated and responsive quotation for the supply and delivery of MAWAD 2022 calendars
	023-21	9-17-2021	Approving BAC recommendation declaring Casipit Construction and supply as the single calculated and responsive quotation for the drilling of one (1) exploratory well at Brgy. Guesang
	024-21	9-17-2021	Approving BAC recommendation declaring Walben Trading as the lowest Calculated and Responsive quotation for the supply and delivery of brass adoptor 3/4" CTS and brass ball valve with lockwing 3/4"
	025-21	9-30-2021	Authorizing the GM to enter into Memorandum of Agreement with the PAG- lbig for the enrolment of the MAWAD in their PAG-lbig virtual form and to designate employee/s to certify and confirm loans
	026-21	9-30-2021	Approving BAC recommendation declaring AMECOS as the Single Calculated and responsive quotation for the supply and delivery of magnetic shield box 1/2"
	027-21	10-29-2021	Approving the adoption of the PBI in the MAWAD Board of Directors, allocating funds thereof and authorizing its release in accordance with LWUA Memo No. 006-16
	028-21	10-29-2021	Approving the giving of one lechon as birthday gift to the Municipal Mayor
	029-21	10-29-2021	Approving the request of the Brgy. Council of Tebag to take charge of the security of the MAWAD pumping station at Tebag with a compensation fee of P2,000.00/month
	030-21	11-12-2021	Approving the Renewal of six casual employees
	031-21	11-12-2021	Approving the creation of MAWAD disposal committee
	032-21	11-12-2021	Approving the Budget for Operating Revenue and expenses for CY 2022

3	Board Resolution No.	Date	TITLE
	033-21	11-12-2021	Authorizing the GM to designate the MAWAD PBB Focal Persons
	034-21	12-17-2021	Approving the grant of special cash award to MAWAD employees for receiving the 1st runner up in the 2021 FOI Awards under the FOI Champion for Local Water Districts category given on Nov. 25, 2021 at Radisson Blu Hotel in Cebu
	035-21	12-17-2021	Approving the designation of Ms. Bernadeth Dizon as the new BAC Chair and Ms. Demmee Carbonel as BAC secretary
	036-21	12-17-2021	Approving the grant of Christmas gift to MAWAD caretakers in Brgys. Pogo. Bari, Macayug, Osiem, Anolid, Salay old and new pumping stations
_	037-21	12-28-2021	Approving the grant of Service Recognition Incentive to government employees for fiscal year 2021

Prepared by:

TERRY S. MARTICIO Executive Assistant A APPROVED BY:

ENGR. MARCELO M. PETONIO General Manager



# List of Reports Prepared Regularly by the District

# A. Financial Statements

Trial Balance
Balance Sheet
Income Statement
Cash Flow
Financial & Operating Highlights

- B. Monthly Data Sheet
- C. Bacteriological Test and Physical-Chemical Test

Prepared by:

VIOLETA B. GAYAGA

Division Manager B - Finance

Approved by:

ENGR. MARCELO M. PETONIO

General Manager

MANGALDAN WATER DISTRICT

MANGALDA	N .	WATER	DISTRICT	
SUMMARY REPOR	T ON PHYSI	CAL AND C	IEMICAL A	NALYSIS
FOR THE MONTH	MAY	YEAR	2021	

			SAM	PLING LOCAT	ION * (type ask	terisk *	inside the box of the	e sampling loca	ation)	
Date/Time (MM/	DD/YYYY)	* Cons	sumer's Tap		Water	Treatme	ent Plant Outlet	* Sour	ce of Supply	
Collected: 5/27/2			es (DDD°MM' S	SS.SS")	a. Coordinates	s (DDD°N	vim' ss.ss")	a. Coordinate	es (DDD°MM	' SS.SS")
Analyzed: 5/27/2		Longtitu		atitude (N)	Longtitud		Latitude (N)	Longtitu		atitude (N)
Analyzed.	.02.1	Deg Min		Min Sec	Deg Min	9 5	Deg Min Sec	Deg Min		g Min Sec
	•	Deg .vi	500 500	1						6 4 13.76
		h Location/A	Name of Street		b. Name of W	/TD/local	tion	b. Name of S		9 3 22/12
		prefer manual			D. IVanie Oi vv	/ Ir/Iuca	non	107600007730	ource P.S. #1 Pobla	ei-n
		Teres	sita Nato III / Po	ODIACION	Conneitur				.3. # 1 FUDIG	
	PNSDW Max.	ļ			c. Capacity:			c. Capacity:	***********	6 lps
I. Manadatory Parameters	Allowable				ituents Level (m)		Characteristics (Test I			
1 . Arsenic (mg/L)	<u>Level</u> 0.01	-	Consumer's Ta	1p	Mandatory	WTP O	Jutlet	Mandatory	0.004	Passed
2 . Cadmium (mg/L)		Mandatory	0.0005	Passed						
3 . Lead (mg/L)			0.002	Passed				-		
4 . Nitrate (mg/L)	50	William Co. 7	3,55		Mandatory			Mandatory	1.5	Passed
5 . Color Apparent (CU)		Mandatory	5	Passed	Mandatory			Mandatory	10	Passed
6 . Turbidity (NTU)			0.84	Passed	-			17.0.00		
7 . pH		Mandatory	8.2	Passed	Mandatory			Mandatory	8.5	Passed
8 . Total Dissolved Solids (mg/L)		ividiade.	<b>J</b>	. (0.000	Mandatory			Mandatory	187	Passed
		<u> </u>						1		
<ol> <li>Disinfection Residual (Eit Residual Chlorine (mg/L)</li> </ol>		nods) Mandatory	0.71	Passed	Mandatory	1000	bass	Mandatory	1.5	Passed .
Chlorine Dioxide (mg/L)	2000	Mandatory	0112	,, 05554	Mandatory		-	Mandatory	4.0	. rasseu ,
							SIE SEE	W.G.IGGELL,		
II. Additional Parameters (Determ	ninea by LDWQIV	IC)								ă .
		-			-					
III. Action Taken (Please type ")	Ves" or "No" in au	nronrigte box	1							
III. Fiction ranch (Freeze type .	63 01 140 map	I [ ]		7						7
<ul> <li>a) Are all mandatory parameter</li> </ul>	's tested?	Yes Yes		No	Yes		No	Yes Yes		No
			Paramete	ers	n/supite	Para	ameters	1-STORES	Paramet	ers
(If No, indicate parameters n	ot analyzed)									
					<u> </u>					21531191
				3	<del> </del>					7
<ul> <li>b) Are tested primary and secon</li> </ul>		Yes Yes		No	Yes	1	No	Yes Yes		No
in compliance with the PNSD	W Standards?									
50.55 12 13		Parar	meters		Parame	eters		Paran	neters	
(If No, indicate non-complying	g parameters)									
									947.50%	
				of Immale						
Over-all evaluation:										
PASSED PNSDW	/ (Yes/No)		Yes Yes				No			
Remarks:		All para	meters measur	red are within	the permissible l	evel set	by the PNSDW.		Lateral	
		(Dlone)	e furnish IM	IIA conies of	f laboratory To	et Rocu	ilte)			

(Please furnish LWUA copies of laboratory Test Results)

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

eneral Manager

NO<u>V 1 7 20</u>2

Date

**INSTRUCTION:** Fill up the light yellow-colored cells.

MANGALDA	WATER	WATER DISTRICT				
SUMMARY REPOR	T ON PHYSI	CAL AND CH	IEMICAL ANALYS			
FOR THE MONTH	MAY	YEAR	2021			

			SAM	IPLING LOCAT	ION * (type askte	erisk * inside	the box of the	e sampling loca	tion)	
Date/Time (MM/D	D/YYYY)	* Cons	umer's Tap		Water T	reatment Pla	nt Outlet	* Source	e of Supply	
Collected: 5/27/20	021	a. Coordinate	s (DDD°MM' S	SS.SS")	a. Coordinates	(DDD°MM' S	5.SS")	a. Coordinate	s (DDD°MM'	SS.SS")
Analyzed: 5/27/20		Longtitu	de (E) L	atitude (N)	Longtitude	(E) Lat	itude (N)	Longtitu	de (E) La	titude (N)
		Deg Min	Sec Deg	g Min Sec	Deg Min	Sec Deg	Min Sec	Deg Min	Sec Deg	Min Sec
				TI				120 24	24.79	4 35,30
		b. Location/N	ame of Street		b. Name of WT	P/location		b. Name of S	ource	
		PRATER SECTION	y Acunin / Bar					Р	.S. # 2 Banao	ang
			,		c. Capacity:			c. Capacity:		30 lps
	PNSDW Max.	<del>                                     </del>		Const	ituents Level (mg,	/L) or Charac	teristics (Test I	Results)		
Manadatory Parameters	Allowable Level		Consumer's T		T	WTP Outlet		7	Water Source	e
1 . Arsenic (mg/L)	0.01				Mandatory			Mandatory	0.004	Passed
2 . Cadmium (mg/L)	0.003	Mandatory	0.0005	. Passed						
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed			er-sine wil-e	İ		r.
4 . Nitrate (mg/L)	50				Mandatory			Mandatory	2.6	Passed
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory			Mandatory	10	Passed
6 . Turbidity (NTU)	5	Mandatory	1.02	Passed						
7 . pH	6.5 - 8.5	Mandatory	7.95	Passed	Mandatory			Mandatory	7.9	Passed
8 . Total Dissolved Solids (mg/L)	600				Mandatory	1		Mandatory	314	Passed
9 . Disinfection Residual (Eith	er of the 2 meth	nods)					****		and the second	
Residual Chlorine (mg/L)		Mandatory	0.99	Passed	Mandatory			Mandatory	1.5	Passed .
Chlorine Dioxide (mg/L)	0.2 - 0.4	Mandatory			Mandatory		-	Mandatory		
II. Additional Parameters (Determ	nined by LDWQN	IC)						1.		
					3					
III. Action Taken (Please type "Ye	es" or "No" in ap	propriate box		-						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		[v_]v		7	I Type		Ino	Yes Yes		No
<ul> <li>a) Are all mandatory parameters</li> </ul>	tested?	Yes Yes	2	No	Yes	Dansar	_	Tes Tes	Daysand	J
45 v		Faces	Paramet	ters	s yaaan	Paramete		1 1000	Paramet	ers
(If No, indicate parameters no	it analyzed)									
								<u> </u>		
		_			-			_		
b) Are tested estimate and cooper	dans naramatan	Yes Yes		No	Yes		Ino	Yes Yes		1 <sub>No</sub>
b) Are tested primary and second		Yes Yes		INO	l		Ino	les les		Ino
in compliance with the PNSDV	v Standards r	Doros	meters		Parame	tor		Parar	neters	
(IENa indicate non complete	r normatam)	Parai	neters		Parame	ters		1 1		olor Apparent
(If No, indicate non-complying	g parameters)								U) parameter	
			-				<del></del>	1 10	on Nov. 4,	
									OII 1404. 4,	2021.
Over-all evaluation:										
PASSED PNSDW	(Yes/No)		Yes Yes			No				
Remarks:		All para	meters measu	red are withir	the permissible le	evel set by the	PNSDW.			
		(Pleas	e furnish LW	VUA copies o	f laboratory Te	st Results)		- Carlos de la company		

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

NOV 1 7 2021

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	N	WATER	DISTRICT	
SUMMARY REPOR	T ON PHYSIC	CAL AND CH	IEMICAL	ANALYSIS
FOR THE MONTH	MAY	YEAR	2020	

			SAMI	LING LOCATI	ON * (type askte	risk * inside	the box of the	sampling loca	tion)			
Date/Time (MM/DI		* Consu	umer's Tap s (DDD°MM' S	S.SS")	Water T		5.SS")	a. Coordinate				
Analyzed: 5/27/20	21	Longtitud Deg Min		Min Sec	Longtitude Deg Min	15.51	tude (N)  Min Sec	Longtitude (E) Latitude (N)  Deg Min Sec Deg Min Sec  120 24 0.90 16 4 35.50				
		The state of the s	ame of Street	DND Site	b. Name of WT	P/location		b. Name of S				
		Cecina P	acamara / Sala	ay PINK Site	c. Capacity:			c. Capacity:	or it o dutay (	5 lps		
	PNSDW Max.			Const	ituents Level (mg	/L) or Charact	teristics (Test F	Results)				
I. Manadatory Parameters	Allowable		Consumer's Ta	-	1	WTP Outlet	·	7	Water Source	9		
1 . Arsenic (mg/L)	Level 0.01				Mandatory			Mandatory	0.004	Passed		
2 . Cadmium (mg/L)	0.003	Mandatory	0.0005	Passed								
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed	1 8							
4 . Nitrate (mg/L)	50				Mandatory			Mandatory	1.8	Passed		
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory			Mandatory	10	Passed		
6 . Turbidity (NTU)	5		1.05	Passed	7							
7 . pH	6.5 - 8.5	Mandatory	7.68	Passed	Mandatory			Mandatory	8.32	Passed		
8 . Total Dissolved Solids (mg/L)	600	<del>                                     </del>			Mandatory			Mandatory	246	Passed		
	50 2 0	L			1							
<ol> <li>Disinfection Residual (Eith Residual Chlorine (mg/L)</li> </ol>		Mandatory	0.89	Passed	Mandatory		9	Mandatory	1.41	Passed		
Chlorine Dioxide (mg/L)		Mandatory	agus an		Mandatory		- 1-	Mandatory				
					<b></b>							
II. Additional Parameters (Detern	nined by LDVVQI	VIC)		-	- 6							
					-			<b>-</b>				
		1						1				
III. Action Taken (Please type "Y	es" or "No" in a	ppropriate box			1 fermal		7			7		
Are all mandatory parameters     (If No, indicate parameters no		Yes Yes	Parame	No ters	Yes	Paramete	No ers	Yes Yes	Parame	No ters		
145 as												
b) Are tested primary and secor in compliance with the PNSD			nmeters	No	Yes	eters	No	Yes Yes	meters	No		
(If No, indicate non-complyin	g parameters)							- December	est with the C CU) paramete on Nov. 4,			
Over-all evaluation:												
PASSED PNSDV	V (Yes/No)		Yes Yes	s		No	í.					
Remarks:		All par			in the permissible	level set by th	ne PNSDW.					
Kemarks:		Mii hai	unicters meas	a.ca are muli	and partitional partition							
		(Plea	se furnish LV	NUA copies	of laboratory To	est Results)						

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

Form II. Standard Format for Physical a. ...nemical Test Results

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	AN	WATER I	WATER DISTRICT				
SUMMARY REPOR	T ON PHYSI	CAL AND CH	IEMICAL ANAI	YSIS			
FOR THE MONTH	MAY	YEAR	2021				

			SAMP	LING LOCATION	ON * (type askteris	( * inside the box of th	e sampling locat	tion)		
Date/Time (MM/D	D/YYYY)	* Consu	ımer's Tap			tment Plant Outlet		e of Supply		
Collected: 5/27/20	21	a. Coordinates	s (DDD°MM' SS	5.SS")	a. Coordinates (DD	D°MM' SS.SS")	a. Coordinate	s (DDD°MM'	ss.ss")	
Analyzed: 5/27/20	21	Longtitud	le (E) La	titude (N)	Longtitude (E)	Longtitud	Longtitude (E) Latitude (N)  Deg Min Sec Deg Min Sec			
- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Deg Min	Sec Deg	Min Sec	Deg Min Sec	Deg Min				
							120 23	46.90 16	3 47.00	
		b. Location/N	ame of Street		b. Name of WTP/I	ocation	b. Name of S	ource		
		AND RESIDENCE AND ADDRESS OF THE PERSON NAMED IN	alo G. Martinez	/ Guilig				P.S. # 4 Guili	g	
					c. Capacity:		c. Capacity:		20 lps	
	PNSDW Max.			Const	tuents Level (mg/L)	or Characteristics (Test	Results)			
I. Manadatory Parameters	Allowable		Consumer's Ta			TP Outlet		Water Source	9	
1 . Arsenic (mg/L)	Level 0.01		Consumer 3 10	.h	Mandatory	20 S.U	Mandatory	0.004	Passed	
2 . Cadmium (mg/L)	1000000	Mandatory	0.0005	Passed						
3 . Lead (mg/L)		Mandatory	0.002	Passed						
Lead (mg/L)     Nitrate (mg/L)	50				Mandatory		Mandatory	2.2	Passed	
5 . Color Apparent (CU)		Mandatory	10	Passed	Mandatory		Mandatory	10	Passed	
MA AND STREET, STORY AND ADDRESS OF THE WAY AND ADDRESS.	5		0.87	Passed						
6 . Turbidity (NTU)	6.5 - 8.5		8.09	Passed	Mandatory		Mandatory	8.09	Passed	
7 . pH	600		5,65		Mandatory		Mandatory	268	Passed	
8 . Total Dissolved Solids (mg/L)				L.						
9 . Disinfection Residual (Eit			0.9	Passed	Mandatory		Mandatory	1.38	Passed	
Residual Chlorine (mg/L)	1000000 076000	Mandatory	0.9	Passeu	Mandatory		Mandatory			
Chlorine Dioxide (mg/L)	0.2 - 0.4	Mandatory			Wandatory					
II. Additional Parameters (Deter	mined by LDWQI	VIC)								
					5.5					
III. Action Taken (Please type "	Yes" or "No" in a	ppropriate box	c)							
			130	No	Yes	No	Yes Yes		No	
<ul> <li>a) Are all mandatory paramete</li> </ul>	rs tested?	Yes Yes			l La les	Parameters		Parame	eters	
		200	Parame	ters	n siesikaisi	raidileteis	1 102			
(If No, indicate parameters r	not analyzed)				-		-  -			
						A STATE OF THE STA				
		-		7			lu lu		TNo	
b) Are tested primary and seco	ndary parameter	rs Yes Yes		No	Yes	No	Yes Yes		No	
in compliance with the PNSI	OW Standards?									
Service services - International Control of the Con		Par	ameters		Paramete	ers	Par	ameters		
(If No, indicate non-complyi	ng parameters)									
(II No, indicate non comp.).	,	100								
					ST RESIDENT					
Over-all evaluation:						No				
PASSED PNSD	W (Yes/No)		Yes Ye	es .		No				
Remarks:		All pa	rameters meas	sured are with	in the permissible lev	vel set by the PNSDW.				
Actualia.	The second second	CONTRACTOR STREET								

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

er

10<u>V 1 7 202</u>

Date

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	IN	WATER	WATER DISTRICT				
SUMMARY REPOR	T ON PHYSI	CAL AND CH	IEMICAL AN	ALYSIS			
FOR THE MONTH	MAY	YEAR	2021				

D. Location/Name of Street   Rivina Mae C. Lacamada / Pogo   D. Name of WTP/location   D. Name of Source   P.S. # 5 Pogo   C. Capacity:   Capacity:   S lps				SAMP	LING LOCATION	DN * (type askterisk :	inside the box of the	sampling locat	ion)		
Collected: \$/27/2021. Analyzed: \$5/27/2021.  Analyzed: \$5/27/2021.  Analyzed: \$5/27/2021.  Analyzed: \$5/27/2021.  Analyzed: \$5/27/2021.  Longitude (E) Latitude (N)  Deg Min Sac Deg Min S	Date/Time (MM/DI	o/YYYY)	* Consu	ımer's Tap		Water Treatn	nent Plant Outlet	* Source	e of Supply		
Analyzed: S/27/2021  Longittude (E) Latitude (N) Deg Min Sec Deg Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Deg Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Deg Deg Min Sec Deg Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Deg Deg Min Sec Deg Min Sec Deg Min S		eartheanir	a. Coordinates	s (DDD°MM' SS	5.SS")	a. Coordinates (DDD°MM' SS.SS")		a. Coordinates (DDD°MM' SS.SS")			
Deg Min Sec   Deg Deg Min Sec   Deg						Longtitude (E)	Longtitud	le (E) Lat	itude (N)		
b. Location/Name of Street Rivina Mae C. Laxomada / Pogo  C. Capacity:  S lps  Water Source P.S. # Fogo C. Capacity: C. Capacity:  Water Source P.S. # Fogo C. Capacity: C. Capacity:  Water Source P.S. # Fogo C. Capacity: C. Capacity:  S lps  Water Source P.S. # Fogo C. Capacity: C. Capacity:  Water Source P.S. # Fogo C. Capacity: C. Capa	Allalyzed.			27.000000000000000000000000000000000000		Deg Min Sec	Deg Min Sec	Deg Min	Sec Deg	Min Sec	
PRISON Max   PRISON Max   I. Manadatory Parameters   Allowable   Level   Consumer's Tsp   WTP Outlet   Water Source								120 23	40.90 16	5 33.40	
Rivina Mae C. Lacamada / Pogo  C. Capacity:  C. Capacity:  S   pp. C. Capacity:  C. Capacity:  S   pp. C. Capacity:  S   pp. Consumer's Tap  Mondatory  Mo			h Location/N	ame of Street		b. Name of WTP/loc	ation	b. Name of Se	ource		
C. Capacity:   C. Capacity:   S.lps			TELESCOPE AND THE		da / Pogo	KER KESKA		THE	P.S. # 5 Pogo		
1. Alsenic (mg/l)			Mivila	vide C. Eddama	1007.080	c. Capacity:		c. Capacity:		5 lps	
1. Alsenic (mg/l)		PNSDW Max.			Consti	tuents Level (mg/l) or	Characteristics (Test	Results)			
1. Assenic (mg/L) 0.01 2. Cadmium (mg/L) 0.003 Mandatory 0.0005 Passed 2. Cadmium (mg/L) 0.003 Mandatory 0.0005 Passed 3. Lead (mg/L) 0.010 Mandatory 0.0002 Passed 4. Nitrate (mg/L) 50 Mandatory 0.002 Passed 6. Turbidity (NTU) 5 Mandatory 0.73 Passed 6. Turbidity (NTU) 5 Mandatory 0.73 Passed 7. pH 6.5-8.5 Mandatory 7.77 Passed Mandatory Mandatory 323 Passed 8. Total Dissolved Solids (mg/L) 600 Mandatory 0.81 Passed Mandatory Mandatory 323 Passed 9. Disinfection Residual (Either of the 2 methods) Mandatory Mandatory 1.5 Passed Chlorine Dioxide (mg/L) 0.3-1.5 Mandatory 0.81 Passed Mandatory Mandatory 1.5 Passed Chlorine Dioxide (mg/L) 0.2-0.4 Mandatory 0.81 Passed Mandatory Mandatory 1.5 Passed Mandatory 1.5 P	I. Manadatory Parameters	The Control of the Co		Computer To			CONTRACTOR OF THE PARTY OF THE		Water Source	e	
2. Cadmium (mg/l) 3. Lead (mg/l) 4. Nitrate (mg/l) 5. Color Apparent (CU) 10 Mandatory 10 Passed 5. Color Apparent (CU) 110 Mandatory 10 Passed 6. Turbidity (NTU) 5 Mandatory 7. pH 6.5-8.5 Mandatory 7. 7 Passed 8. Total Dissolved Solids (mg/l) 9. Disinfection Residual (Either of the 2 methods) Residual Chorine (mg/l) 0.2-0.4 Mandatory 10. Mandatory Mandatory Mandatory Mandatory Mandatory 10. Passed Mandatory Mandatory Mandatory 7.55 Passed Nonclaim (mg/l) 10. Passed Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory 1.5 Passed Mandatory Mand	1 Amenic (mg/L)			Consumers to	ip			Mandatory	0.004	Passed	
A Lead (mg/L)		200	Mandatory	0.0005	Passed						
A. Niktrate (mg/L)	MAIN TO ABOUT THE COURT OF A MAIN OF	3070331									
4. Notice (mgr.) 5. Color Apparent (CU) 10. Mondatory 10. Passed 6. Turbidity (NTU) 5. Color Apparent (CU) 5. Mondatory 7. Passed 6. Turbidity (NTU) 5. Mondatory 7. Passed 8. Total Dissolved Solids (mgr.) 6. So. 8.5 Mandatory 7. Passed 8. Total Dissolved Solids (mgr.) 9. Disinfection Residual (Either of the 2 methods) Residual Chlorine (mgr.) 10. 3-1.5 Mondatory 0.8.1 Passed Mondatory Mondat			I I I I I I I I I I I I I I I I I I I			Mandatory		Mandatory	2.7	Passed	
5. Count paper in (CO) 5. Mandatory 7. PH 6.5-8.5 Mandatory 7. Passed Mandatory 7. Passed Mandatory 8. Total Dissolved Solids (mg/L) 9. Disinfection Residual (Either of the 2 methods) Residual Chlorine (mg/L) Chlorine Dioxide (mg/L) 0.2-0.4 Mandatory Manda	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mandatons	10	Passed			Mandatory	10	Passed	
3. Introduction (Plane Computer Society) (Plan						- Andrewski (1970 - 1970)					
8. Total Dissolved Solids (mg/L) 600   Mandatory						Mandatory	<del></del>	Mandatory	7.55	Passed.	
9. Disinfection Residual (Either of the 2 methods) Residual Chlorine (mg/L)		N452 6,564	Manageory	7.1	- Feased			Mandatory	323	Passed	
Residual Chlorine (mg/L)  Chlorine Dioxide (mg/L)  O.2 - 0.4 Mandatory  Manda						monactory				1.0.67	
Residual Chlorine (Ing/L)  Chlorine Dioxide (mg/L)  O.2 - 0.4   Mandatory   Mandatory   Mandatory   Mandatory    III. Additional Parameters (Determined by LDWQMC)  III. Action Taken (Please type "Yes" or "No" in appropriate box)  a) Are all mandatory parameters tested?   Yes   Yes   No   Yes   No   Parameters    (If No, indicate parameters not analyzed)   Yes   Yes   No   Yes   No   Yes   Yes   No    D) Are tested primary and secondary parameters in compliance with the PNSDW Standards?    (If No, indicate non-complying parameters)   Parameters   Parameters    Over-all evaluation:   PASSED PNSDW (Yes/No)   Yes   Yes   No   No   No   No   No   No   No   N				0.01	Daniel	Mandatan		Mandatory	1.5	Passed	
III. Action Taken (Please type "Yes" or "No" in appropriate box)  a) Are all mandatory parameters tested? Yes Yes No Parameters  (if No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (if No, indicate non-complying parameters)  Parameters  Yes Yes No Yes No Yes No Yes No Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Over-all evaluation:  PASSED PNSDW (Yes/No)  Yes Yes No No Yes No No Parameters  Parameters  Parameters  No No Yes Yes No No No Parameters  Parameters  Parameters  No N	SUB-PARTICIPATION CONTROL CONT			0.01	Passeu						
III. Action Taken (Please type "Yes" or "No" in appropriate box)  a) Are all mandatory parameters tested?  (If No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters						Wandotory					
Are all mandatory parameters tested?  (If No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  No  Yes No  Yes No  Yes Yes No  Parameters	II. Additional Parameters (Detern	nined by LDWQI	VIC)					-		Ē	
Are all mandatory parameters tested?  (If No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  No  Yes No  Yes No  Yes Yes No  Parameters								-			
Are all mandatory parameters tested?  (If No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters					ř						
Are all mandatory parameters tested?  (If No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  Parameters  Parameters  No  Yes Yes No  Parameters	III. Action Taken (Please type "Y	es" or "No" in a	ppropriate bo	d							
Parameters   Par	a) Are all mandatony parameter	s tested?	Yes Yes		No	Yes	No	Yes Yes		No	
(If No, indicate parameters not analyzed)  b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  No  Over-all evaluation:  PASSED PNSDW (Yes/No)  Yes Yes No	a) Are all mandatory parameter	s testeu.	1	Parame	-l ters		Parameters		Parame	ters	
b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters	us a la l	ot analyzad)	12.00			1144					
b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  No  No  No  No  No  No  No  No  No  N	(If No, indicate parameters ii	ot allalyzed)	_								
b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  No  No  No  No  No  No  No  No  No  N											
b) Are tested primary and secondary parameters in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  Parameters  No  No  No  No  No  No  No  No  No  N						-					
in compliance with the PNSDW Standards?  (If No, indicate non-complying parameters)  Parameters  No		1	Voc Voc		T <sub>No</sub>	Yes	No	Yes Yes		No	
(If No, indicate non-complying parameters)  Parameters			ies les								
(If No, indicate non-complying parameters)  Over-all evaluation:  PASSED PNSDW (Yes/No)  Yes Yes No  No  All parameters processed are within the nermissible level set by the PNSDW.	in compliance with the PNSD	W Standards?	D			Parameters		Para	ameters		
Over-all evaluation:  PASSED PNSDW (Yes/No)  Yes Yes No  No  All provides y processed are within the nermissible level set by the PNSDW.		2	Par	ameters		4 ASSESSED					
PASSED PNSDW (Yes/No)  Yes  Yes  No  No  No  No  No  No  No  No  No  N	(If No, indicate non-complying	ng parameters)	100					-   -			
PASSED PNSDW (Yes/No)  Yes  Yes  No  No  No  No  No  No  No  No  No  N						_		-   -			
PASSED PNSDW (Yes/No)  Yes  Yes  No  No  No  No  No  No  No  No  No  N											
PASSED PNSDW (Yes/No)  Yes  Yes  No  No  No  No  No  No  No  No  No  N	Over-all evaluation:										
Remarks:  All parameters measured are within the permissible level set by the PNSDW.	The state of the s	W (Yes/No)		Yes Ye	es		No				
Remarks: All parameters incodes to the second secon	a production		All no	rameters mea	sured are with	in the permissible leve	set by the PNSDW.				
	Remarks:		All pa	rameters med	a, ca cre mich						
(Please furnish LWUA copies of laboratory Test Results)			(Plea	ase furnish L	WUA copies	of laboratory Test	Results)				

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

General Manager

N<u>UV 1 / Z</u>U.

Date

Form II. Standard Format for Physical a nemical Test Results

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	N	WATER	WATER DISTRICT				
SUMMARY REPOR	T ON PHYSIC	CAL AND CH	IEMICAL A	ANALYSIS			
FOR THE MONTH	MAY	YEAR	2021				

			SAMP	LING LOCATI	ON * (type askter	isk * inside the box of the	e sampling locat	ion)		
Date/Time (MM/DI	)/YYYY	* Consu	ımer's Tap		Water Tre	eatment Plant Outlet	* Source of Supply			
	NAME OF THE PERSON OF THE PERS	a. Coordinates		s.ss")	a. Coordinates (D	a. Coordinates (DDD°MM' SS.SS")		a. Coordinates (DDD°MM' SS.SS")		
Collected: 5/27/20 Analyzed: 5/27/20		Longtitud		titude (N)		Longtitude (E) Latitude (N)		le (E) Lat	itude (N)	
Analyzed: 5/27/20	2.1.	Deg Min		Min Sec	Deg Min Se		Deg Min	Sec Deg	Min Sec	
		Deg IIIII					120 23	7.35 16	4 30.74	
		b. Location/Na	ame of Street		b. Name of WTP	location	b. Name of Se	ource		
		34000000000000	alinda Mejia /	Lanas				P.S. # 6 Lana		
					c. Capacity:	Bar Line St.	c. Capacity:		2 lps	
	PNSDW Max.			Const	ituents Level (mg/l	) or Characteristics (Test	Results)			
I. Manadatory Parameters	Allowable	-	Consumer's Ta			A/TP Outlet		Water Source	2	
1 . Arsenic (mg/L)	<u>Level</u> 0.01		odilodine. o 10	-	Mandatory		Mandatory	0.004	Passed	
2 . Cadmium (mg/L)	0.003	Mandatory	0.0005	Passed						
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed						
4 . Nitrate (mg/L)	50				Mandatory		Mandatory	2.4	Passed	
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory		Mandatory	10	Passed	
6 . Turbidity (NTU)	5	Mandatory	0.69	Passed						
7 . pH	6.5 - 8.5	Mandatory	7,68	Passed	Mandatory	(2.12.90)	Mandatory	8.25	Passed	
8 . Total Dissolved Solids (mg/L)	600				Mandatory		Mandatory	237	Passed	
9 . Disinfection Residual (Eitl	her of the 2 met	hods)								
Residual Chlorine (mg/L)		Mandatory	0.76	Passed	Mandatory		Mandatory	1.5	Passed	
Chlorine Dioxide (mg/L)	0.2 - 0.4	Mandatory			Mandatory		Mandatory			
II. Additional Parameters (Determ	nined by LDWQI	VIC)								
II. Paditional Carameters (Carameters)	Par Dalas	Ĺ			18					
				S.						
III. Action Taken (Please type "Y	es" or "No" in a	ppropriate box	)							
				No	Yes	No	Yes Yes		No	
a) Are all mandatory parameter	's tested?	Yes Yes	Parame		L	Parameters		Parame	⊒ ters	
			Parame	iteis	2 251905					
(If No, indicate parameters n	ot analyzed)	-					1 198			
		_								
unitition of the state of the s										
	-deni perameter	yes Yes		No	Yes	No	Yes Yes		No	
b) Are tested primary and secon		S les							-	
in compliance with the PNSD	W Standards:	Pars	ameters		Parame	rters	Para	meters		
		Fair	anieters		E 1000		Re-t	est with the C	Color Apparent	
(If No, indicate non-complying	ng parameters)						(	CU) paramete	er was done	
								on Nov. 4	, 2021.	
Over-all evaluation:	opportugação a galacteria su					No				
PASSED PNSD	W (Yes/No)		Yes Ye							
Remarks:		All par	rameters meas	ured are with	in the permissible I	evel set by the PNSDW.				
						12 (1)			ALB:	
-		(Plea	ise furnish Ll	WUA copies	of laboratory Te	est Kesuits)		-		

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

NO<u>V 1 7 20</u>21

Form II. Standard Format for Physical a. hemical Test Results
INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	IN	WATER	DISTRICT	
SUMMARY REPOR	T ON PHYSI	CAL AND CH	IEMICAL A	NALYSIS
FOR THE MONTH	MAY	YEAR	2021	

			SAMP	LING LOCATION	ON * (type askte	erisk * inside the box of the	e sampling locat	ion)		
Date/Time (MM/Di	AND THE RESIDENCE	* Consu	ımer's Tap	S.SS")		reatment Plant Outlet	* Source	of Supply (DDD°MM'	SS.SS")	
Collected: 5/27/20		N 100 1		atitude (N)	Longtitude (E) Latitude (N)		Longtitude (E) Latitude (N)			
Analyzed: 5/27/20	)21	Longtitud	15.452		Deg Min Sec Deg Min Sec			Deg Min Sec Deg Min Sec		
		Deg Min	Sec Deg	Min Sec	Deg Willi	Sec Deg Milli See	120 24			
					1 645		b. Name of So			
		b. Location/N			b. Name of WT	P/location	\$1,000x000+x1000	. # 7 Amansa	hino	
		Erlina I	Real / Brgy. Am	nansabina				.# / Amansa		
					c. Capacity:		c. Capacity:		30 lps	
	PNSDW Max.			Consti	tuents Level (mg	/L) or Characteristics (Test				
I. Manadatory Parameters	Allowable Level		Consumer's Ta	ар		WTP Outlet		Nater Source	-	
1 . Arsenic (mg/L)	0.01				Mandatory		Mandatory	0.004	Passed	
2 . Cadmium (mg/L)	0.003	Mandatory	0,0005	Passed						
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed						
4 . Nitrate (mg/L)	50				Mandatory		Mandatory	2.7	Passed	
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory		Mandatory	10	Passed	
6 . Turbidity (NTU)	5	Mandatory	0.83	Passed						
7 . pH	6.5 - 8.5	Mandatory	7.77	Passed	Mandatory		Mandatory	7.77	Passed	
8 . Total Dissolved Solids (mg/L)	600				Mandatory		Mandatory	352	Passed	
		L								
9 . Disinfection Residual (Eit		Mandatory	0.8	Passed	Mandatory	a 169 SAVA	Mandatory	1.34	Passed	
Residual Chlorine (mg/L)		Mandatory	100	*	Mandatory		Mandatory			
Chlorine Dioxide (mg/L)	1	personal substitution			+		_			
II. Additional Parameters (Deter	mined by LDWQI	VIC)						ALC: U	7	
				erun		E SUPPLIES				
III. Action Taken (Please type ")	Yes" or "No" in a	ppropriate bo	()							
a) Are all mandatory parameter	rs tested?	Yes Yes		No	Yes	No	Yes Yes		No	
a) Are all mandatory parameter	is testeu:	100	Parame			Parameters		Parame	eters	
1045 11 120 100		150	A F A G		A NEW					
(If No, indicate parameters r	not analyzed)	100			-					
		_								
		300					-   -			
		1		7.		No	Yes Yes		No	
b) Are tested primary and seco		Yes Yes		No	Yes	140				
in compliance with the PNSI	)W Standards?									
		Par	ameters		Param	neters	Para	meters		
(If No, indicate non-complyi	ng parameters)									
				1,4-1-4						
									COE TO	
Over-all evaluation:	21 442 10020100		[ v. ]	_	Î	No				
PASSED PNSD	₩ (Yes/No)		Yes Ye							
Remarks:		All pa	rameters meas	sured are with	in the permissible	e level set by the PNSDW.				
Management of the second of th										
		(Plea	ase furnish L	WUA copies	of laboratory	Test Results)				

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

Form II. Standard Format for Physical a. nemical Test Results

 $\textbf{INSTRUCTION:} \quad \textit{Fill up the light yellow-colored cells.}$ 

MANGALDA	N	WATER	DISTRICT
SUMMARY REPOR	T ON PHYSI	CAL AND CH	HEMICAL ANALYSIS
FOR THE MONTH	MAY	YEAR	2021

			SAMP	LING LOCATION	ON * (type askterisk	* inside the box of the	sampling locat	ion)	
Date/Time (MM/DD	o/YYYY)	* Consu	ımer's Tap			ment Plant Outlet		e of Supply	
Collected: 5/27/202	21	a. Coordinates	s (DDD°MM' SS	S.SS")	a. Coordinates (DDI	o°MM' SS.SS")	a. Coordinates	(DDD°MM'	SS.SS")
Analyzed: 5/27/20:	21	Longtitud	de (E) La	titude (N)	Longtitude (E) Latitude (N)		Longtitud	e (E) La	titude (N)
resolved 2000 (CPA Incidence		Deg Min	Sec Deg	Min Sec	Deg Min Sec	Deg Min Sec Deg Min Sec			
							120 24	38,50 16	4 21.10
		b. Location/N	ame of Street		b. Name of WTP/lo	ocation	b. Name of Se	ource	
		SOLES SERVICE	Baldemor / Gu	iguilonen			P.S	. #8 Guiguil	onen
					c. Capacity:		c. Capacity:		20 lps
	PNSDW Max.			Consti	tuents Level (mg/L) o	or Characteristics (Test	Results)		
I. Manadatory Parameters	Allowable		Consumer's Ta			P Outlet		Water Source	e
1 . Arsenic (mg/L)	Level 0.01		Consumer 5 Te	P	Mandatory	550.5%	Mandatory	0.004	. Passed
2 . Cadmium (mg/L)		Mandatory	0.0005	Passed					
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed					
4 . Nitrate (mg/L)	50				Mandatory		Mandatory	2	Passed
5 . Color Apparent (CU)		Mandatory	10	Passed	Mandatory		Mandatory	10	Passed
6 . Turbidity (NTU)	5	Mandatory	0.88	Passed					
	6.5 - 8.5		7.99	Passed	Mandatory		Mandatory	8.22	Passed
7 . pH	600	indiaday			Mandatory		Mandatory	266	Passed
8 . Total Dissolved Solids (mg/L)		<u> </u>					+		
9 . Disinfection Residual (Eith			0.76	Passed	Mandatory		Mandatory	1.48	Passed
Residual Chlorine (mg/L)	January Company	Mandatory	0.76	Lessed	Mandatory	-	Mandatory		
Chlorine Dioxide (mg/L)		Mandatory			- Indianatory				
II. Additional Parameters (Determ	nined by LDWQI	VIC)			7943				
III. Action Taken (Please type "Y	es" or "No" in a	ppropriate box	d				, , , , , , , , ,		
a) Are all mandatory parameter	s tested?	Yes Yes		No	Yes	No	Yes Yes		No
a) Are an mandacory parameter			Parame	eters		Parameters		Param	eters
(If No, indicate parameters n	ot analyzed)								
(II No, illuicate parameters in	oc analyses,								he in the
		-			Santa Sa				
op management of the control of the		-							
b) Are tested primary and secon	odani parameter	yes Yes		No	Yes	No	Yes Yes		No
Free contract to the contract		3 103 103				Locational			
in compliance with the PNSD	W Standards r	Dar	ameters		Parameter	rs	Para	meters	
THE PROPERTY OF THE PROPERTY O	Distributed to the feature of the \$1	Par	anieters				1 198		
(If No, indicate non-complying	ng parameters)								
		_			_			EDESKI S	
					-				
Over-all evaluation:									
PASSED PNSD	W (Yes/No)		Yes Ye	es		No			
naments		en IIA	rameters meas	sured are with	in the permissible leve	el set by the PNSDW.			
Remarks:		жи ра	Tomesets meas						
		(Plea	ase furnish L	WUA copies	of laboratory Test	Results)			

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

Form II. Standard Format for Physical as

nemical Test Results

**INSTRUCTION:** Fill up the light yellow-colored cells.

MANGALDA	N	WATER	WATER DISTRICT				
SUMMARY REPOR	T ON PHYSI	CAL AND C	IEMICAL ANALY	/SIS			

			SAMI	PLING LOCATI	ON * (type askte	erisk * inside the box of	the sampling loca	tion)			
Date/Time (MM/DD	)/YYYY)	* Consu	ımer's Tap		Water T	reatment Plant Outlet	* Source	* Source of Supply			
Collected: 5/27/202	ALCOHOLD .	a. Coordinates	(DDD°MM' S	S.SS")	a. Coordinates	(DDD°MM' SS.SS")	a. Coordinate	s (DDD°MM' S	SS.SS")		
		Longtitud		atitude (N)	Longtitude		Longtitud	de (E) Lati	itude (N)		
Analyzed: 5/27/202		Deg Min	CASHONICON EAST	Min Sec	Deg Min			10000	Min Sec		
		Deg Will	Deg Deg	Jec			120 24	2.70 16			
					b. Name of WT	P/location	b. Name of S				
		b. Location/N			b. Ivame of WI	T/IOCACIOII	S. Hame Of 3	P.S. #9 Bari			
		Maria (	Charisse P. Lim	idos / Bari			a Correction	, ιο, π ο Dall	10		
					c. Capacity:		c. Capacity:		10		
I. Manadatory Parameters	PNSDW Max. Allowable			Const	ituents Level (mg	/L) or Characteristics (Te					
	Level		Consumer's Ta	ар	1	WTP Outlet		0.004	. Passed		
1 . Arsenic (mg/L)	0.01				Mandatory		Mandatory	0.004	rasseu		
2 . Cadmium (mg/L)	0.003	Mandatory	0.0005	Passed							
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed							
4 . Nitrate (mg/L)	50				Mandatory		Mandatory	2.9	Passed		
5 . Color Apparent (CU)	10	Mandatory	10	: Passed	Mandatory		Mandatory	10	Passed		
6 . Turbidity (NTU)	5	Mandatory	1.02	Passed							
7 . pH	6.5 - 8.5	Mandatory	7.93	Passed	Mandatory	100000000000000000000000000000000000000	Mandatory	8.13	Passed		
8 . Total Dissolved Solids (mg/L)	600		Active Control	<u></u>	Mandatory		Mandatory	371	Passed		
9 . Disinfection Residual (Eith	er of the 2 meth	nods)									
Residual Chlorine (mg/L)		Mandatory	0.61	Passed	Mandatory		Mandatory	1.33	Passed		
Chlorine Dioxide (mg/L)	0.2 - 0.4	Mandatory			Mandatory		Mandatory				
II. Additional Parameters (Determ	nined by LDWQN	ИС)				4					
(6.00)/(6.1000000000000000000000000000000000000		1		E .							
	A particular										
III. Action Taken (Please type "Ye	es" or "No" in a	ppropriate box	)								
				10-		No	Yes Yes		No		
a) Are all mandatory parameters	s tested?	Yes Yes		No	Yes	200	les res	Paramet	- Control of the Cont		
			Parame	eters	1	Parameters	100	raidile			
(If No, indicate parameters no	ot analyzed)										
							_   _				
			A. "我们是我们								
							V <sub>2</sub> V <sub>2</sub>		No		
b) Are tested primary and secon	idary parameter	Yes Yes		No	Yes	No	Yes Yes		7140		
in compliance with the PNSD\	W Standards?										
III.		Para	ameters		Param	neters	2000	ameters			
(If No, indicate non-complying	g parameters)								Color Apparent		
and the second of the second o							_   _ (	CU) paramete			
		17						on Nov. 4,	, 2021.		
Over-all evaluation:											
PASSED PNSDV	V (Yes/No)		Yes Ye	is		No					
				ured ere	in the permissible	level set by the PNSDW.					
Remarks:		All pai	ameters meas	ou eu are Witt	m the hermissible	The state of the s					
	ABSTREE.	(Plea	se furnish L	WUA copies	of laboratory 1	est Results)					
The state of the s		1		-			120				

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

NOV 17 2021

Form II. Standard Format for Physical a hemical Test Results

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	WATER	DISTRICT		
SUMMARY REPOR	T ON PHYSIC	CAL AND CH	IEMICAL ANA	LYSIS
FOR THE MONTH	MAY	YEAR	2021	

			SAMP	LING LOCATIO	ON * (type askterisk	* inside the box of the	sampling locati	ion)	
Date/Time (MM/DI		* Consu	mer's Tap	S SS")	Water Treat	ment Plant Outlet	* Source		SS.SS")
Collected: 5/27/20					Longtitude (E) Latitude (N)		Longtitude (E) Latitude (N)		
Analyzed: 5/27/20	21	Longtitud		titude (N)		Deg Min Sec	Deg Min		Min Sec
		Deg Min	Sec Deg	Min Sec	Deg Min Sec	T Deg Willi	120 23 5		4 58.20
							b. Name of So		
		b. Location/Na			b. Name of WTP/Id	ocation	and the second of	# 10 Salay (N	lowl
		Ediliza A.	Diamante / S	alay (New)			0.0000000000000000000000000000000000000	# 10 Jalay (I	30 lps
					c. Capacity:		c. Capacity:		30 ips
	PNSDW Max.			Consti	tuents Level (mg/L) (	or Characteristics (Test			
I. Manadatory Parameters	Allowable Level		Consumer's Ta	р	WI	P Outlet		Vater Source 0.004	Passed
. Arsenic (mg/L)	0.01				Mandatory		Mandatory	0.004	Passed
. Cadmium (mg/L)	0.003	Mandatory	0.0005	Passed					
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed			4		
1 . Nitrate (mg/L)	50				Mandatory		Mandatory	1.9	Passed
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory		Mandatory	10	Passed
S . Turbidity (NTU)	5	Mandatory	0.74	Passed					
7 . pH	6.5 - 8.5	Mandatory	7.87	Passed	Mandatory		Mandatory	7.76	Passed
3 . Total Dissolved Solids (mg/L)	600				Mandatory		Mandatory	304	Passed
9 . Disinfection Residual (Eit Residual Chlorine (mg/L) Chlorine Dioxide (mg/L)	0.3 - 1.5	Mandatory  Mandatory	0,56	Passed	Mandatory  Mandatory		Mandatory  Mandatory	1.12	Passed
I. Additional Parameters (Determine)  III. Action Taken ( <i>Please type "</i>			)						
a) Are all mandatory paramete  (If No, indicate parameters r	rs tested?	Yes Yes	Parame	No	Yes	No Parameters	Yes Yes	Parame	No
Are tested primary and second in compliance with the PNSI  (If No, indicate non-complying the primary in t	OW Standards?		ameters	No	Yes	No No	Yes Yes	ameters	No
Over-all evaluation:  PASSED PNSD  Remarks:	W (Yes/No)		rameters mea		nin the permissible levels of laboratory Tes	No vel set by the PNSDW.			

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

Form II. Standard Format for Physical a. nemical Test Results

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	WATER	WATER DISTRICT		
SUMMARY REPOR	T ON PHYSIC	CAL AND CH	IEMICAL ANA	ALYSIS
FOR THE MONTH	MAY	YEAR	2021	

	1								THE RESERVE OF THE PERSON NAMED IN
D-4- /Time /8484/D	7/////	* Consu	mer's Tap		Water Treatr	ment Plant Outlet	* Source	of Supply	
Date/Time (MM/D	CONTRACTOR OF THE PARTY OF THE	a. Coordinates (DDD°MM' SS.SS")		a, Coordinates (DDD	a. Coordinates (DDD°MM' SS.SS")		a. Coordinates (DDD°MM' SS.SS")		
Collected: 5/27/20		Longtitud		itude (N)	Longtitude (E)	Latitude (N)	Longtitude (E) Latitude (N)		
Analyzed: 5/27/20	)21		200	Min Sec	Deg Min Sec	Deg Min Sec	Deg Min	Sec Deg	Min Sec
		Deg Min	Sec Deg	IVIIII See		Dig Tai 100	120 25 1	8.80 16	4 50.80
					b. Name of WTP/lo	cation	b. Name of So	urce	
		b. Location/Na		lagouug	b. Waine of William		P.S	. # 11 Maca	yug
		Carlos	B. Gabriel / M	lacayug	c. Capacity:		c. Capacity:		16 lps
						r Characteristics (Test			
I. Manadatory Parameters	PNSDW Max. Allowable				7	P Outlet		Vater Source	e
	Level		Consumer's Ta	р	Mandatory	Poutet	Mandatory	0.004	Passed
. Arsenic (mg/L)	0.01	16 14	0.0005	Passed			-		
. Cadmium (mg/L)	1,000,000	Mandatory	0.0003	Passed					
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passeu	Mandatory		Mandatory	1.7	Passed
I. Nitrate (mg/L)	50		40	Dassad	Mandatory		Mandatory	10	Passed
5 . Color Apparent (CU)		Mandatory	10	Passed	Manuatory				
5 . Turbidity (NTU)	5	Mandatory	0.89	Passed			Mandatory	8.02	Passed
7 . pH	6.5 - 8.5	Mandatory	7.86	Passed	Mandatory		Mandatory	264	Passed
3 . Total Dissolved Solids (mg/L	600				Mandatory		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9 . Disinfection Residual (Ei	ther of the 2 meth	nods)					Mandatory	1.31	Passed
Residual Chlorine (mg/L)	0.3 - 1.5	Mandatory	0.77	Passed	Mandatory		Mandatory		
Chlorine Dioxide (mg/L)	0.2 - 0.4	Mandatory			Mandatory		Manageory		
II. Action Taken (Please type 'a)  Are all mandatory parameter  (If No, indicate parameters	ers tested?	ppropriate box	Parame	No	Yes	No Parameters	Yes Yes	Parami	No eters
b) Are tested primary and sec in compliance with the PNS (If No, indicate non-comply	DW Standards?		ameters	No	Yes	No	Yes Yes	nmeters	No
Over-all evaluation:  PASSED PNS	DW (Yes/No)	All pa	Yes Ye		in the permissible lev	No el set by the PNSDW.			

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

er

10<u>V 1 7 20</u>2

Date

Form II. Standard Format for Physical a. nemical Test Results

INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	WATER	WATER DISTRICT		
SUMMARY REPOR	T ON PHYSI	CAL AND CH	IEMICAL AN	ALYSIS
FOR THE MONTH	MAY	YEAR	2021	

			SAME	LING LOCATI	ON * (type askterisl	* inside the box of the	e sampling locat	tion)	
Date/Time (MM/DI	0/44441	* Consu	ımer's Tap		Water Trea	tment Plant Outlet	* Source	e of Supply	
EUR COMOLOGIC				s.ss")		a. Coordinates (DDD°MM' SS.SS")		a. Coordinates (DDD°MM' SS.SS")	
Collected: 5/27/20 Analyzed: 5/27/20	-	a. Coordinates (DDD°MM' SS.SS")  Longtitude (E) Latitude (N)		Longtitude (E)		Longtitud	- 1970 - 1980 (1980 - 1971)	titude (N)	
Analyzed: 5/27/20	21	Deg Min		Min Sec	Deg Min Sec		Deg Min	Sec Deg	Min Sec
		Deg Willi					120 22	41.10 16	2 54.10
		b. Location/N	ame of Street		b. Name of WTP/Id	ocation	b. Name of So	ource	
		100005-000	ilyn F. Capito /	'Anolid			P.S. #	12 Jewelville	, Anolid
		Lites	nym. capito,	Anona	c. Capacity:		c. Capacity:		16 lps
	PNSDW Max.				THE SHALL SO ASSESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND AD	or Characteristics (Test			
I. Manadatory Parameters	Allowable			-		IP Outlet	1	Water Source	ρ
1 . Arsenic (mg/L)	Level 0.01		Consumer's Ta	ъ	Mandatory	ir Outlet	Mandatory	0.004	Passed
2 . Cadmium (mg/L)		Mandatory	0.0005	Passed					7. 7. 3. 3. 3.
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed	2.01	PARTIES I			
4 . Nitrate (mg/L)	50	- Consider of y		-	Mandatory		Mandatory	4	Passed
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory		Mandatory	10	Passed
6 . Turbidity (NTU)	5	Mandatory	1.06	Passed					
\$ 50 V		Mandatory	7.89	Passed	Mandatory		Mandatory	7.81	Passed
7 . pH	600	Interioris	7.03		Mandatory		Mandatory	500	Passed
8 . Total Dissolved Solids (mg/L)		20000							
9 . Disinfection Residual (Eith		nods) Mandatory	0.82	Passed	Mandatory		Mandatory	1.23	Passed
Residual Chlorine (mg/L)  Chlorine Dioxide (mg/L)		Mandatory		, , , , , , ,	Mandatory		Mandatory	-	
	350000								
II. Additional Parameters (Determ	nined by LDWQN	/iC)			+				1
					-			- Paratelly	
III. Action Taken (Please type "Y	es" or "No" in a	ppropriate box	)		, learned				7
a) Are all mandatory parameters	s tested?	Yes Yes		No	Yes	No	Yes Yes		No
			Parame	ters		Parameters	12590	Parame	ters
(If No, indicate parameters no	ot analyzed)								
					250				
		•							
		<del></del>			-		1		7
b) Are tested primary and secon	dary parameter	Yes Yes		No	Yes	No	Yes Yes		No
in compliance with the PNSD	W Standards?								
		Para	meters		Parameter	rs .	Para	meters	
(If No, indicate non-complyin	g parameters)	533							Color Apparent
		1 10					(0	CU) paramete	er was done
		PR						on Nov. 4	, 2021.
Over-all evaluation:				-					
PASSED PNSDV	N (Ves/No)		Yes Yes	s		No			
PASSED PRISDE	- (respino)				<u> </u>				
Remarks:		All par	ameters meas	ured are with	in the permissible leve	el set by the PNSDW.			
		/n!	co francish III	AII IA coniec	of laboratory Test	Results)			1
I .		(Piea	ac jui illaii Lu	and cohies	of importation is the				-

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

Form II. Standard Format for Physical a. .hemical Test Results
INSTRUCTION: Fill up the light yellow-colored cells.

MANGALDA	WATER	DISTRICT		
SUMMARY REPOR	T ON PHYSI	CAL AND CH	IEMICAL AN	IALYSIS
FOR THE MONTH	MAY	YEAR	2021	

			SAME	PLING LOCATI	ON * (type askter	isk * inside the box of the	e sampling locat	tion)	
Date/Time (MM/DD	7/22271	* Consu	mer's Tap		Water Tre	eatment Plant Outlet	* Source	e of Supply	
	embotti i	a, Coordinates	0 NEW 2 70 FO	S.SS")		a. Coordinates (DDD°MM' SS.SS")		a. Coordinates (DDD°MM' SS.SS")	
Collected: 5/27/202 Analyzed: 5/27/202		Longtitud	- 15 	atitude (N)	Longtitude (		Longtitud		itude (N)
Analyzed: 5/27/202		Deg Min		Min Sec	Deg Min So	AR REST	Deg Min	Sec Deg	Min Sec
		Deg Willi						29,90 16	3 47.46
		b. Location/Na	me of Street		b. Name of WTP	/location	b. Name of So		
		Table Color	liza S. Surat / (	Osiem			40000000000000000000000000000000000000	P.S. # 13 Osie	m
		cue	iiza 3. Surat /	Osielli	c. Capacity:		c. Capacity:		16 lps
	PNSDW Max					) or Characteristics (Test			
I. Manadatory Parameters	Allowable			-		ATP Outlet	-	Water Source	a
1 . Arsenic (mg/L)	Level 0.01	'	Consumer's Ta	ap	Mandatory	err Oddet	Mandatory	0.004	Passed
2 . Cadmium (mg/L)		Mandatory	0.0005	Passed	16.53				
3 . Lead (mg/L)	0.010	Mandatory	0.002	Passed					
4 . Nitrate (mg/L)	50				Mandatory		Mandatory	2.5	Passed ,
5 . Color Apparent (CU)	10	Mandatory	10	Passed	Mandatory		Mandatory	10	Passed
6 . Turbidity (NTU)	1000	Mandatory	0.96	Passed					
7 . pH	6.5 - 8.5	Mandatory	8.02	Passed	Mandatory		Mandatory	7.71	· Passed
8 . Total Dissolved Solids (mg/L)	600				Mandatory		Mandatory	323	Passed
NE ON ADMINISTRATION AND ADMINIS		anda)							
9 . Disinfection Residual (Eith Residual Chlorine (mg/L)		Mandatory	0.77	Passed	Mandatory		Mandatory	1.5	Passed .
Chlorine Dioxide (mg/L)	0.2 - 0.4	Mandatory	ya ya kata a	<del></del>	Mandatory		Mandatory		
II. Additional Parameters (Determ	ined by LDWON	(C)							
II. Auditional Falameters (Determ	inica by correct	1							
III. Action Taken (Please type "Ye	es" or "No" in a	ppropriate box,							
				7	Yes	No	Yes Yes		T <sub>No</sub>
<ul> <li>a) Are all mandatory parameters</li> </ul>	tested?	Yes Yes	D	No	Lifes	Parameters	100	Parame	_1
	is a real tree Passers (D.)	10000	Parame	ters	F FEETEN	Parameters	1918		
(If No, indicate parameters no	t analyzed)				-  -				
					-				
	J	Yes Yes		No	Yes	No	Yes Yes		No
b) Are tested primary and secon		les les						-	_
in compliance with the PNSD\	N Standards?	Para	meters		Paramet	ers	Para	meters	
(If No, indicate non-complying	a parameters)	1	illeters				1 20		A STATE
(If No, indicate non-complying	g parameters;				R RESERVE			Alexavia A	
Over-all evaluation:						No			
PASSED PNSDW	/ (Yes/No)		Yes Yes		Control Control Control			Santa de	
Remarks:		All para	emeters meas	ured are with	in the permissible le	evel set by the PNSDW.			
					-61-h-n-1	rė Pogulės)			
		(Pleas	se furnish LV	WUA copies	of laboratory Te	st results)			

\* Refer to the attached table for frequency of sampling, minimum number of samples and sampling location for mandatory parameters.

Submitted by:

(Instruction:	Fill up the yellow-colored cells)	
	MANGALDAN	WATER DISTRICT

	MANGALDAN	WAILK DISTRICT		
	Province: Pang	asinan		
	SUMMARY REPORT ON MIC	ROBIOLOGICAL TEST		
	MONTH OF January	20 21		
1 . Population actually serv	50.0004/0 1949/4 C/19.5000/04/(1.51 • 10/4)		1	and constitutions
(No. of service connecti	ons x ave. no. of			70,765
persons per service con	nection (5 persons per household)			
No. of service connection	ons <u>14,153</u>			
2 . Required minimum num	nber of samples based on the table below:			
	2.a For Total Coliform & Thermo	tolerant Coliform/E.Coli	17	samples
	2.b For Heterotrophic Plate Coun	rt	17	samples
Population Served	Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E. coli	Minimum Frequency of Sa Heterotrophic Plate Cou		Point of Compliance
Less than 5,000	2 samples monthly	2 samples month	ılv	Consumers' ta
. Ecos chair 5,000	1 sample per 5,000 population + 2	1 sample per 5,000 popu		consumers to
5,000 - 100,000	additional samples monthly	additional samples m	onthly	Consumers' ta
	1 sample per 10,000 population + 12	Required at least 40% of th	ie sampling	e de la composition della comp
More than 100,000	additional samples monthly	points		Consumers' ta
	Note: Collection of samples should	he spread out within a month		
	1402e. Conection of samples should	be spread out within a month		***************************************
3 . Sample Requirement				
a . No. of sam	ples examined.		1	7
b . Percent (%	) to the minimum required.	•	100	.0%
c . Met Stand	ards? Yes Yes	No		
("Yes" if b	s 100% or more. "No" if b is less than 100	%.)		
4 . Parameter/Method				
A. Total Coliform				
	entation Technique (MTFT)			
	samples showing presence of coliform gro	up.	C	
(A) (A)	) to samples examined (4.1.a/3.a x 100).	Ī	0.0	)%
c . Met Standa	lease to the same of the same	No		
("Yes" if b i	s 5% or less. "No" if b is more than 5%.)			
Appropriate Company of the Company o				
4.2 Membrane Filter Te	(4) (4) (5)			
	samples showing presence of coliform cold	onies.	0	
b . Percent (%	to the number of samples analyzed.		0.0	1%
(4.2.a/3.a	(100)	i.		
c . Met Standa	rds? Yes Yes	No		
("Yes" if b i	s 5% or less. "No" if b is more than 5%.)			

4.3 Enzyme Substrate Coliform Test (EST)

а.	Number of samples showing presence of coliform.	0
b .	Percent (%) to total number of samples examined.	0.0%
	(4.3.a/3.a x 100)	
с.	Met Standards? Yes No No	
	("Yes" if b is 5% or less. "No" if b is more than 5%.)	
3. Thermo	tolerant Coliform/ E. coli	
а.	Number of samples showing presenvce of thermotolerant coliform/E. coli organisms	
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b .	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	•
. Heterot	rophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	
b .	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
ISINFECTIO	DN RESIDUAL	
.A Using I	Free Residual Chlorine	
а.	No. of days without a test conducted	0
b .	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
B Using C	Chlorine Dioxide	
а.	No. of days without a test conducted	0
b.	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
OTE		
IOTE:	FOR MICROBIOLOGICAL RESULTS:	
IOTE:	If number of samples is 20 or less, please attach laboratory test results with this summ samples is more than 20, only the summary form is required even without accompanying	

(Instruction: Fill up the yellow-colored cells)

	MANGALDAN	WATER DISTRICT		
	Province: PANG	GASINAN		
	SUMMARY REPORT ON M	ICROBIOLOGICAL TEST		
	MONTH OF FEBRUARY	20 21		
	9			
. Population actually serve	ed by utility:			2 4 7 7 X 1 1
(No. of service connection	ns x ave. no. of			70,970
persons per service conn	ection (5 persons per household)			
No. of service connection	ns <u>14,194</u>			
Beautied minimum numl	per of samples based on the table below			
kequirea minimum num	2.a For Total Coliform & Therm		.17	samples
	2.b For Heterotrophic Plate Co			samples
	Minimum Frequency of Sampling fo	r	70.00	
Population Served	Total Coliform and Thermotolerant Coliform/E. coli	Minimum Franciancy of		Point of Compliance
Less than 5,000	2 samples monthly	2 samples mor	nthly	Consumers' to
Edda titari a,000	1 sample per 5,000 population + 2	1 sample per 5,000 po		
5,000 - 100,000	additional samples monthly	additional samples	**	Consumers' ta
processor construction of the construction of	1 sample per 10,000 population + 12			
More than 100,000	additional samples monthly	points		Consumers' ta
	Note: Collection of samples shou		700 • 7	
b . Percent (%)	oles examined.  to the minimum required.	7		0.0%
c . Met Standa ("Yes" if b is	rds? Yes Yes 100% or more. "No" if b is less than 10	No 00%.)		塘
Parameter/Method				
A. Total Coliform	355			
4.1 Multiple Tube Forme	ntation Technique (MTFT)			
4		roun		0
	samples showing presence of coliform g			
878 8 ws - 31	to samples examined (4.1.a/3.a x 100).		. 0.	U%
c . Met Standar		No		
("Yes" if b is	5% or less. "No" if b is more than 5%.)			
4.2 Membrane Filter Tec	hnique (MFT)			
	samples showing presence of coliform c	olonies.		0
3.5	to the number of samples analyzed.		0.	0%
(4.2.a/3.a x				
c . Met Standa		No		
	5% or less. "No" if b is more than 5%.)	<b>_</b> J		
4.3 Enzyme Substrate Co	liform Test (EST)			
	samples showing presence of coliform.			)
	to total number of samples examined.		0.0	0%
(4.3.a/3.a x				
c . Met Standar		No		
	ON COLUMN TO THE PARTY OF THE P			
( res ii b is	5% or less. "No" if b is more than 5%.)			

b. Incilii	Stoiciant comorny 2. com	
а.	Number of samples showing presence of thermotolerant coliform/E. coli organisms.	
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b.	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards?	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
C. Hetero	trophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	
b.	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
5.A Using a.	ON RESIDUAL  Free Residual Chlorine  No. of days without a test conducted	0
b .	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
5.B Using	Chlorine Dioxide	**************************************
а.	No. of days without a test conducted	
b.	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
С.	Met Standards?	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
NOTE:	FOR MICROBIOLOGICAL RESULTS:	
NOTE:		
	If number of samples is 20 or less, please attach laboratory test results with this sumr	
f number o	samples is more than 20, only the summary form is required even without accompanying	ng laboratory test results.
SUBMITTEL	) BY:	
	ENGR. MARCELO M. PETONIO	
	General Manager	
	General Manager / *	

Page 2

(instruction: Fill up the yellow-colored cells)

persons per ser	connections x av	SUMMARY REPORT ON MIC  MONTH OF MARCH  tility:	ASINAN PROBIOLOGICAL TEST 20 21	71,240
(No. of service of persons per service of se	connections x av	tility: re. no. of (5 persons per household)		71,240
(No. of service of persons per service of se	connections x av	tility: re. no. of (5 persons per household)	20 21	71,240
(No. of service of persons per service of se	connections x av	re. no. of (5 persons per household)		71,240
persons per ser	vice connection	(5 persons per household)		71,240
No. of service c	onnections	13048		
		14,248		
Required minin	num number of :			
		samples based on the table below:	18 - \$2400 NOTO	e de Sectiones
	2.a	For Total Coliform & Thermot	tolerant Coliform/E.Coli 17	samples
	2.b	For Heterotrophic Plate Coun	t 17	samples
Population S		nimum Frequency of Sampling for tal Coliform and Thermotolerant Coliform/E. coli	Minimum Frequency of Sampling for Heterotrophic Plate Count (HPC)	Point of Compliance
Less than 5	,000	2 samples monthly	2 samples monthly	Consumers' ta
5,000 - 100		sample per 5,000 population + 2 additional samples monthly	1 sample per 5,000 population + 2 additional samples monthly	Consumers' ta
		ample per 10,000 population + 12	Required at least 40% of the sampling	
More than 10	Commercial	additional samples monthly	points	Consumers' ta
	200 00 00	minimum required.	1	0.0%
12 11 1111	et Standards? (es" if b is 100%	Yes Yes or more. "No" if b is less than 1009	]No %.)	
Parameter/Met  A. Total Colifor				
		- 1 · (0)		
		n Technique (MTFT) is showing presence of coliform gro	up.	0
		ples examined (4.1.a/3.a x 100).		0%
	et Standards?		No	
(")	es" if b is 5% or	less. "No" if b is more than 5%.)		
4.2 Membrane	Filter Technique	(MFT)		
	_	s showing presence of coliform colo	onies.	0
		number of samples analyzed.		0%
	2.a/3.a x 100)			
(4	et Standards?	Yes Yes	No	
			, No.	
c. Me		less. "No" if b is more than 5%.)		
c . Me	es" if b is 5% or			
c . Me ("Y 4.3 Enzyme Sub	es" if b is 5% or	Test (EST)		1
c . Me ("Y 4.3 Enzyme Sub a . Nu	es" if b is 5% or estrate Coliform mber of sample	Test (EST) s showing presence of coliform.		)
c . Me ("Y 4.3 Enzyme Sub a . Nu b . Per	es" if b is 5% or estrate Coliform mber of sample rcent (%) to tota	Test (EST)	0.6	
c . Me ("Y 4.3 Enzyme Sub a . Nu b . Per (4.	es" if b is 5% or estrate Coliform mber of sample	Test (EST) s showing presence of coliform. I number of samples examined.		

а.		
	Number of samples showing presence of thermotolerant coliform/E. coli organisms.	
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b.	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
C. Hetero	trophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	
b.	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
DISINFECT	ON RESIDUAL	
5.A Using	Free Residual Chlorine	Committee of the second second second
а.	No. of days without a test conducted	0
b.	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
	98 3050 3 30500 4 3 5050 600 65 mm m m m m m m m m m m m m m m m m m	
5.B Using	Chlorine Dioxide	
5.B Using	Chlorine Dioxide  No. of days without a test conducted	
=	Chlorine Dioxide	
а.	Chlorine Dioxide  No. of days without a test conducted  No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  Met Standards?  No	
a . b .	Chlorine Dioxide  No. of days without a test conducted  No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
a . b .	Chlorine Dioxide  No. of days without a test conducted  No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  Met Standards?  Yes  No  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  FOR MICROBIOLOGICAL RESULTS:	
a . b . c .	Chlorine Dioxide  No. of days without a test conducted  No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  Met Standards?  Yes  No  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	

General Manager

1	Instruction:	Fill u	the ve	ellow-co	lored	cells)

	MANGALDAN	WATER DISTRICT	
	Province: PANGA	ASINAN	
	SUMMARY REPORT ON MIC	ROBIOLOGICAL TEST	
	MONTH OF APRIL	20 21	
1 . Population actually se	erved by utility:		
(No. of service connec	ctions x ave. no. of		71,550
persons per service co	onnection (5 persons per household)		
No. of service connec	14,310		
2 . Required minimum nu	umber of samples based on the table below:	en a 0 k p. + 6	
	2.a For Total Coliform & Thermon	tolerant Coliform/E.Coli 17	7 samples
	2.b For Heterotrophic Plate Coun	it 17	7 samples
Population Served	Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E. coli	Minimum Frequency of Sampling for Heterotrophic Plate Count (HPC)	Point of Compliance
Less than 5,000	2 samples monthly	2 samples monthly	Consumers'
5,000 - 100,000	1 sample per 5,000 population + 2 additional samples monthly	1 sample per 5,000 population + 2 additional samples monthly	Consumers' 1
	1 sample per 10,000 population + 12	Required at least 40% of the sampling	
More than 100,000	additional samples monthly	points	Consumers' t
	Note: Collection of samples should	be spread out within a month	
the state of the s			
3 . Sample Requirement			
a . No. of sa	mples examined.		17
b . Percent (	%) to the minimum required.	10	0.0%
c . Met Stan	dards? Yes Yes	No	
("Yes" if I	b is $100\%$ or more. "No" if b is less than $100\%$	%.)	
		, and the second	
4 . Parameter/Method			
A. Total Coliform			
4.1 Multiple Tube Fer	mentation Technique (MTFT)		
a . Number	of samples showing presence of coliform gro	up.	0
b . Percent (	%) to samples examined (4.1.a/3.a x 100).	· 0.	.0%
c . Met Stan	dards? Yes Yes	No	
("Yes" if b	o is 5% or less. "No" if b is more than 5%.)	1	
4.2 Membrane Filter 1	echnique (MFT)		
a . Number o	of samples showing presence of coliform colo	onies.	0
b . Percent (	%) to the number of samples analyzed.	0.	0%
(4.2.a/3.a	1 × 100)		
c . Met Stan	dards? Yes Yes	No	
("Yes" if k	is 5% or less. "No" if b is more than 5%.)	Henry .	
4.3 Enzyme Substrate	Coliform Test (EST)		
	of samples showing presence of coliform.		0
	%) to total number of samples examined.		0%
(4.3.a/3.a		- 0.1	
c . Met Stand	NAME OF TAXABLE PARTY.	No	
	o is 5% or less. "No" if b is more than 5%.)	200	
/ 100 110			

<ul> <li>Number of samples showing presence of thermotols</li> <li>MTFT: MPN/100 ml value of &lt; 1.1</li> <li>EST: Absent or &lt; 1 MPN/100 ml</li> </ul>	erant coliform/E. coli organisms.
V	
EST: Absent or < 1 MPN/100 ml	
MFT: < 1 thermotolerant coliform colonies/100ml.	0
b . Percent (%) to total number of samples analyzed	0.0%
c . Met Standards? Yes Yes	No
("Yes" if a is zero. "No" if a is not equal to zero.)	_
C. Heterotrophic Plate Count (HPC)	
a . Number of HPC tests conducted.	17
Percent (%) to the minimum required.	100.0%
Met Standards (no. of samples)? Yes Yes	. No
b . No. of samples showing HPC value < 500 CFU/ml.	17
c . Percent (%) to number of tests conducted (b/a x 10	00).
d . Met Standards? Yes Yes	No
("Yes" if c is 100%. "No" if c is not 100%.)	_
DISINFECTION RESIDUAL	
5.A Using Free Residual Chlorine	
a . No. of days without a test conducted	0
b . No. of samples with residual chlorine <0.3 or >1.5 m	g/L 0
c . Met Standards? Yes Yes	No
("Yes" if a and b are both zero. "No" if either a or b,	, or both a and b are not zero.)
5.B Using Chlorine Dioxide	
a . No. of days without a test conducted	
b . No. of samples with residual chlorine dioxide <0.2 or	>0.4 mg/L
c . Met Standards?	No
("Yes" if a and b are both zero. "No" if either a or b,	or both a and b are not zero.)
NOTE: FOR MICROBIOLOGICAL RESU	
15 minutes of agreement in 20 my land, along which labor	pratory test results with this summary form.
if number of samples is 20 or less, please attach labb If number of samples is more than 20, only the summary form is red	

(Instruction: Fill up the yellow-colored cells)

		MANGALDAN	WATER DISTRICT	
		Province: PANGA	SINAN	
		SUMMARY REPORT ON MICE	ROBIOLOGICAL TEST	
		MONTH OF MAY	20 21	
1.	Population actually served		4 0 5 2 7 12 5	71.860
	(No. of service connection	ection (5 persons per household)		71,800
	persons per service conne	ection (5 persons per nousenous)		
	No. of service connections	14,372		
2	Required minimum numh	er of samples based on the table below:		
۷.	. nequirea minimani namo	2.a For Total Coliform & Thermot	olerant Coliform/E.Coli 1	samples
		2.b For Heterotrophic Plate Coun		samples
Γ		Minimum Frequency of Sampling for	Minimum Frequency of Sampling for	Point of
	Population Served	Total Coliform and Thermotolerant Coliform/E. coli	Heterotrophic Plate Count (HPC)	Compliance
	Less than 5,000	2 samples monthly	2 samples monthly	Consumers' ta
-	Less than 3,000	1 sample per 5,000 population + 2	1 sample per 5,000 population + 2	
and the same of	5,000 - 100,000	additional samples monthly	additional samples monthly	Consumers' ta
	More than 100,000	1 sample per 10,000 population + 12 additional samples monthly	Required at least 40% of the sampling points	Consumers' ta
Ī			I and with its annual.	
L		Note: Collection of samples should	ве ѕргеаа ой: within a топт	
3 .	. Sample Requirement			
	a . No. of sampl	les examined.		17
	b . Percent (%)	to the minimum required.	10	0.0%
	c . Met Standar	rds? Yes Yes	No	,
	("Yes" if b is	100% or more. "No" if b is less than 1009	%.)	
4.	. Parameter/Method			
	A. Total Coliform			
	4.1 Multiple Tube Ferme	ntation Technique (MTFT)		
	AND ANDERSON IN EACH	amples showing presence of coliform gro	up.	0
		to samples examined (4.1.a/3.a x 100).		.0%
	c . Met Standar		No	
	("Yes" if b is	5% or less. "No" if b is more than 5%.)		
	4.2 Membrane Filter Tecl	hnique (MFT)		400 T
	a . Number of s	amples showing presence of coliform colo	onies.	0
	b . Percent (%)	to the number of samples analyzed.	0	.0%
	(4.2.a/3.a x	100)		
	c . Met Standar	ds? Yes Yes	No	
	("Yes" if b is	5% or less. "No" if b is more than 5%.)	•	(f)
	4.3 Enzyme Substrate Co	liform Test (EST)		
	120	amples showing presence of coliform.		0
		to total number of samples examined.	0	.0%
	(4.3.a/3.a x			
	202 000E00 •		No	
		ds? Yes Yes 5% or less. "No" if b is more than 5%.)	Jao	
	( Yes IT D IS	370 OF 1622. 180 II D IS HIDTE HIGH 376.)		

a . Number of samples showing presence of thermotolerant coliform/E. coli organisms.  MTFT: MPN/100 ml value of < 1.1 EST: Absent or < 1 MPN/100 ml MFT: 1 thermotolerant coliform colonies/100ml.  b . Percent (%) to total number of samples analyzed  c . Met Standards?  ("Yes" if a is zero. "No" if a is not equal to zero.)  C. Heterotrophic Plate Count (HPC)  a . Number of HPC tests conducted.  Percent (%) to the minimum required.  Met Standards (no. of samples)? Yes	B. Th	ermot	olerant Coliform/ E. coli	
EST: Absent or < 1 MPN/100 ml  MFT: < 1 thermotolerant coliform colonies/100ml.  b. Percent (%) to total number of samples analyzed  c. Met Standards?  ("Yes" if a is zero. "No" if a is not equal to zero.)  C. Heterotrophic Plate Count (HPC)  a. Number of HPC tests conducted.  Percent (%) to the minimum required.  Met Standards (no. of samples)?  b. No. of samples showing HPC value < 500 CFU/ml.  c. Percent (%) to number of tests conducted (b/a x 100).  d. Met Standards?  ("Yes" if a is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  S.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine <0.3 or >1.5 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  S.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  if number of samples is 20 or less, please attach laboratory test results with this summary form.  f number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		а.	$\label{lem:number} \textbf{Number of samples showing presence of thermotolerant coliform/E. coli organisms.}$	
MFT: < 1 thermotolerant coliform colonies/100ml.  b. Percent (%) to total number of samples analyzed  c. Met Standards?  ("Yes" if a is zero. "No" if a is not equal to zero.)  C. Heterotrophic Plate Count (HPC)  a. Number of HPC tests conducted.  Percent (%) to the minimum required.  Met Standards (no. of samples)?  b. No. of samples showing HPC value < 500 CFU/ml.  c. Percent (%) to number of tests conducted (b/a x 100).  d. Met Standards?  ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine <0.3 or >1.5 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.8 Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  ENGR. MARCELO M. PETONIO			MTFT: MPN/100 ml value of < 1.1	
b . Percent (%) to total number of samples analyzed c . Met Standards? ("Yes" if a is zero. "No" if a is not equal to zero.)  C. Heterotrophic Plate Count (HPC)  a . Number of HPC tests conducted. Percent (%) to the minimum required. Met Standards (no. of samples)?  b . No. of samples showing HPC value < 500 CFU/ml.  c . Percent (%) to number of tests conducted (b/a x 100).  d . Met Standards? ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine a . No. of samples with residual chlorine <0.3 or >1.5 mg/L  c . Met Standards? ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide a . No. of days without a test conducted b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards? ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:  ENGR. MARCELO M. PETONIO			EST: Absent or < 1 MPN/100 ml	
c . Met Standards? ("Yes" if a is zero. "No" if a is not equal to zero.)  C. Heterotrophic Plate Count (HPC)  a . Number of HPC tests conducted. Percent (%) to the minimum required. Met Standards (no. of samples)?  b . No. of samples showing HPC value < 500 CFU/ml.  c . Percent (%) to number of tests conducted (b/a x 100).  d . Met Standards? ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine a . No. of days without a test conducted b . No. of samples with residual chlorine < 0.3 or >1.5 mg/L  c . Met Standards? ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide a . No. of days without a test conducted b . No. of samples with residual chlorine dioxide < 0.2 or >0.4 mg/L  c . Met Standards? ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form. If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:			MFT: < 1 thermotolerant coliform colonies/100ml.	0
C. Heterotrophic Plate Count (HPC)  a . Number of HPC tests conducted. Percent (%) to the minimum required. Met Standards (no. of samples)? Ves Ves No  b . No. of samples showing HPC value < 500 CFU/ml.  c . Percent (%) to number of tests conducted (b/a x 100).  d . Met Standards? Ves Ves No  ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a . No. of days without a test conducted  b . No. of samples with residual chlorine <0.3 or >1.5 mg/L  c . Met Standards? Yes No  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards? Nes No  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE: FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		b.	Percent (%) to total number of samples analyzed	0.0%
C. Hetérotrophic Plate Count (HPC)  a . Number of HPC tests conducted. Percent (%) to the minimum required. Met Standards (no. of samples)? Yes Yes No  b . No. of samples showing HPC value < 500 CFU/ml.  c . Percent (%) to number of tests conducted (b/a x 100).  d . Met Standards? Yes Yes No ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a . No. of days without a test conducted  b . No. of samples with residual chlorine <0.3 or >1.5 mg/L  c . Met Standards? Yes Yes No ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards? Yes No ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE: FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  In number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		с.	Met Standards? Yes Yes No	
a . Number of HPC tests conducted.  Percent (%) to the minimum required.  Met Standards (no. of samples)?  b . No. of samples showing HPC value < 500 CFU/ml.  c . Percent (%) to number of tests conducted (b/a x 100).  d . Met Standards?  ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a . No. of days without a test conducted  b . No. of samples with residual chlorine <0.3 or >1.5 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  Foundation of the summary form is required even without accompanying laboratory test results  SUBMITTED BY:			("Yes" if a is zero. "No" if a is not equal to zero.)	
Percent (%) to the minimum required.  Met Standards (no. of samples)?  b. No. of samples showing HPC value < 500 CFU/ml.  c. Percent (%) to number of tests conducted (b/a x 100).  d. Met Standards?  ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine <0.3 or >1.5 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  Finumber of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:	C. He	eterotr	ophic Plate Count (HPC)	* * * * * * * * * * * * * * * * * * *
Met Standards (no. of samples)? Yes  No  b. No. of samples showing HPC value < 500 CFU/ml. 17  c. Percent (%) to number of tests conducted (b/a x 100). 100.0%  d. Met Standards? Yes  No   ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine <0.3 or >1.5 mg/L  c. Met Standards? Yes  No   ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards? Yes  No   ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE: FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  f number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		а.	Number of HPC tests conducted.	17
b. No. of samples showing HPC value < 500 CFU/ml.  c. Percent (%) to number of tests conducted (b/a x 100).  d. Met Standards?  ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine < 0.3 or >1.5 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide < 0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:			Percent (%) to the minimum required.	100.0%
c . Percent (%) to number of tests conducted (b/a x 100).  d . Met Standards? ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a . No. of days without a test conducted  b . No. of samples with residual chlorine <0.3 or >1.5 mg/L  c . Met Standards? ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.8 Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards? ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  if number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:			Met Standards (no. of samples)? Yes Yes No	
d . Met Standards?  ("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a . No. of days without a test conducted  b . No. of samples with residual chlorine <0.3 or >1.5 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		b.	No. of samples showing HPC value < 500 CFU/ml.	17
("Yes" if c is 100%. "No" if c is not 100%.)  DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine <0.3 or >1.5 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
DISINFECTION RESIDUAL  5.A Using Free Residual Chlorine  a. No. of days without a test conducted  b. No. of samples with residual chlorine <0.3 or >1.5 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		d.	Met Standards? Yes Yes No	
5.A Using Free Residual Chlorine  a . No. of days without a test conducted  b . No. of samples with residual chlorine < 0.3 or >1.5 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide < 0.2 or >0.4 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:			("Yes" if c is 100%. "No" if c is not 100%.)	
a . No. of days without a test conducted b . No. of samples with residual chlorine <0.3 or >1.5 mg/L c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.8 Using Chlorine Dioxide a . No. of days without a test conducted b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:	5 DISINE	FECTIC	ON RESIDUAL	
b. No. of samples with residual chlorine <0.3 or >1.5 mg/L c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:	5.A U	Jsing F	ree Residual Chlorine	
C. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a. No. of days without a test conducted  b. No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c. Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		а.	No. of days without a test conducted	0
("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:	*	b .	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
5.B Using Chlorine Dioxide  a . No. of days without a test conducted  b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		с.	Met Standards? Yes Yes No	
a . No. of days without a test conducted b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:			("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L  c . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:	5.B U	Jsing C	hlorine Dioxide	
C . Met Standards?  ("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE:  FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:  ENGR. MARCELO M. PETONIO		а.	No. of days without a test conducted	
("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)  NOTE: FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  if number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:		b.	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
NOTE: FOR MICROBIOLOGICAL RESULTS:  If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:  ENGR. MARCELO M. PETONIO		с.	Met Standards?	
If number of samples is 20 or less, please attach laboratory test results with this summary form.  If number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:  ENGR. MARCELO M. PETONIO			("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
f number of samples is more than 20, only the summary form is required even without accompanying laboratory test results  SUBMITTED BY:  ENGR. MARCELO M. PETONIO	NOTE:		FOR MICROBIOLOGICAL RESULTS:	
SUBMITTED BY:  ENGR. MARCELO M. PETONIO			If number of samples is 20 or less, please attach laboratory test results with this sum	mary form.
ENGR. MARCELO M. PETONIO	f num	ber of	samples is more than 20, only the summary form is required even without accompanyi	ng laboratory test results
ENGR. MARCELO M. PETONIO	C			
	SUBM	IITTED	BY:	
The state of the s				
The state of the s				
General Manager ↓	195		ENGR. MARCELO M. PETONIO	
5 /			General Manager   ✓	

Page 2

(Instruction: Fill up the yellow-colored cells)

	MANGALDAN	WATER DISTRICT	
	Province: PANGA	ASINAN	
	SUMMARY REPORT ON MICE	ROBIOLOGICAL TEST	
	MONTH OF JUNE	20 21	
Population actually served	l by utility:		
(No. of service connection	s x ave. no. of		72,095
persons per service conne	ction (5 persons per household)		
No. of service connections	14,419		
Required minimum numbe	er of samples based on the table below:		
	2.a For Total Coliform & Thermot	olerant Coliform/E.Coli 17	samples
	2.b For Heterotrophic Plate Coun	t 17	samples
Population Served	Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E. coli	Minimum Frequency of Sampling for Heterotrophic Plate Count (HPC)	Point of Compliance
Less than 5,000	2 samples monthly	2 samples monthly	Consumers' to
5,000 - 100,000	1 sample per 5,000 population + 2 additional samples monthly	1 sample per 5,000 population + 2 additional samples monthly	Consumers' to
More than 100,000	1 sample per 10,000 population + 12	Required at least 40% of the sampling	
Wore than 100,000	additional samples monthly	points	Consumers' to
	Note: Collection of samples should	be spread out within a month	
Sample Requirement			
a . No. of sample	es examined.		17
	o the minimum required.	<del></del>	0.0%
c . Met Standard		No .	
1000 Proc 500	.00% or more. "No" if b is less than 1009		
Parameter/Method			
A. Total Coliform			
4.1 Multiple Tube Fermen	tation Technique (MTFT)		
a . Number of sa	mples showing presence of coliform grou	ıp	0
b . Percent (%) to	samples examined (4.1.a/3.a x 100).		0%
c . Met Standard	s? Yes Yes	No	
("Yes" if b is 5	% or less. "No" if b is more than 5%.)		
4.2 Membrane Filter Techn	nique (MFT)		
	mples showing presence of coliform colo	nies.	)
	the number of samples analyzed.		0%
(4.2.a/3.a x 1			370
c . Met Standard		No	
	% or less. "No" if b is more than 5%.)	,	
4.3 Enzyme Substrate Colif	orm Test (EST)		
	mples showing presence of coliform.		)
	total number of samples examined.		0%
(4.3.a/3.a x 10	(20)	0.0	770
c . Met Standard		No	
	% or less. "No" if b is more than 5%.)	NO.	
( 142 11 11 2)	70 01 1633. NO ILD IS HIGHE CHAIL 370.)		

B. Thermo	tolerant Collormy E. coll	
а.	Number of samples showing presence of thermotolerant coliform/E. coli organisms.	
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b.	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
	* *	
C. Heterot	rophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	
b.	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
	, , , , , , , , , , , , , , , , , , , ,	
DISINFECTION	ON RESIDUAL	
	Free Residual Chlorine	
a.	No. of days without a test conducted	0
b .	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards?  Yes Yes No	
٠.	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
	The manufacture of the manufactu	
5.R. Using (	Chlorine Dioxide	
a.	No. of days without a test conducted	
b.	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
с.	Met Standards?	
С.	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
	( les it a alle b are bout zero. No it claims a of b, of bout a alle b are not zero.)	
NOTE:	FOR MICROBIOLOGICAL RESULTS:	
INOTE.		
	If number of samples is 20 or less, please attach laboratory test results with this sumn	
f number of	samples is more than 20, only the summary form is required even without accompanying	ig laboratory test resu
SUBMITTED	py.	
JODIVITTEL		
	ENGR. MARCELO M. PETONIO	
	General Manager /→/	

( instruction: Fill up the yellow-colored cells)

	MANGALDAN	WATER DISTRICT	
	Province: PANGA		
	SUMMARY REPORT ON MICE		
	MONTH OF JULY	20 21	
Population actually served	by utility:		
(No. of service connections	30/20/20/20/20/20/20/20/20/20/20/20/20/20		72,450
	ction (5 persons per household)		
persons per service service	(		
No. of service connections	14,490		
	gelang data pupilib dan-secun dan taga da an basad		
Required minimum number	er of samples based on the table below:	and the second of the second o	
	2.a For Total Coliform & Thermot	olerant Coliform/E.Coli 17	samples
	2.b For Heterotrophic Plate Count	17	samples
	Minimum Frequency of Sampling for	Minimum Frequency of Sampling for	Point of
Population Served	Total Coliform and Thermotolerant Coliform/E. coli	Heterotrophic Plate Count (HPC)	Compliance
	Comorniy E. Con		
Less than 5,000	2 samples monthly	2 samples monthly	Consumers' ta
	1 sample per 5,000 population + 2	1 sample per 5,000 population + 2	
5,000 - 100,000	additional samples monthly	additional samples monthly	Consumers' ta
	1 sample per 10,000 population + 12	Required at least 40% of the sampling points	Consumers' ta
More than 100,000	additional samples monthly	points	Consumers to
Parameter/Method  A. Total Coliform  4.1 Multiple Tube Fermer  a. Number of sa	amples showing presence of coliform gro o samples examined (4.1.a/3.a x 100).	up.	0.0%
	5% or less. "No" if b is more than 5%.)		
4.2 Membrane Filter Tech	nnique (MFT)		
	amples showing presence of coliform col	onies.	0
	to the number of samples analyzed.		.0%
(4.2.a/3.a x			5)
c . Met Standar		No	
	5% or less. "No" if b is more than 5%.)	1	
4.3. Francis Culturatura Cal	Search Tork (EST)		
4.3 Enzyme Substrate Col	amples showing presence of coliform.		0
	to total number of samples examined.		0.0%
\$ 30 to		was to see a see	
(4.3.a/3.a x		1	
c . Met Standar		No	
	5% or less. "No" if b is more than 5%.)		

B. Therm	otolerant Coliform/ E. coli	
а.	Number of samples showing presence of thermotolerant coliform/E. coli organisms	<b>t</b> 8
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b.	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
C. Hetero	ptrophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	,
b.	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
5 DISINFECT	ION RESIDUAL	
5.A Using	Free Residual Chlorine	V
а.	No. of days without a test conducted	0
b.	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
5.B Using	Chlorine Dioxide	N. C.
а.	No. of days without a test conducted	
b.	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
с.	Met Standards?	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
NOTE:	FOR MICROBIOLOGICAL RESULTS:	
	If number of samples is 20 or less, please attach laboratory test results with this sum	mary form.
f number o	f samples is more than 20, only the summary form is required even without accompanyi	ing laboratory test results.
SUBMITTE	D BY:	
	Station Carel Conserve and Addition At	
	ENGR. MARCELO M. PETONIO  General Manager H	
	General Manager C	

(Instruction:	Fill up	the yell	ow-colored	cells)
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	MANGALDAN	WATER DISTRICT	
	Province: PANGA	ASINAN	
	SUMMARY REPORT ON MIC	ROBIOLOGICAL TEST	
	MONTH OF AUGUST	20 21	
. Population actually serv	ed by utility:		
(No. of service connection	ons x ave. no. of		72,650
persons per service con	nection (5 persons per household)		
No. of service connectio	ns 14,530		
. Required minimum num	ber of samples based on the table below:		
	2.a For Total Coliform & Thermot	colerant Coliform/E.Coli 1	7 samples
	2.b For Heterotrophic Plate Coun	t1	7 samples
Population Served	Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E. coli	Minimum Frequency of Sampling for Heterotrophic Plate Count (HPC)	Point of Compliand
Less than 5,000	2 samples monthly	2 samples monthly	Consumers'
5,000 - 100,000	1 sample per 5,000 population + 2 additional samples monthly	1 sample per 5,000 population + 2 additional samples monthly	Consumers'
5,555 255,555	1 sample per 10,000 population + 12	Required at least 40% of the sampling	
More than 100,000	additional samples monthly	points	Consumers'
	Note: Collection of samples should	be spread out within a month	
. Sample Requirement			A - 1 - 2 - 7 - 7
	ples examined.		17
b . Percent (%)	to the minimum required.	10	0.0%
c . Met Standa		No ,	
("Yes" if b i	s 100% or more. "No" if b is less than 1009	%.)	
D			
. Parameter/Method			
A. Total Coliform			
4.1 Multiple Tube Ferme	entation Technique (MTFT)		
a . Number of	samples showing presence of coliform gro	up.	0
b . Percent (%)	to samples examined (4.1.a/3.a x 100).		.0%
c . Met Standa	rds? Yes Yes	No	
("Yes" if b is	5 5% or less. "No" if b is more than 5%.)	•	
4.2 Membrane Filter Tec	chnique (MFT)		
a . Number of	samples showing presence of coliform colo	onies.	0
b . Percent (%)	to the number of samples analyzed.	0.	.0%
(4.2.a/3.a >	(100)	_	
c . Met Standa	rds? Yes Yes	No	
("Yes" if b is	55% or less. "No" if b is more than 5%.)	•	
4.3 Enzyme Substrate Co	oliform Test (EST)		
	samples showing presence of coliform.		0
	to total number of samples examined.		0%
(4.3.a/3.a ×			
c . Met Standa		No	
	5% or less. "No" if b is more than 5%.)		

B. Thermo	otolerant Coliform/ E. coli	
а.	Number of samples showing presence of thermotolerant coliform/E. coli organisms.	
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b.	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
C Hotoro	trophic Plate Count (HPC)	
	Number of HPC tests conducted.	17
а.		
	Percent (%) to the minimum required.	100.0%
191	Met Standards (no. of samples)? Yes Yes No	47
Ь.	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards?	
	("Yes" if c is 100%. "No" if c is not 100%.)	
5 DISINFECT	ION RESIDUAL	
5.A Using	Free Residual Chlorine	
а.	No. of days without a test conducted	0
b.	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
5.B Using	Chlorine Dioxide	
а.	No. of days without a test conducted	
b .	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
с.	Met Standards?	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
En-		
NOTE:	FOR MICROBIOLOGICAL RESULTS:	
	If number of samples is 20 or less, please attach laboratory test results with this sum	
f number o	f samples is more than 20, only the summary form is required even without accompanying	ng laboratory test results.
SUBMITTE	D. R.V.	
30BIVIII TEI	DDI.	
	ENICOTA ADELLO NA DETONIO	
	ENGR. MARCELO M. PETONIO	
	General Manager	

Page 2

(Instruction: Fill up the yellow-colored cells)

Population Served Total Coliform and Thermotolerant Coliform/E. coli  Less than 5,000 2 samples monthly 2 samples monthly Consumers  1 sample per 5,000 population + 2 additional samples monthly additional samples monthly 1 sample per 10,000 population + 12 Required at least 40% of the sampling		MANGALDAN	WATER DISTRICT	
Population actually served by utility: (No. of service connections x ave. no. of persons per service connections (5 persons per household)  No. of service connections  14,576  Required minimum number of samples based on the table below:  2.a For Total Coliform 8. Thermotolerant Coliform/E.Coli 17 samples  2.b For Heterotrophic Plate Count 17 samples  Population Served Coliform and Thermotolerant Coliform/E.Coli 17 samples  Coliform/E. coli 17 samples Population Served Coliform and Thermotolerant Coliform/E.Coli 17 samples  Less than 5,000 2 samples monthly 3 additional samples monthly 3 additional samples monthly 3 additional samples monthly 4 additional samples monthly 3 additional samples monthly 4 additional samples monthly 5 additional samples monthly 6 additional samples monthly 6 additional samples monthly 6 additional samples monthly 7 additional samples monthly 7 additional samples monthly 8 additional samples monthly 8 additional samples monthly 9 points 7 additional samples monthly 9 additional samples samples samples samples samples samples 9 additional 9 a		Province: PANG	ASINAN	
Population actually served by utility: (No. of service connections x ave. no. of persons per service connection (5 persons per household)  No. of service connections  14,576  Required minimum number of samples based on the table below: 2.a For Total Coliform & Thermotolerant Coliform/E.Coli 2.b For Heterotrophic Plate Count  17 samples  2.b For Heterotrophic Plate Count  17 samples  Population Served  Minimum Frequency of Sampling for Total Coliform/E.coli  18 sample per 5,000 population + 2 additional samples monthly 2 sample per 5,000 population + 2 additional samples monthly 3 sample per 5,000 population + 2 additional samples monthly 4 sample per 5,000 population + 2 additional samples monthly 5 sample per 5,000 population + 2 Additional samples monthly 4 sample per 5,000 population + 2 Additional samples monthly 5 sample ser 5,000 population + 2 Consumers  Note: Collection of samples should be spread out within a month  Sample Requirement  a. No. of samples examined.  b. Percent (%) to the minimum required.  c. Met Standards?  ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a. Number of samples showing presence of coliform group. b. Percent (%) to samples examined (4.1.a/3.a x 100). c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a. Number of samples showing presence of coliform colonies. b. Percent (%) to the unimber of samples analyzed. (4.2.a/3.a x 100)  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST) a. Number of samples showing presence of coliform. b. Percent (%) to total number of samples examined. (4.3.a/3.a x 100)		SUMMARY REPORT ON MI	CROBIOLOGICAL TEST	
(No. of service connections x ave. no. of persons per household)  No. of service connections  14,576  Required minimum number of samples based on the table below:  2.a For Total Coliform & Thermotolerant Coliform/E.Coli  2.b For Heterotrophic Plate Count  17 samples  2.b For Heterotrophic Plate Count  17 samples  2.b For Heterotrophic Plate Count  17 samples  Population Served  13 samples monthly  2 samples monthly  2 samples monthly  3 sample per 5,000 population + 2 additional samples monthly  4 additional samples monthly  More than 100,000  1 sample per 10,000 population + 12 additional samples monthly  More than 100,000  1 sample per 10,000 population + 12 additional samples monthly  Note: Collection of samples should be spread out within a month  Sample Requirement  a No. of semples examined.  b. Percent (%) to the minimum required.  c. Met Standards?  ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method  4.1 Multiple Tube Fermentation Technique (MTFT)  a Number of samples showing presence of coliform group.  b. Percent (%) to samples swamined (4.1.a/3.a x 100).  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MTFT)  a Number of samples showing presence of coliform colonies.  b. Percent (%) to samples showing presence of coliform colonies.  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MTFT)  a Number of samples showing presence of coliform colonies.  b. Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a Number of samples showing presence of coliform.  b. Percent (%) total number of samples examined.  (4.3.a/3.a x 100)		MONTH OF SEPTEMBER	20 21	
Persons per service connections  14,576  Required minimum number of samples based on the table below:  2.a For Total Coliform & Thermotolerant Coliform/E.Coli  2.b For Heterotrophic Plate Count  17 samples  2.b For Heterotrophic Plate Count  17 samples  2.b For Heterotrophic Plate Count  17 samples  Population Served  Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E.coli  Less than 5,000  2 samples monthly  2 samples monthly  2 samples monthly  3 sample per 5,000 population + 2  4 additional samples monthly  Additional samples showled be spread out within a month  Sample Requirement  A. No. of samples examined.  A. No. of samples examined.  A. No. of samples examined.  A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a. Number of samples showing presence of coliform group.  b. Percent (%) to samples showing presence of coliform group.  b. Percent (%) to samples showing presence of coliform colonies.  c. (*Yes* "if b is 5% or less." "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a. Number of samples showing presence of coliform colonies.  b. Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c. Met Standards?  ("Yes* "if b is 5% or less." "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a. Number of samples showing presence of coliform.  b. Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	. Population actually serv	ed by utility:	V 1 4 4000	
Required minimum number of samples based on the table below:  2.a For Total Coliform & Thermotolerant Coliform/E.Coli  2.b For Heterotrophic Plate Count    Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform And Thermotolerant Coliform And Thermotolerant Coliform And Thermotolerant Coliform P. Consumers    Minimum Frequency of Sampling for Total Coliform And Thermotolerant Coliform And Thermoto	(No. of service connection	ons x ave. no. of		72,880
Required minimum number of samples based on the table below:  2.a For Total Coliform & Thermotolerant Coliform/E.Coli  2.b For Heterotrophic Plate Count  Population Served    Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E. Coliform And Thermotolerant Coliform And Thermotolerant Coliform/E. Coliform And Thermotolerant Colifor	persons per service con	nection (5 persons per household)		<del></del>
2.a For Total Coliform & Thermotolerant Coliform/E.Coli   17 samples	No. of service connection	ns <u>14,576</u>		
2.b   For Heterotrophic Plate Count   17   samples	. Required minimum num	iber of samples based on the table below:		
Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform Attention Served  Less than 5,000  2 samples monthly  1 sample per 5,000 population + 2 additional samples monthly  1 sample per 5,000 population + 12 additional samples monthly  1 sample per 1,0000 population + 12 additional samples monthly  Note: Collection of samples should be spread out within a month  Sample Requirement  a		2.a For Total Coliform & Thermo	otolerant Coliform/E.Coli 17	samples
Population Served Total Coliform and Thermotolerant Coliform/E. coli  Less than 5,000		2.b For Heterotrophic Plate Cou	nt 17	samples
Sample Requirement  a. No. of samples examined. b. Percent (%) to the minimum required. c. Met Standards? ("Yes" if b is 59% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT) a. Number of samples showing presence of coliform colonies. b. Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100) c. Met Standards? ("Yes" if b is 55% or less. "No" if b is more than 5%.)  1 sample respondence of coliform. b. Percent (%) to the number of samples examined. 4.1 Multiple Tube Fermentation Technique (MTFT) a. Number of samples showing presence of coliform group. b. Percent (%) to samples examined (4.1.a/3.a x 100). c. Met Standards? ("Yes" if b is 55% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT) a. Number of samples showing presence of coliform colonies. b. Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100) c. Met Standards? ("Yes" if b is 55% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST) a. Number of samples showing presence of coliform. b. Percent (%) to total number of samples examined. (4.3.a/3.a x 100)	Population Served	Total Coliform and Thermotolerant	Wilnimum Frequency of Sampling for	Point of Compliant
Sample Per 5,000 population + 2 additional samples monthly points Consumers  **Note:** Collection of samples should be spread out within a month**  **Sample Requirement**  a. No. of samples examined.  b. Percent (%) to the minimum required.  c. Met Standards?  ("Yes" if b is 100% or more. "No" if b is less than 100%.)  **Parameter/Method**  4.1 Multiple Tube Fermentation Technique (MTFT)  a. Number of samples showing presence of coliform group.  b. Percent (%) to samples examined (4.1.a/3.a x 100).  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  **4.2 Membrane Filter Technique (MFT)  a. Number of samples showing presence of coliform colonies.  b. Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a. Number of samples showing presence of coliform.  b. Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	Less than 5,000	2 samples monthly	2 samples monthly	Consumers'
Sample Requirement   A.   No. of samples examined.   Sample From the sample   Sample Samples   Sample Samples   Sa		1 sample per 5,000 population + 2	1 sample per 5,000 population + 2	
More than 100,000 additional samples monthly points  Note: Collection of samples should be spread out within a month  Sample Requirement  a. No. of samples examined. b. Percent (%) to the minimum required. c. Met Standards? ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method  A. Total Colliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a. Number of samples showing presence of coliform group. b. Percent (%) to samples examined (4.1.a/3.a x 100). c. Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a. Number of samples showing presence of coliform colonies. b. Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100)  c. Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST) a. Number of samples showing presence of coliform. b. Percent (%) to total number of samples examined. (4.3.a/3.a x 100)	5,000 - 100,000			Consumers'
Sample Requirement  a . No. of samples examined.  b . Percent (%) to the minimum required.  c . Met Standards?     ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method  A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards?     ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.     (4.2.a/3.a x 100)  c . Met Standards?     ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.     (4.3.a/3.a x 100)	More than 100,000			Consumers'
Sample Requirement  a . No. of samples examined.  b . Percent (%) to the minimum required.  c . Met Standards?     ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method  A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards?     ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.     (4.2.a/3.a x 100)  c . Met Standards?     ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.     (4.3.a/3.a x 100)			d to a second and a second	
a . No. of samples examined. b . Percent (%) to the minimum required. c . Met Standards? Yes Yes No ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT) a . Number of samples showing presence of coliform group. b . Percent (%) to samples examined (4.1.a/3.a x 100). c . Met Standards? Yes Yes No ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT) a . Number of samples showing presence of coliform colonies. b . Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100) c . Met Standards? Yes Yes No ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST) a . Number of samples showing presence of coliform. b . Percent (%) to total number of samples examined. (4.3.a/3.a x 100)		Note: Collection of Samples Should	т ве ѕргева онг міліт а топіл	
b . Percent (%) to the minimum required.  c . Met Standards? Yes Yes No ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards? Yes Yes No ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.	Sample Requirement			
c . Met Standards? ("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100)  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined. (4.3.a/3.a x 100)	a . No. of sam	ples examined.		17
("Yes" if b is 100% or more. "No" if b is less than 100%.)  Parameter/Method  A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a. Number of samples showing presence of coliform group.  b. Percent (%) to samples examined (4.1.a/3.a x 100).  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a. Number of samples showing presence of coliform colonies.  b. Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a. Number of samples showing presence of coliform.  b. Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	b . Percent (%)	to the minimum required.	100	0.0%
Parameter/Method  A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a. Number of samples showing presence of coliform group.  b. Percent (%) to samples examined (4.1.a/3.a x 100).  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a. Number of samples showing presence of coliform colonies.  b. Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c. Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a. Number of samples showing presence of coliform.  b. Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	c . Met Standa	ords? Yes Yes	No	
A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	("Yes" if b i	s 100% or more. "No" if b is less than 100	1%.)	
A. Total Coliform  4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)				
4.1 Multiple Tube Fermentation Technique (MTFT)  a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	15 19 20 153			
a . Number of samples showing presence of coliform group.  b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	A. Total Collform			
b . Percent (%) to samples examined (4.1.a/3.a x 100).  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100)  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined. (4.3.a/3.a x 100)	4.1 Multiple Tube Ferme	entation Technique (MTFT)		
c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100)  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined. (4.3.a/3.a x 100)	a . Number of	samples showing presence of coliform gro	oup.	0
("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed. (4.2.a/3.a x 100)  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined. (4.3.a/3.a x 100)	b . Percent (%)	to samples examined (4.1.a/3.a x 100).	O.	0%
4.2 Membrane Filter Technique (MFT)  a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	c . Met Standa	rds? Yes Yes	No	
a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	("Yes" if b is	55% or less. "No" if b is more than 5%.)	-	
a . Number of samples showing presence of coliform colonies.  b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	4.2 Membrane Filter Tee	-bnique (MET)		
b . Percent (%) to the number of samples analyzed.  (4.2.a/3.a x 100)  c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)			lonios	n
(4.2.a/3.a x 100)  c . Met Standards? ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined. (4.3.a/3.a x 100)				
c . Met Standards?  ("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)			0.	070
("Yes" if b is 5% or less. "No" if b is more than 5%.)  4.3 Enzyme Substrate Coliform Test (EST)  a. Number of samples showing presence of coliform.  b. Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)			7	
a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)			Ino	
a . Number of samples showing presence of coliform.  b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)		115 (120°)	e .	
b . Percent (%) to total number of samples examined.  (4.3.a/3.a x 100)	175-01 175-01			
(4.3.a/3.a × 100)				
			. 0.1	070
c. iviet Statitual us: [Yes   Yes   INO			1,,,	
("Yes" if b is 5% or less. "No" if b is more than 5%.)			T <sub>140</sub>	

B. Thermo	otolerant Coliform/ E. coli	
а.	Number of samples showing presence of thermotolerant coliform/E. coli organisms	
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
7.	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b.	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
C. Hetero	trophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	
Ь.	No. of samples showing HPC value < 500 CFU/ml.	17
с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
5 DISINFECTI	ON RESIDUAL	
5.A Using	Free Residual Chlorine	
а.	No. of days without a test conducted	0
b .	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
5.B Using	Chlorine Dioxide	
а.	No. of days without a test conducted	
b .	No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
с.	Met Standards?	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
NOTE:	FOR MICROBIOLOGICAL RESULTS:	
	If number of samples is 20 or less, please attach laboratory test results with this sum	mary form.
f number of	samples is more than 20, only the summary form is required even without accompanyi	
Francisco Contractor		
SUBMITTED	BY:	
	ENGRANCELO M. PETONIO	
	General Manager N	

(instruction: Fill up the yellow-colored cells)

	MANGALDAN	WATER DISTRICT		
	Province: PANGA	ASINAN		
	SUMMARY REPORT ON MICE	ROBIOLOGICAL TEST		
	MONTH OF OCTOBER	20 21		
. Population actually served	d by utility:			
(No. of service connection	is x ave. no. of			72,965
persons per service conne	ection (5 persons per household)		(Haran San San San San San San San San San S	
No. of service connections	14,593			
. Required minimum numb	er of samples based on the table below:			
	2.a For Total Coliform & Thermot	olerant Coliform/E.Coli	17	samples
	2.b For Heterotrophic Plate Count	t	17	samples
	Minimum Frequency of Sampling for	Minimum Frequency of S	Sampling for	Point of
Population Served	Total Coliform and Thermotolerant Coliform/E. coli	Heterotrophic Plate Co		Complianc
Less than 5,000	2 samples monthly	2 samples mont	hly	Consumers'
	1 sample per 5,000 population + 2	1 sample per 5,000 pop		
5,000 - 100,000	additional samples monthly	additional samples r		Consumers'
More than 100,000	1 sample per 10,000 population + 12 additional samples monthly	Required at least 40% of a points	the sampling	Consumers'
	Note: Collection of samples should	be spread out within a mont	11 	f days of his process in the second
. Sample Requirement				
a . No. of sample	es examined.		1	7
b . Percent (%) t	to the minimum required.		100	.0%
c . Met Standard		No		.070
	ds? Yes Yes 100% or more. "No" if b is less than 100%			
( les libis.	100% of filore. No it bis less than 1007	a.,		
Parameter/Method				
A. Total Coliform				
4.1 Multiple Tube Fermen	itation Technique (MTFT)			
250	amples showing presence of coliform grou	מו.		
	o samples examined (4.1.a/3.a x 100).		0.0	<del></del>
c . Met Standard		No		,,,,
	5% or less. "No" if b is more than 5%.)	140		
(	,			
4.2 Membrane Filter Tech	Harrier Service Control Control Control			
a . Number of sa	amples showing presence of coliform colo	nies.	(	)
b . Percent (%) to	o the number of samples analyzed.		0.0	)%
(4.2.a/3.a x 1	.00)			
c . Met Standard	ds? Yes Yes	No		
("Yes" if b is 5	5% or less. "No" if b is more than 5%.)			
4.3 Enzyme Substrate Coli	form Test (EST)			
	amples showing presence of coliform.		0	
	o total number of samples examined.		0.0	
			0.0	70
(4.3.a/3.a x 1				
c . Met Standard		No		
("Yes" if b is 5	5% or less. "No" if b is more than 5%.)			

B. Thermotolerant Coliform/ E. Coli	
<ul> <li>a . Number of samples showing presence of thermotolerant coliform/E. coli organi</li> </ul>	sms.
MTFT: MPN/100 ml value of < 1.1	
EST: Absent or < 1 MPN/100 ml	
MFT: < 1 thermotolerant coliform colonies/100ml.	0
b . Percent (%) to total number of samples analyzed	0.0%
c . Met Standards? Yes Yes No	
("Yes" if a is zero. "No" if a is not equal to zero.)	
C. Heterotrophic Plate Count (HPC)	
a . Number of HPC tests conducted.	17
Percent (%) to the minimum required.	100.0%
Met Standards (no. of samples)? Yes Yes No	
b . No. of samples showing HPC value < 500 CFU/ml.	17
c . Percent (%) to number of tests conducted (b/a x 100).	100.0%
d . Met Standards? Yes Yes No	
("Yes" if c is 100%. "No" if c is not 100%.)	
	20 40
DISINFECTION RESIDUAL	
5.A Using Free Residual Chlorine	
a . No. of days without a test conducted	0
b . No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
c . Met Standards? Yes Yes No	
("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zer	o.)
5.B Using Chlorine Dioxide	
a . No. of days without a test conducted	
b . No. of samples with residual chlorine dioxide <0.2 or >0.4 mg/L	
c . Met Standards?	
("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zer	o.)
NOTE: FOR MICROBIOLOGICAL RESULTS:	
If number of samples is 20 or less, please attach laboratory test results with this	summary form.
f number of samples is more than 20, only the summary form is required even without accomp	
SUBMITTED BY:	
GENGR. MARCELO W. PETONIO	
General Manager	027

(Instruction: Fill up the yellow-colored cells)

	MANGALDAN	WATER DISTRICT	
	Province: PANGA	ASINAN	
	SUMMARY REPORT ON MIC	ROBIOLOGICAL TEST	
	MONTH OF NOVEMBER	20 21	
. Population actually ser	ved by utility:		
(No. of service connect	ions x ave. no. of		73,135
persons per service cor	nection (5 persons per household)		
No. of service connecti	ons 14,627		
. Required minimum nur	nber of samples based on the table below:		
2	2.a For Total Coliform & Thermot	olerant Coliform/E.Coli 1	7 samples
	2.b For Heterotrophic Plate Coun	t 1	7 samples
Population Served	Minimum Frequency of Sampling for Total Coliform and Thermotolerant Coliform/E. coli	Minimum Frequency of Sampling for Heterotrophic Plate Count (HPC)	Point of Complian
Less than 5,000	2 samples monthly	2 samples monthly	Consumers'
5,000 - 100,000	1 sample per 5,000 population + 2 additional samples monthly	1 sample per 5,000 population + 2 additional samples monthly	Consumers'
More than 100,000	1 sample per 10,000 population + 12	Required at least 40% of the sampling	C
Wore than 100,000	additional samples monthly	points	Consumers'
c . Met Stand	i) to the minimum required.  ards?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y	No	0.0%
4.1 Multiple Tube Ferm	nentation Technique (MTFT)		
a. Number o	f samples showing presence of coliform gro	up.	0
c . Met Stand	o) to samples examined (4.1.a/3.a x 100).  ards?  Yes Yes Yes is 5% or less. "No" if b is more than 5%.)	No O	.0%
4.2 Membrane Filter Te	echnique (MFT)		T T
	f samples showing presence of coliform colo	onies.	0
	) to the number of samples analyzed.	**************************************	.0%
(4.2.a/3.a		who had not been a final and the second and the sec	800,970.5
c . Met Stand		No	
	is 5% or less. "No" if b is more than 5%.)		
4.3 Enzyme Substrate (	Coliform Test (EST)		
	samples showing presence of coliform.		0
	) to total number of samples examined.		0%
(4.3.a/3.a			
c . Met Stand		No	
	s 5% or less. "No" if b is more than 5%.)	5500	
1 100 110			

	B. Thermo	tolerant Coliform/ E. coli	
	a.	Number of samples showing presence of thermotolerant coliform/E. coli organisms	
		MTFT: MPN/100 ml value of < 1.1	
		EST: Absent or < 1 MPN/100 ml	
		MFT: < 1 thermotolerant coliform colonies/100ml.	0
	b.	Percent (%) to total number of samples analyzed	0.0%
	с.	Met Standards? Yes Yes No	
		("Yes" if a is zero. "No" if a is not equal to zero.)	
	C. Heterot	rophic Plate Count (HPC)	
	а.	Number of HPC tests conducted.	17
		Percent (%) to the minimum required.	100.0%
		Met Standards (no. of samples)? Yes Yes No	
	b.	No. of samples showing HPC value < 500 CFU/ml.	17
	с.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
	d.	Met Standards? Yes Yes No	
		("Yes" if c is 100%. "No" if c is not 100%.)	
5	DISINFECTION	ON RESIDUAL	
	5.A Using	Free Residual Chlorine	
	а.	No. of days without a test conducted	0
	b.	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
	с.	Met Standards? Yes Yes No	
		("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
	5.B Using (	Chlorine Dioxide	
	a.	No. of days without a test conducted	
	b .	No. of samples with residual chloring dioxide <0.2 or >0.4 mg/L	
	с.	Met Standards?	70
		("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
	NOTE:	FOR MICROBIOLOGICAL RESULTS:	
		If number of samples is 20 or less, please attach laboratory test results with this sum	mary form.
	f number of	samples is more than 20, only the summary form is required even without accompany	ing laboratory test results.
	SUBMITTED	BY:	
		u.	
		ENGR. MARCELO M. PETONIO	
		General Manager	

Page 2

(Instruction: Fill up the yellow-colored cells)

	MANGALDAN	WATER DISTRICT		
	Province: PAN	GASINAN		
	SUMMARY REPORT ON N	IICROBIOLOGICAL TEST		4
	MONTH OF DECEMBER	20 21		
. Population actually	served by utility:			
20 20 20	ections x ave. no. of			73,260
persons per service	connection (5 persons per household)			
No. of service conne	ections 14,652			
. Required minimum	number of samples based on the table below	v:		
	2.a For Total Coliform & Thern	notolerant Coliform/E.Coli	17	samples
	2.b For Heterotrophic Plate Co		17	samples
Population Serve	Minimum Frequency of Sampling for Total Coliform and Thermotoleran Coliform/E. coli	Winimum Frequency of Sa		Point of Compliance
Less than 5,000	2 samples monthly	2 samples month	ılv	Consumers' t
	1 sample per 5,000 population + 2			
5,000 - 100,000		additional samples m		Consumers' to
More than 100,0	1 sample per 10,000 population + 1 additional samples monthly	Required at least 40% of the points	e sampling	Consumers' to
				<u> </u>
+	Note: Collection of samples show	ıld be spread out within a month		
. Sample Requiremer	t			
a. No. of	samples examined.		1	7
b. Percen	t (%) to the minimum required.		100	.0%
c . Met St	andards? Yes Yes	No	,	
("Yes"	if b is 100% or more. "No" if b is less than 1	00%.)		
. Parameter/Method				
A. Total Coliform				
4.1 Multiple Tube F	ermentation Technique (MTFT)			
a. Numbe	er of samples showing presence of coliform g	roup.	0	)
b . Percen	t (%) to samples examined (4.1.a/3.a x 100)	•	0.0	)%
c . Met St	andards? Yes Yes	No	Anna Commission Commis	
("Yes"	f b is 5% or less. "No" if b is more than 5%.)	noond.		
4.2 Membrane Filte	r Technique (MFT)			
a. Numbe	r of samples showing presence of coliform o	olonies.	0	)
b . Percen	t (%) to the number of samples analyzed.		0.0	0%
4 <del>0</del> , 10,004,004,004,004	3.a x 100)	-		
	andards? Yes Yes	No		
("Yes"	f b is 5% or less. "No" if b is more than 5%.)			
4.3 Enzyme Substra	te Coliform Test (EST)			
	r of samples showing presence of coliform.		0	
	(%) to total number of samples examined.		0.0	1%
	3.a x 100)		4	
	andards? Yes Yes	No	992	
("Yes" i	f b is 5% or less. "No" if b is more than 5%.)	mand .		
( 162 )	1 5 13 370 OF 1633. NO 11 5 11 1010 HIGH 370.)			

B. Thermo	tolerant Coliform/ E. coli	
а.	Number of samples showing presence of thermotolerant coliform/E. coli organisms	•
	MTFT: MPN/100 ml value of < 1.1	
	EST: Absent or < 1 MPN/100 ml	
	MFT: < 1 thermotolerant coliform colonies/100ml.	0
b .	Percent (%) to total number of samples analyzed	0.0%
с.	Met Standards? Yes Yes No	
	("Yes" if a is zero. "No" if a is not equal to zero.)	
C. Heterot	rophic Plate Count (HPC)	
а.	Number of HPC tests conducted.	17
	Percent (%) to the minimum required.	100.0%
	Met Standards (no. of samples)? Yes Yes No	
b .	No. of samples showing HPC value < 500 CFU/ml.	17
С.	Percent (%) to number of tests conducted (b/a x 100).	100.0%
d.	Met Standards? Yes Yes No	
	("Yes" if c is 100%. "No" if c is not 100%.)	
DISINFECTIO	ON RESIDUAL	
5.A Using F	Free Residual Chlorine	
а.	No. of days without a test conducted	0
b .	No. of samples with residual chlorine <0.3 or >1.5 mg/L	0
с.	Met Standards? Yes Yes No	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
5.B Using C	Chlorine Dioxide	
а.	No. of days without a test conducted	
b .	No. of samples with residual chloring dioxide <0.2 or >0.4 mg/L	
С.	Met Standards?	
	("Yes" if a and b are both zero. "No" if either a or b, or both a and b are not zero.)	
NOTE:	FOR MICROBIOLOGICAL RESULTS:	
	If number of samples is 20 or less, please attach laboratory test results with this sum	mary form.
f number of	samples is more than 20, only the summary form is required even without accompanyi	ng laboratory test results.
SUBMITTED	BY:	
	ENGR. MARCELO IVI: PETONIO	

General Manager

Page 2



#### MANGALDAN WATER DISTRICT Mangaldan, Pangasinan

STATEMENT OF FINANCIAL POSITION

as of December 31, 2021 (with comparative figures for 2020) HES Z-A ANDIT TEAMS

1. 4	0.00	0.50	g
[]	Lead .	01/26	2022

3		Note	2021	2020
C. l. IC. l. P. '. l. (	ASSETS	ä	¥	O#
Cash and Cash Equivalents  Cash on Hand		4		
Cash-Collecting Officers			35,091.95	
Petty Cash Fund			5,000.00	5,000.00
Cash in Bank - Local Currency			3,000.00	5,000.00
Cash in Bank - Local Currency, CA, DBP			77,839,945.48	70,397,798.68
Cash in Bank - Local Currency, CA, Landbank-EBCS			1,224,682.70	1,022,753.80
Cash Equivalents			1,221,002.70	1,022,155.00
Time Deposit-Local Currency, CD-DBP			3,798,617.50	3,774,618.45
Time Deposit-Local Currency, LB-MSF			8,620,325.83	6,591,870.34
Total Cash and Cash Equivalents			91,523,663.46	81,792,041.27
Investments		5		
Sinking Fund		3		
Sinking Fund			11,587,338.81	11,041,638.48
Total Investments			11,587,338.81	11,041,638.48
Total Mirosomonio			11,507,550.61	11,041,050.40
Receivables		6		
Loans and Receivables Accounts				
Accounts Receivable			3,359,711.03	2,935,883.30
Allowance for Impairment-Accounts Receivable			(158,401.98)	(134,850.58)
Accounts Receivable - Net		50	3,201,309.05	2,801,032.72
Other Receivables				0.000 <b>*</b> 0000 000 <b>*</b> 0000 0000 0000 0000
Other Receivables			216,500.00	190,000.00
Total Receivables			3,417,809.05	2,991,032.72
				***
Inventories		7		
Inventory Held for Sale				2 72 322 31
Construction Materials Inventory			1,598,852.36	948,675.53
Inventory Held for Consumption				
Office Supplies Inventory			61,836.82	83,105.88
Accountable Forms Inventory	8		759,304.81	474,264.73
Fuel, Oil, and Lubricants Inventory			28,288.65	41,181.15
Chemical and Filtering Supplies Inventory Construction Materials Inventory			76,050.00	57,765.00
Other Supplies and Materials Inventory			459,650.93	492,573.57
Semi-Expendable Machinery and Equipment				(=)
Semi-Expendable Office Equipment			112,595.00	59,484.00
Semi-Expendable ICT Equipment			68,820.00	54,190.00
Semi-Expendable Furniture and Fixtures			00,820.00	34,170.00
Semi-Expendable Furniture and Fixtures			108,187.65	68,653.65
Total Inventories			3,273,586.22	2,279,893.51
2000 211 3233102				2,217,070.01
Property, Plant, and Equipment		8		*
Land			2 240 725 00	2 2 4 2 5 4 4
Land, Net Land			3,268,735.00	3,268,735.00
Accumulated Impairment Losses - Land			3,268,735.00	3,268,735.00
Land Improvements			<b></b>	1 <del>71</del> 3
Land Improvements, Net			77,678.64	92,787.79
Land Improvements			178,435.00	173,435.00
Accumulated Depreciation - Land Improvements			100,756.36	80,647.21
Accumulated Impairment Losses - Land Improvements			100,750.50	00,047,21
Infrastructure Assets				
Water Supply Systems, Net			52,865,247.97	45,736,648.68
Water Supply Systems			81,785,154.63	68,621,822.64
Accumulated Depreciation - Water Supply Systems			28,919,906.66	22,885,173.96
Accumulated Impairment Losses - Water Supply Systems	ns	9390		
Power Supply Systems, Net		100	1,995,697.60	1,756,856.92
Power Supply Systems			4,264,943.71	2,669,383.47
Accumulated Depreciation - Power Supply Systems			2,269,246.11	912,526.55
Accumulated Impairment Losses - Power Supply System	ns		#/ · · · · · · · · · · · · · · · · · · ·	
R R R R R R R R R R R R R R R R R R R				



#### MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

#### STATEMENT OF FINANCIAL POSITION

as of December 31, 2021

(with comparative figures for 2020)

	Note	2021	2020
Building & Other Structures			
Buildings, Net		5 011 010 70	£ 204 1 € 40
Buildings	=	5,811,218.78	5,204,165.40
		9,892,339.70	8,911,641.12
Accumulated Depreciation - Buildings		4,081,120.92	3,707,475.72
Accumulated Impairment Losses - Buildings			
Other Structures, Net	-	51,051.64	33,104.73
Other Structures		313,463.60	189,492.60
Accumulated Depreciation - Other Structures		262,411.96	156,387.87
Accumulated Impairment Losses - Other Structures		<b>=</b> ?	
Machinery & Equipment			
Office Equipment, Net		426,022.52	279,399.78
Office Equipment		2,130,995.54	481,003.00
Accumulated Depreciation - Office Equipment		1,704,973.02	201,603.22
Accumulated Impairment Losses - Office Equipment		-:	-
Information & Communications Tech. Equipment, Net		254,214.23	226,831.86
Information & Communications Tech. Equipment		974,024.94	333,238.00
Accumulated Depreciation - ICT Equipment		719,810.71	106,406.14
Accumulated Impairment Losses - ICT Equipment		-	=
Communications Equipment, Net		9,089.58	
Communications Equipment		189,045.75	•
Accumulated Depreciation - Communications Equip.		179,956.17	<b>~</b> (4)
Accumulated Impairment Losses - Communications Equip.			
Other Machinery and Equipment, Net		1,597,576.09	1,508,537.31
Other Machinery and Equipment	( <del></del>	6,398,294.00	2,898,898.00
Accumulated Depreciation - Other Machinery & Equip.		4,800,717.91	1,390,360.69
Accumulated Impairment Losses - Other Machinery & Equip.		-	1,570,500.07
Transportation Equipment			-
Transportation Equipment, Net		1,841,732.36	1 000 222 15
Transportation Equipment	-	4,845,308.67	1,988,222.15
Accumulated Depreciation - Transpo. Equipment			3,226,927.00
Accumulated Depreciation - Transpo. Equipment Accumulated Impairment Losses - Transpo. Equipment		3,003,576.31	1,238,704.85
Furniture, Fixtures, and Books			-
Furniture & Fixtures, Net		150 172 05	50.046.01
Furniture & Fixtures	_	159,173.85	59,046.01
		737,405.46	135,812.20
Accumulated Depreciation - Furniture & Fixtures		578,231.61	76,766.19
Accumulated Impairment Losses - Furniture & Fixtures		20.72	~
Books, Net	( <del>)</del>	70.00	-
Books		3,400.00	-
Accumulated Depreciation - Books		3,330.00	-
Accumulated Impairment Losses - Books		(*)	-
Other Property, Plant, and Equipment			
Other Property, Plant, and Equipment, Net		3,701,199.45	2,835,855.99
Other Property, Plant, and Equipment		12,882,890.13	4,808,768.00
Accumulated Depreciation - Other PPE		9,181,690.68	1,972,912.01
Accumulated Impairment Losses - Other PPE		*	-
Construction in Progress			
Construction in Progress - Infrastructure Assets		2,875,162.50	2,783,591.20
Total Property, Plant, and Equipment		74,933,870.21	65,773,782.83
Intangible Assets			
Computer Software			
		222 015 00	0.5.5.5.00
Computer Software, Net	-	233,815.00	317,155.00
Computer Software		463,000.00	463,000.00
Accumulated Amortization - Computer Software		229,185.00	145,845.00
Accumulated Impairment Losses - Computer Software	_		-
Total Intangible Assets	-	233,815.00	317,155.00



#### MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

#### STATEMENT OF FINANCIAL POSITION

as of December 31, 2021 (with comparative figures for 2020)

	Note	2021	2020
Other Assets			
Prepayments			
Prepaid Insurance		245,085.94	21,604.41
Other Assets			
Deferred Charges		-	70,797.17
Other Assets		95,775.10	-
Total Other Assets		340,861.04	92,401.58
8:			
יינוי אינוי אינו אינוי		105 210 012 50	164 207 047 20
TOTAL ASSETS		185,310,943.79	164,287,945.39
L	IABILITIES AND EQUITY		
_			
LIABILITIES			
Financial Liabilities	9		
Accounts Payable	_	6,192,646.76	3,732,959.69
Total Financial Liabilities	_	6,192,646.76	3,732,959.69
Inter-Agency Payables	·10		
Due to BIR		224,982.48	446,408.99
Due to GSIS		388,315.97	217,991.30
Due to Pag-Ibig		37,534.15	39,217.66
Due to PhilHealth		31,406.13	28,558.05
Due to NGAS	-	253,647.63	248,462.10
Total Inter-Agency Payables		935,886.36	980,638.10
Trust Liabilities	11		
Trust Liabilities		2,056,892.50	1,347,498.50
Customers' Deposits Payable		3,415,946.55	3,410,500.45
Guaranty/Security Deposits Payable Total Trust Liabilities	State Control of the	677,109.24	382,555.23
Total Liabilities	22 S-	6,149,948.29	5,140,554.18
Total Liablities	?t■	13,278,481.41	9,854,151.97
EQUITY			
Government Equity			
Contributed Capital		615,720.00	615,720.00
Retained Earnings			
Retained Earnings	12	171,416,742.38	153,818,073.42
Total Equity	=	172,032,462.38	154,433,793.42
TOTAL LIABILITIES AND EQUITY		185,310,943.79	164,287,945.39
	=		20 1920 197 10107

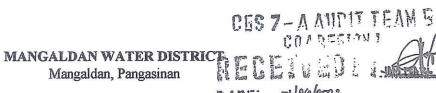
7. J. J.

AIRA JANE G. PEREZ, CPA Accounting Processor A Verified by:

VIØLETA B.JGAYAGA Division Manager B - Finance Noted by:

ENGR. MARCELO M. PETONIO General Manager





## STATEMENT OF COMPREHENSIVE INCOME for the year ended December 31, 2021

(with comparative figures for 2020)

	Note	2021	2020
REVENUE/INCOME			
Business Income	13		
Waterworks System Fees		62,254,714.33	58,088,930.85
Other Business Income		1,046,409.83	773,970.78
Fines and Penalties	s <del>-</del>	2,680,537.66	1,522,618.50
GROSS INCOME	=	65,981,661.82	60,385,520.13
Less: EXPENSES			
PERSONNEL SERVICES	14		
Salaries and Wages		12 470 740 07	12 (45 (01 02
Salaries and Wages - Regular		13,478,748.87 389,868.99	12,645,691.03 1,126,940.25
Salaries and Wages - Casual/Contractual Other Compensation		369,000.99	1,120,940.23
Personnel Economic Relief Allowance		950,481.96	908,612.61
Representation Allowance		307,920.00	301,578.91
Transportation Allowance		282,000.00	283,363.63
Clothing/Uniform Allowance		228,000.00	222,000.00
Honoraria		648,000.00	928,800.00
Overtime Pay		42,392.89	69,183.63
Year-End Bonus		1,175,302.00	1,990,825.80
Cash Gift		200,000.00	179,000.00
Mid-Year Bonus		1,132,085.00	•
Other Bonuses and Allowances		871,000.00	560,000.00
Personnel Benefit Contributions			
Retirement & Life Insurance Contribution		1,660,609.89	1,495,356.07
Pag-ibig Contribution		47,600.00	45,700.00
PhilHealth Contribution		186,490.81	166,471.98
Employees Compensation Insurance Premium (ECC)  Other Personnel Benefits		47,900.00	45,732.39
Terminal Leave Benefits	:=	460,357.59	416,198.09
TOTAL PERSONNEL SERVICES	(i <del>.</del>	22,108,758.00	21,385,454.39
ASSAURANCE AND OFFICE ORDER ATTENDED	15		
MAINTENANCE AND OTHER OPERATING EXPENSES	15		
Traveling Expenses  Traveling Expense - Local		6,820.00	59,403.00
Training and Scholarship Expenses		0,020.00	27,102.00
Training Expense		25,100.00	9,214.60
Supplies and Materials Expenses		<b>y</b>	
Office Supplies Expense		272,009.08	272,750.18
Accountable Forms Expense		571,684.92	418,226.35
Medical, Dental, and Laboratory Supplies Expense		144,360.00	135,360.00
Fuel, Oil, and Lubricants Expense		723,556.48	564,159.70
Chemical and Filtering Supplies Expense		559,655.00	823,667.50
Utility Expenses			
Water Expense		4,730.50	1100000110
Electricity Expense		15,177,335.13	14,072,251.17
Other Utility Expense		5,223.00	5,362.00
Communication Expenses		7,754.00	6,783.00
Postage and Courier Expense		382,092.54	365,107.16
Telephone Expense - Landline/Mobile Internet Subscription Expense		14,300.00	16,159.98
Cable, Satellite, Telegraph, and Radio Expense		5,600.00	5,400.00
Awards/Rewards, Prizes and Indemnities		2,000.0	.,
Awards/Rewards Expense		35,000.00	50,000.00
Confidential, Intelligence, and Extraordinary Expenses		A STATE OF THE PARTY OF THE PAR	**************************************
Extraordinary & Miscellaneous Expense (EME)		135,600.00	117,600.00
Professional Services			
Legal Services		8,900.00	20,600.00
Auditing Services		253,647.63	464,786.01
General Services			
Security Services	34	570,000.00	540,000.00
Other General Services		72,867.45	94,521.45



#### MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

#### STATEMENT OF COMPREHENSIVE INCOME

for the year ended December 31, 2021 (with comparative figures for 2020)

	Note	2021	2020
Repairs & Maintenance			
Repairs & Maintenance - Land Improvements			_
Repairs & Maintenance - Infrastructure Assets		383,000.79	290,322.93
Repairs & Maintenance - Buildings and Other Structures		22,958.00	761.50
Repairs & Maintenance - Machinery & Equipment		30,217.15	86,248.49
Repairs & Maintenance - Furniture & Fixtures		4,111.00	00,240.17
Repairs & Maintenance - Transportation Equipment		30,474.51	39,531.83
Repairs & Maintenance - Other PPE		16,560.00	33,770.00
Taxes, Insurance Premiums, and Other Fees		10,500.00	55,770.00
Taxes, Duties, & Licenses		1,244,949.45	907,595.70
Fidelity Bonds Premium		19,275.00	12,000.00
Insurance Expense		188,438.10	172,404.27
Other Maintenance and Operating Expenses		100, 150.10	172,101.27
Labor and Wages		973,243.66	_
Printing and Publication Expense		270,245.00	233,830.00
Representation Expense		454,217.20	408,577.80
Transportation and Delivery Expense		76.00	100,577.00
Rent/Lease Expense		93,862.50	9,600.00
Membership Dues & Contributions to Organizations		15,326.00	13,627.00
Subscription Expense		6,710.00	3,146.00
Donations 2. Page 1850		22,300.00	25,777.00
TOTAL MAINTENANCE AND OTHER OPERATING EXPENSES		22,752,200.09	20,278,544.62
EMENTA RICHATE ENVIRONICES			
FINANCIAL EXPENSES  Bank Charges		150.00	185.00
TOTAL FINANCIAL EXPENSES	: •	150.00	185.00
NON-CASH EXPENSES			
Depreciation		15 (00 15	15 600 15
Depreciation - Land Improvements		15,609.15	15,609.15
Depreciation - Infrastructure Assets		2,582,441.48	2,298,091.53
Depreciation - Building and Other Structures		285,958.77	279,466.26
Depreciation - Machinery and Equipment		413,687.18	385,326.86
Depreciation - Transportation Equipment		290,301.66	291,921.66
Depreciation - Furniture and Fixtures		20,450.07	24,035.03
Depreciation - Other PPE		783,869.34	690,227.22
Amortization			02.210.00
Amortization - Computer Software		83,340.00	83,340.00
Impairment Loss		22 490 00	05 275 70
Impairment Loss - Loans and Receivables		32,489.99	25,365.68
Loss			141 (00 70
Loss of Assets	2.		141,629.72
TOTAL NON-CASH EXPENSES	20*	4,508,147.64	4,235,013.11
TOTAL EXPENSES	33*	49,369,255.73	45,899,197.12
Income from Operations		16,612,406.09	14,486,323.01
ADD: Other Income			
Interest from Savings Account		161,437.48	198,558.11
NET INCOME BEFORE INCOME TAX	% <del>*</del>	16,773,843.57	14,684,881.12
3	88		

AIRA JANE G. PEREZ, CPA Accounting Processor A

VIOLETA B)GAYAGA Division-Manager B - Finance

Verified by:

Noted by:

ENGRMARCELO-M. PETONIO General Manager



#### MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

DA :- 01/20/2022

CES 7- A AUDIT TEAM 5

STATEMENT OF CASH FLOWS
as of December 31, 2021
(with comparative figures for 2020)

		Note	2021	2020
CASH FLOW FROM OPERATING ACT	IVITIES			
Cash Inflows:				
Collection of Water Bills			64,582,889.76	59,062,687.21
Collection of Other Business and Income			747,464.26	570,897.48
Interest Income (Net)			115,737.15	124,912.61
Customers' Deposit			28,747.85	21,920.70
Sale of Materials, Other Fittings			2,563,286.96	2,007,943.81
Refund of Advances & Others			11,442.90	45,431.22
Other Miscellaneous (GSIS reimburseme	ent & others)		713,642.30	444,599.28
<b>Total Cash Inflows</b>			68,763,211.18	62,278,392.31
Cash Outflows:				
Payment of Personal Services			15,491,905.24	16,800,192.86
Payment of Operating & Maintenance Ex	znansas		19,440,546.86	16,141,170.35
Payment of Advances	kpenses		385,000.00	378,500.00
Other Receivables - CENPELCO			27,500.00	378,500.00
Purchases of Office Supplies/Materials			2,449,657.67	1,190,526.32
5.5			390,569.24	25,125.78
Prepayments Payment of Payables			4,653,687.04	10,948,719.27
Remittances of GSIS/Pag-Ibig/BIR			7,007,520.06	5,836,967.75
Total Cash Outflows			49,846,386.11	51,321,202.33
Total Cash Provided by Operating Activiti	AS		18,916,825.07	10,957,189.98
total Casa 1 tovided by Operating Metivici			10,5 10,0 10.10.1	
CASH FLOW FROM INVESTING ACTT	VITIES			
Collection of Bid Document/Registration			63,500.00	13,000.00
Total Cash Inflow			63,500.00	13,000.00
Cash Outflows:			# 000 011 00	4.050 850 00
Payment for Construction Work in Progr			7,089,911.93	4,252,779.98
Purchase of Property, Plant, & Equipment	nt .		1,658,790.95	518,574.92
Transfer for Reserve (Sinking Fund)			500,000.00	100,000.00
Total Cash Outflows			9,248,702.88	4,871,354.90
Total Cash Used in Investing Activities			(9,185,202.88)	(4,858,354.90)
Net Cash Inflow provided by operating, in	vesting,			
and financing activities			9,731,622.19	6,098,835.08
ADD: Cash and Cash Equivalents - Beginning	3		81,792,041.27	75,693,206.19
CASH AND CASH EQUIVALENTS - EN		4	91,523,663.46	81,792,041.27
			2021	2020
Cash Balance Breakdown:				
Cash on Hand			35,091.95	( <del>**</del>
Petty Cash Fund			5,000.00	5,000.00
	Current Account (DBP)		77,839,945.48	70,397,798.68
	Current Account (LB-EBCS)		1,224,682.70	1,022,753.80
	Customer's Deposit (DBP)		3,798,617.50	3,774,618.45
	MSF (LB)		8,620,325.83	6,591,870.34
			91,523,663.46	81,792,041.27
a .			2,020,000.10	

AIRA JANE G. PHREZ, CPA Accounting Processor A Verified by:

VIOLETA B. GAYAGA Division Manager B - Finance Noted by:

ENGR MARCELO M. PETONIO General Manager



Mangaldan, Pangasinan

MANGALDAN WATER DISTRICT CONTINUE OF RELL Olfrefron

STATEMENT OF CHANGES IN EQUITY as of December 31, 2021

(with comparative figures for 2020)

2021	2020
¥	
	S
615,720.00	615,720.00
-	·
=	
615,720.00	615,720.00
455 040 050 40	144,000,010,00
153,818,073.42	144,030,912.09
1,792,804.13	(3,889,614.29)
155,610,877.55	140,141,297.80
(967,978.74)	(1,008,105.50)
16,773,843.57	14,684,881.12
171,416,742.38	153,818,073.42
172,032,462.38	154,433,793.42
	615,720.00

AIRA JANE . PÉREZ, CPA rocessor A

Verified by:

VIOLETAB: GAYAGA Division Manager B - Finance

Noted by:

ENCR. MARCELO M. PETONIO General Manager

#### **MONTHLY DATA SHEET**

For the Month Ending December 2021

- 194 T

MANGALDAN Name of Water District: Province: Pangasinan Region: 139 CCC No.: Email Address: mangaldanwaterdistrict Website, if any: Contact Nos. (mobile): (landline): '5) 653-0574, (075) 523-58 eo Coordinates of WD Office(Longitude,Latitude) : 16°04'14"N 120°24'17"E Under Joint Venture Agreement? (Yes/No): 1. MUNICIPAL DATA/SERVICE COVERAGE Percent (%) No. of 1.1 Mucipality(ies) Served Brgys Served to Total No. Total Brgys. Served Name of Municipality(ies) Mun. Class of Brgys. 100.0% Mangaldan Main Mun.: Annexed: Annexed: Annexed: Annexed: Annexed: Annexed: Annexed: Annexed: 2. SERVICE CONNECTION DATA: 15,919 2.1 Total Service (Active + Inactive) Total Active 14,652 2.2 14,675 Total metered 2.3 14,652 2.4 Total billed 5.0 2.5 Ave. Persons/Conn. 73,260 2.6 Population Served (2.2 x 2.5) Year-to-Date Growth in Service Connections (S. C.) This Month 33 593 New 297 15 Reconnection 370 Disconnected 23 25 520 Increase (Decrease) in S. C. 38.7% ) No. of Customers in Arrears 5,671 Metered <u>Unmetered</u> <u>Total</u> No. of Active Connections 13,885 13,885 Residential/Domestic 58 Government 58 709 709 Commercial/Industrial 616 616 **Full Commercial** 93 Commercial A 93

Commercial B
Commercial C

		<u> </u>					
		Commercial L					
		Bulk/Wholesale					
		Total	14,652	-	1	4,652	
3.	PRESENT V	VATER RATES:					
	3.1	Date Approved (mm/dd/year):	3/8/2013		Effectivity (mm/	dd/year): 4/1/2013	-
	3.2	Water Rates					
		MINIMUM			COMMODITY	CHARGES	
	120	CLASSIFICATION CHARGES	11-20 CUM 2	1-30 CUM	31-40 CUM 41-5	50 CUM 51-60 CUM	61 & Above
		Domestic/Government P 125.00 P	13.50 ₽	15.00	17.00 P	20.50 P P	
		Commercial/Industrial 250.00	27.00	30.00	34.00	41.00	
		Commercial A 218.75	23.60	26.25	29.75	35.85	
		Commercial B					
		Commercial C	-				THEST
		Commercial D			-		
		Bulk Sales	-		-		
			( Experience of the control of the c		0.1		
4.	RHIINGR	COLLECTION DATA:					
**			This Mo	nth		Year-to-Date	
	4.1	BILLING (Water Sales)	A				
	11-2	a. Current - metered	5,11	8,214.20	Þ	62,258,854.70	
		b. Current - unmetered		-	8 <del>.,,</del>	_	1947
		c. Penalty Charges	22	8,648.40	-	2,679,579.10	
		d.			-		
		Less: Senior Citizen & PWD Discount		369.39	*	4,140.37	
		Total 4	5,34	6,493.21	Ď	64,934,293.43	
	4.2	BILLING PER CONSUMER CLASS:					
		e Residential/Domestic	4,40	4,105.15	₽	53,297,842.45	
		f Government	12	9,273.50	Access to the second	1,660,697.00	
		g Commercial/Industrial	58	34,835.55		7,300,315.25	
		h Bulk/Wholesale					
		Total 8	2 5,11	18,214.20	Р	62,258,854.70	
	4.3	COLLECTION (Water Sales)					
			2 3,04	19,164.99	<u>P</u>	37,536,693.26	
		b. Arrears - current year	2,05	66,802.55	z. 1	21,765,083.98	
		c. Arrears - previous years		1,037.50		2,625,375.17	
		Total	2 5,10	7,005.04	<u>p</u>	61,927,152.41	
	V 4			v_ t		2 004 022 72	
	4.4	ACCOUNTS RECEIVABLE-CUSTOMERS (Be	eginning of the	Yr.):		2,801,032.72	
	4.5	ON-TIME-PAID, This Month	This Mo	onth_		Year-to-Date	
		4.25					
		(4.1a) + (4.1b) - (4.1d) X 100 =	59.6	70			

4.6 COLLECTION EFFICIENCY, Y-T-D

(4.1a) ÷ (4.1b) - (4.1d)

							$\sim$	
:		(4.3a) + (4.3L	100 =		59,301,777.24	=		91.3%
		4.1 Total	100 -		64,934,293.43	_		32.370
4.7	СО	LLECTION RATIO, Y-T-D						
		4.3 Total	_		61,927,152.41	=		91.4%
		4.1 Total + 4.4			67,735,326.15			52.170
								Si .
FINANCIA	L DA	TA:						
		8			This Month			Year-to-Date
5.1	RE	VENUES						
	a.	Operating Revenues	P		5,442,464.72	*	₽	65,981,661.82
	b.	Non-Operating revenues			24,802.10			161,437.48
		Total	Þ		5,467,266.82		Þ	66,143,099.30
5.2	EX	PENSES						
	a.	Salaries and wages	₽		1,259,607.59		₽	15,451,412.71
	b.	Pumping cost (Fuel, Oil, Elec	tric)		1,383,429.34		***	14,987,921.58
	c.	Chemicals (treatment)			29,250.00		-	559,655.00
	d.	Other O & M Expense			2,210,782.88			13,894,608.79
	e.	Depreciation Expense		-	388,577.79			4,475,657.65
	f.	Interest Expense			<u> </u>		****	
	g.	Others			<u>U</u> 9			-
		Total	b	l.	5,271,647.60		P	49,369,255.73
5.3	NE	T INCOME (LOSS)	₽		195,619.22		₽	16,773,843.57
5.4		SH FLOW STATEMENT	٩	r	6,225,548.96		D	68,826,711.18
	a.	Receipts Disbursements	•	-	5,591,990.10		-	59,095,088.99
	b.	Net Receipts (Disbursement	cl	-			-	9,731,622.19
	c. d.	Cash balance, beginning	3)		90,890,104.60		A Transport	81,792,041.27
	e.	Cash balance, ending			91,523,663.46		-	91,523,663.46
	е.	Cash balance, ending			92,323,003.40		-	31,323,003.10
5.5	M	SCELLANEOUS (Financial)						
3.0	а.	Loan Funds (Total)			_			
	-	1. Cash in Bank	₽	2		•4	· P	
		2. Cash on Hand					-	-
	b.	WD Funds (Total)			103,111,002.27		1	103,111,002.27
		1. Cash on hand	Þ	2	35,091.95		Đ	35,091.95
		2. Cash in bank			79,064,628.18			79,064,628.18
		3. Special Deposits			3,798,617.50			3,798,617.50
		4. Investments			8,620,325.83			8,620,325.83
		5. Working fund			5,000.00			5,000.00
		6. Reserves					25 80 11	1876 TI 81
		6.1 WD-LWUA JSA			11,587,338.81			11,587,338.81
		6.2 General Reserves					<u> </u>	
	c.	Materials & Supplies invent	ory P	2	2,983,983.57		P	2,983,983.57
	ď	Accounts Receivable			3 201 309 05			3.201.309.05

3,201,309.05

d. Accounts Receivable

3,201,309.05

5.

			1. Customers	ŧ	3,20	1,309.05	ŧ	3,201,309.05	
			2. Materials on loans						
			3. Officers & Employee	S					
		e	Customers' deposits		3,41	5,946.55		3,415,946.55	
		f	Loans payable						
		g	Payable to creditors eg.	. suppliers	6,19	2,646.76		6,192,646.76	
	5.6	FIN	ANCIAL RATIOS		т	his Month		Year-to-Date	
		a.	Operating Ratio (benc	hmark = ≤ 0.7	5)				
			Operating Expenses		5,27	1,647.60	0.97	49,369,255.73 =	
	19		Operating Revenues		5,44	2,464.72		65,981,661.82	
		b.	Net Income Ratio						
			Net Income (Loss)	<b>-</b> X	19	5,619.22	0.04	<u>16,773,843.57</u> =	
			Total Revenues		5,46	7,266.82		66,143,099.30	
		С	Current Ratio (benchm	nark = ≥ 1.5 )					
			Current Assets	_				98,555,919.77	
			<b>Current Liabilities</b>					13,278,481.41	
. w	ATER PI	ROD	UCTION DATA:						
	6.1	SO	URCE OF SUPPLY		Total Rated	d Capacity			
				Number	(In LPS) or	(in Cum/Mo)		Basis of Data	
		a.	Wells	13		483,540	_		
		b.	Springs		-		-		
		c.	Surface/River				-		
		d.	Bulk purchase				1		
			Total	13	0	483,540			
					Conversion: 1	LPS ~ 2,600 cu	m/mo		
	6.2		ATER PRODUCTION (m³)			Y4070 3000 NEACO			
		a. #	WD-Owned Sources Gravity	This N	<u>//onth</u>	<u>Year-to-Da</u>	<u>te</u>	Method of Measurement	
		#	Pumped		408,162.0	4,885	,146.0		
			Sub-Total		408,162.0	4,885	,146.0		
		b.	External Source/s						
			Total		408,162.0	4,885	,146.0		
	6.3	W	ATER PRODUCTION COST	г		This Mont	<u>:h</u>	Year-to-Date	
		a.	Total power consumpt	tion for pump	ing (KW-Hr)	140,4	192.00	1,531,257.00	
		b.	Total power cost for po	umping (PHP)	9	1,335,2	259.34	14,690,196.00	
		c.	Other energy cost (oil,	etc.) (PHP)	9	48,:	170.00	297,725.58	
		d.	Total Pumping Hours (	motor drive)		8,8	969.25	105,339.00	
		_	Total Pumping Hours (	engine drivel			170.25	1,018.25	
		e.	rotari amping riours (	engine univer	9				
		f.	Total Chlorine consum		9		225.00	7,565.00	

h. Total cost of other chemicals (PHP)

#### 8.1 EMPLOYEES

a.	Total	46
b.	Regular	36
C.	Casual	3
d.	Job-order/COS	7
e.	Number of active connections/employee	376
f.	Average monthly salary/employee	32,298.00

#### 8.2 BOARD OF DIRECTORS

a. Board of Directors

Number of Meetings Attended

		_					<u> </u>		
(AC)					This Month			Year-to-Date	2
					Special/			Special/	
		Name		Regular	Emergency	<u>Total</u>	Regular	Emergency	<u>Total</u>
	1	Tito B. Sarzaba	ı Jr.	2		2	24		24
	2	Teresita G. Ce		2		2	24		24
	3	Francisco M. Evang		2		2	24		24
	4	Cesar C. Dizo		2		2	24		24
	5	Nelda A. Cabr		2		2	24		24
	6	Nelso I II das.			-				
	Ü				This M	lonth	Year	-to-Date	
	a.	No. of Resolutions pass	ed		4			37	
	b.	No. of Policies passed	,,,,				THE RES		
	ε.	Directors fees paid			<u></u>	54,000.00		648,000.00	
		Meetings:			•				
	u.	1. Held			2			24	
					2			24	
		2. Regular							
		<ol><li>Special/Emergence</li></ol>	•у						
	a.	DESCRIPTION (e.g. 6 Source Dev., Expansion, MAWADWORKS#3 S. 2	Rehab., Wat	ter Quality, et	4270 100 100	HP)	S	INDING OURCE Corporate Fund	ACCOM- PLISHMENT 88.84%
	b.								
	c.		Mary April 18			SWITT BET			
	d.								
	e.	<b>发生的</b>			11000				
	f.								The second carry
	g.								
	h.								
	i.				151123				
	j.								
	k.		March March						
	1.								
	m.								
	n.								
	0.								
9.2	CI	URRENT FINANCIAL ASSIS		NS/GRANTS ARAGES,		ITHLY	PAYM	ENTS MADE,	TERMINAL YEAR OF
		AMOUNT (PHP)	Beginning	g of the year	AMORTIZA	TION (PHP)	·	YTD	AMORTIZATION
	a.	Loans from LWUA	25.50 (105)		170	-	44.0		
		1							
		2							
		3					2011		

		,—,		
9	ole.	5	10 E E E	ESTREET, SERVIN
		Total		
	b.	Loans from Other Fund Sources		
		1		
		2		
		3		
		4		
		5		
		Total		
	10. INSTITUTION	NAL DEVELOPMENT/REVIEWS:		
	72.0. 72			
	10.1 L	WUA REVIEW AND SYSTEMS INSTALLATION	V	4
			Year when Last installed /revi	ewed
		energy II. Com		
	a			
	Ь		2013	
	C.		2019	
	d	923 S. 222 SE SE	2015	
	e		2017	
	f.		2019	
	g		2015	
	h	8 - 1 WARRING SE		
	i.			
	j.	Computerized Inventory System		
	44	DAGABLET INDICATORS.		8
	11. KEY PERFOR	RMANCE INDICATORS:	Actual	KPI Monitoring Benchmark
	-	New Reviews Western (9/1) VTD	20%	≤ 20%
	a.		91.3%	≥ 90%
	b.		520	2 30%
	C.		7,225,921.85	
	d.	(T ) (T ) (SS)	18.71	≥ 3% of Item 5.1
	e.	8	Υ Υ	Y
	f.1	## ###################################	Y	Υ
	f.2 f.3			
			Υ	Y
	g.	. Current Ratio - YTD	7.42	≥ 1.5
	h.	. Average Monthly Net Income (Php)	1,398,420.30	positive
	i.	Staff Productvity Index	376	
	j.	. 24/7 Water Service (% of Active S Conn)	Υ	Y
	k.	With Sanitation Facilities (Yes or No)	Υ	Y
	Prepared by:	Checked and Ve	rified by:	Certified Correct:
		A of /	**	
	1	high /		
	AIRA	NEG. PEREZ CPA VIOLETAS	MAYAGA	ENGR. MARCELO M. PETONIO
	Accoun	ting Processor A Division Manage	er B - Finance	General Manager



### Approved Water Rates Schedule C.Y. 2021

Classification	Size	Min.	11-20	21-30	31-40	Over
		Charge	m³	m³	m³	m³
Residential/Gov't.	1/2"	125.00	13.50	15.00	17.00	20.50
Commercial/Ind'l.	1/2"	250.00	27.00	30.00	34.00	41.00
Commercial A	1/2"	218.75	23.60	26.25	29.75	35.85
Commercial B	1/2"	187.50	20.25	22.50	25.50	30.75
Commercial C	1/2"	156.25	16.85	18.75	21.25	25.60
Bulk/Wholesale	1/2"	375.00	40.50	45.00	51.00	61.50

Prepared by:

Approved by:

CECILLE A. FABIA U/CSA Officer

OIC - Commercial Division

ENGR. MARGELO M. PETONIO

General Manager



## Summary of Water Production and Consumption C.Y. 2021

Period	Production	Consumption	
January	433,403	345,095	
February	373,672	292,970	
March	379,110	299,819	
April	428,977	346,403	
May	419,763	338,063	
June	405,382	327,283	
July	417,427	337,223	
August	399,957	321,144	
September	405,580	326,584	
October	401,870	319,616	
November	411,843	325,918	
December	408,162	321,667	
Total	4,885,146	3,901,785	

Prepared by:

VIOLETA BATAYAGA
Division Manager B - Finance

Approved by:

ENGR. MARCELO M. PETONIO

General Manager



# Republic of the Philippines MANGALDAN WATER DISTRICT Mangaldan, Pangasinan

#### WD Water Sources C.Y. 2021

No.	Source	Location	With Production Meter
1	P.S. I	Public Plaza	Yes
2	P.S. II	Banaoang	Yes
3	P.S. III	Salay	Yes
4	P.S. IV	Guilig	Yes
5	P.S. V	Pogo	Yes
6	P.S. VI	Lanas	Yes
7	P.S. VII	Amansabina	Yes
8	P.S. VIII	Guiguilonen	Yes
9	P.S. IX	Bari	Yes
10	P.S. X	Salay	Yes
11	P.S. XI	Macayug	Yes
12	P.S. XII	Anolid	Yes
13	P.S. XIII	Osiem	Yes
14	P.S. XIV	Tebag	Yes

Prepared by:

Approved by:

VIOLETA B. GAYAGA
Division Manager B - Finance

ENGR. MARCELO M. PETONIO

General Manager



#### Republic of the Philippines **MANGALDAN WATER DISTRICT** Mangaldan, Pangasinan

#### SERVICE CONNECTION GROWTH C.Y. 2021

Period	<b>New Connection</b>	Reconnection	Disconnection	<b>Total Connections</b>
December 2020				14,132
January 2021	29	27	35	14,153
February	46	33	38	14,194
March	59	27	32	14,248
April	73	33	44	14,310
May	56	37	31	14,372
June	51	17	21	14,419
July	63	22	14	14,490
August	54	14	28	14,530
September	51	22	27	14,576
October	44	17	44	14,593
November	34	33	33	14,627
December 2021	33	15	23	14,652
Total	593	297	370	

#### Summary:

Total Active Connections as of December 2020	14,132
Add: Total New Connections - 2021	593
Total	14,725
Add: Total Reconnections - 2021	297
Metered	15,022
Less: Total Disconnections - 2021	370
Total Active Connections as of December 31, 2021	14,652

Prepared by:

Approved by:

CECILLE A. FABIA U/CSA Officer OIC - Commercial Division

General Manager

ENGR. MARCELO M. PETONIO



## Republic of the Philippines MANGALDAN WATER DISTRICT

Mangaldan, Pangasinan

List of Major Equipment and Machineries with an Initial Cost of at least P 10,000.00 For the period January 1, 2021 to December 31, 2021

Month	Account Code	Description	Amount
2021			
February	1 06 99 990	1 set Electric Chain Block 5 tons 220V (3ø) 4m - chain length - for P.H. pull out purposes	90,000.00
April	1 06 99 990	Flow Meter 4" with FBNG - PS # 14 Tebag	48,195.00
April	1 06 03 050	System (40hp 220v) / control panel - PS # 14 Tebag	290,000.00
May	1 06 03 050	one (1) unit 25kVA DX Transformer, single phase, primary line - PS # 14 Tebag	164,960.95
June	1 06 03 050	eighty (80) meters THHN Wire #2 to be used for the electric supply of PS # 14 Tebag	20,800.00
June	1 06 04 990	materials used for the fabrication of new steel gate in replacement of old/rusted main gate of Motorpool in Brgy. Salay	14,550.00
June	1 06 03 040	butterfly valve 6" (Lever Type) 3 units @ 16,000	48,000.00
August 1 06 05 020	one (1) unit split type airconditioner 2.5hp (non-inverter) and one (1) unit split type airconditioner	86,620.00	
		2.0hp (non-inverter) with installation fee - for the MAWAD Extension Building	
August	1 06 05 030	one (1) set desktop computer (Processor and Motherboard: AMD Ryzen 5 3600 + Gigabyte A320M-S2H; Memory and Hard Disk: Kingston 8 gb DDR4 3200, Kingston A400 120gb SSD, 1TB WD; Video card 2gb 6BIT; Power supply 500w; CPU Casing; A4Tech Keyboard and Mouse; AOC Monitor 18.5" - issued to D. Relleve	32,035.00
August	1 06 99 990	IWAKI Metering Pump Model ES-B11 with complete accessories (Foot Valve, Check Valve, and 3m hose) - PS #14 Tebag	28,000.00
August	1 06 99 990	Generator Set (Brand New Jet Generator Set Model JP53; 58.7kVA/47kw; standby rating three phase; 60hz, 1800rpm, 0.80 power factor; 240 volts, powered by Perkins industrial engine model 1103A-33TG1), and 150 amperes Manual Transfer Switch - PS # 14 Tebag	840 000 00
September	1 06 07 010	6 pcs window blinds for the MAWAD extension	21,850.00
September	1 06 05 030	3 units CCTV (1 unit for office building, 2 units for MAWAD extension bldg)	18,480.00
		TOTAL	P1,703,490.95

Prepared by:

VIOLETA B. GAYAGA
Division Manager B - Finance

Approved by:

ENGR. MARCELO M. PETONIO General Manager