



LOCAL WATER UTILITIES ADMINISTRATION

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22 January 2018

MEMORANDUM CIRCULAR NO.

003-187

TO : ALL WATER DISTRICTS

SUBJECT : COMPLIANCE TO THE PNSDW OF 2017

Administrative Order No. 2017-0010 issued by the Department of Health, updated water quality standards for drinking water which is referred to as Philippine National Standards for Drinking Water of 2017 (PNSDW) effective June 23, 2017. In line with LWUA's regulatory role, all WDs are hereby directed to comply with the provisions and requirements of the PNSDW 2017. Likewise the WDs are required to incorporate the new guidelines in their Water Safety Plan.

To monitor the WDs compliance and standardize the reporting system, all water districts are advised to use the updated standard format of reporting through regular submission of these required water quality monitoring reports to LWUA as follows:


1. Annex "A" Form I- Monthly Microbial Results of Total Coliform, Thermotolerant Coliform/E. coli and Heterotrophic Plate Count (HPC), as supported by laboratory test results.
2. Annex "B" Form II- Annual Physical and Chemical Results, as supported by laboratory analyses.

As LWUA's requirement, WDs are advised that the monitoring of disinfectant residual shall be done on a daily basis using any of the accepted methodologies.

Water sample examination shall be performed only by DOH accredited laboratories with their duly certified personnel and comply with the procedural change in water analysis with the highest quality of service through establishment, documentation and effective operation of a Quality Service.

The submittal of these new reports shall take effect March 2018 to allow a reasonable transition period. This Memo Circular shall supersede MC No. 002-08-Compliance to PNSDW. The provisions of MC No. 016-17-Implementing Guidelines on Sanctions and Submission of Reports not in consistent herewith shall remain in effect.

For your information, guidance and compliance.


JECI A. LAPUS
Acting Administrator

_____ WATER DISTRICT
SUMMARY REPORT ON MICROBIOLOGICAL TEST
 MONTH OF _____ 20 _____

1. Population actually served by utility
 (No. of service connection x ave. no of person per service connection (5 persons per household) _____

No. of service connections _____

2. Required minimum number of sample based on the following _____

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' taps
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' taps
More than 100,000	1 samples per 10,000 population + 12 additional samples monthly	Required at least 40% of the sampling points	Consumers' taps

Note: collection of samples should be spread out within a month

3. Sample Requirement

- a. No of samples examined _____
- b. Percent (%) to the minimum required _____
- c. Meet Standards Yes No
 (If b is 100% or more, check Yes)

4. 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. Meet Standards Yes No
 (if b is 5% or less, check Yes)

4.2 Membrane Filter Technique (MFT)

- a. Number of samples showing presence of coliform colonies _____
- b. Percent (%) to the total number of sample analyzed (4.2.a/3.a x 100) _____
- c. Meet Standards Yes No
 (If b is 5% or less, check Yes)

4.3 Enzyme Substrate Coliform Test (EST)

- a. Number of samples showing presence of coliform _____
- b. Percent (%) to total number of sample examined (4.3.a/3.a x 100) _____
- c. Meet Standards Yes No
(If b is 5% or less, check Yes)

B. Thermotolerant 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 _____
- b. Percent (%) to total number of Samples analyzed _____
- c. Meets Standard Yes No
(if a is zero, check Yes)

C. Heterotrophic Plate Count (HPC)

- a. Number of HPC tests conducted _____
- b. No. of samples showing HPC value < 500 CFU/ml _____
- c. Percent (%) to number of test conducted (b/a x 100) _____
- d. Meets Standard Yes No
(if c is 100% or more, check Yes)

(Please attach laboratory test results with this summary form)

SUBMITTED BY:

General Manager

Date

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_____ WATER DISTRICT
SUMMARY REPORT ON PHYSICAL AND CHEMICAL ANALYSES
FOR YEAR _____

Date/Time Collected: _____ Analyzed: _____		SAMPLING LOCATION*		
		<input type="checkbox"/> Consumer's Tap	<input type="checkbox"/> Water Treatment Plant Outlet Pls indicate : a) Coordinates (DDD° MM' SS.SS") Longitude (E) Latitude (N) _____ _____ b) Name of Source _____	<input type="checkbox"/> Source of supply Pls indicate : a) Coordinates (DDD° MM' SS.SS") Longitude (E) Latitude (N) _____ _____ b) Capacity (LPS) _____ c) Name of Source _____
I. Mandatory Parameters	PNSDW Max. Allowable Level	Constituents Level (mg/L) or Characteristics		
1. Arsenic (mg/L)	0.01			
2. Cadmium (mg/L)	0.003			
3. Lead (mg/L)	0.01			
4. Nitrate (mg/L)	50			
5. Color Apparent (CU)	10			
6. Turbidity (NTU)	5			
7. pH	6.5-8.5			
8. Total Dissolved Solids (mg/L)	600			
9. Disinfection Residual				
Residual Chlorine (mg/L)	0.3-1.5			
Chlorine Dioxide (mg/L)	0.2-0.4			
II. Additional Parameters (Determined by LDWQMC)				
III. Action Taken (Please Check)				
a) Are all mandatory parameters tested? (If NO, indicate parameters not analyzed)		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
b) Are all parameters in compliance with the Standards? (If NO, indicate non-complying parameters)		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Over-all evaluation: PASSED PNSDW <input type="checkbox"/> Yes <input type="checkbox"/> No				
Remarks: _____ _____				
(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.

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Attachment: Form No. II

Table C-2: Minimum Frequency of Sampling for Mandatory Physical and Chemical Parameters

Source and Mode of Supply	Population Served per Supply System	No. of Sample/Frequency of Sampling
Level III	49,999 and below	One sample per year
	50,000 and above	One sample for every 250,000 population served per year

Table B-1 Mandatory Drinking-Water Quality Parameters

Parameters	Sampling Location
1. Arsenic (As)	Treatment Plant Outlet/ Source
2. Cadmium (Cd)	Consumer's Tap
3. Lead (Pb)	Consumer's Tap
4. Nitrate (NO3)	Treatment Plant Outlet/ Source
5. Color (Apparent)	Treatment Plant Outlet/ Source/Consumer's Tap
6. Turbidity	Consumer's Tap
7. pH	Treatment Plant Outlet/ Source/Consumer's Tap
8. Total Dissolved Solid (TDS)	Treatment Plant Outlet/ Source
9. Disinfection Residual	Treatment Plant Outlet/ Source/Consumer's Tap

Note:

Mandatory parameters may include additional parameters from the list of primary (Table B-2 page 26 of PNSDW) and secondary (Table B-3 page 26 of PNSDW) as determined by LDWQMC and can be adopted as enforceable parameters for monitoring, based on the result of the risk assessment of the water sources where potential contamination from the natural or anthropogenic activities may occur.