

**STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
LABORATORIES ADMINISTRATION**

010756

Robert A. Myers, Ph.D., Director
1770 Ashland Ave.
Baltimore, Md. 21205

Lab No: _____

MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS

Field Record

Bottle No. Smell 1 Town Merbury County Charles
Source of Sample Smell/road

Natural Bathing Area Marine Fresh Public Treated
Swimming Pool Whirlpool Private Untreated
pH _____ Res. Cl: Free _____ Total _____ Iced: Yes No
Date 6/8/26 Time 2:46 a.m. p.m. Collector SKH/P

Remarks: _____

LABORATORY RECORD (MDH Use Only)

Test Method(s): (Check all that apply) Enterolert® ASTMD 6503-99
 SM 9223 Colilert®QT SM 9223 Colilert®-18 SM 92215B (HPC) OTHER: _____

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100mL
<input checked="" type="checkbox"/> 1:10	Total coliforms		
<input type="checkbox"/> 1:100	<i>E. coli</i>		
<input type="checkbox"/> 1:1000	Enterococci	0	<10
	Other:		

HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

Plate A: Plate B:

Incubate 24.48.72 hrs @ 35°C (CFU/ml) =

Average:

JUN 8 '26 PM 6:19 ML

RECEIVED JUN 8 '26 PM 6:32 ML

PLACED IN INCUBATOR JUN 9 '26 PM 6:33 EK

RESULTS READ/REPORTED

Bacteriologist: EK

REVIEWED BY/DATE: EC 6-10-26

Remarks: _____

EMAIL FAX PHONED

LABORATORY: Central (443) 681-3960 ESRL (410) 219-9005 WMRL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received

MDH-87 05/18

Original-Laboratory

**STATE OF MARYLAND
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Robert A. Myers, Ph.D., Director
1770 Ashland Ave.
Baltimore, Md. 21205

010757

Lab No: _____

MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS

Bottle No. Small 2 Town Merbury County Charles
Source of Sample Small Wood

Natural Bathing Area Marine Fresh Public Treated
Swimming Pool Whirlpool Private Untreated
pH _____ Res. Cl: Free _____ Total _____ Iced: Yes No
Date 6/8/26 Time 2:48 a.m. p.m. Collector Josh L.

Remarks: _____

LABORATORY RECORD (MDH Use Only)

Test Method(s): (Check all that apply) Enterolert® ASTMD 6503-99
 SM 9223 Colilert®/QT SM 9223 Colilert®-18 SM 92215B (HPC) OTHER: _____

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100mL
<input checked="" type="checkbox"/> 1:10	Total coliforms		
<input type="checkbox"/> 1:100	<i>E. coli</i>		
<input type="checkbox"/> 1:1000	Enterococci	0	<10
	Other:		

HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

Plate A: Plate B:

Incubate 24.48.72 hrs @ 35°C (CFU/ml) = _____

Average:

Temperature Control: <u>25</u> °C	SAMPLE INVALIDATION: <input type="checkbox"/> Sample Rejection <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> Other: _____
Thiosulfate: <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undertermined	RESAMPLE REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____

RECEIVED JUN 8 '26 PM 6:19 ML

RECEIVED JUN 8 '26 PM 6:32 ML

PLACED IN INCUBATOR JUN 9 '26 PM 6:33 ET

RESULTS READ/REPORTED

Bacteriologist: E.R. REVIEWED BY/DATE QC 6-10-26

Remarks: _____

EMAIL FAX PHONED

LABORATORY: Central (443) 681-3960 ESRL (410) 219-9005 WMRL (301) 759-5115

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Original-Laboratory

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010758

Robert A. Myers, Ph.D., Director
1770 Ashland Ave.
Baltimore, Md. 21205

Lab No: _____

MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS

Field Record

Bottle No. Small 3 Town Metheny County Charles
Source of Sample Spillwood

Natural Bathing Area Marine Fresh Public Treated
Swimming Pool Whirlpool Private Untreated
pH _____ Res. Cl: Free _____ Total _____ Iced: Yes No
Date 6/8/26 Time 12:51 a.m. p.m. Collector Jack P

Remarks: _____

LABORATORY RECORD (MDH Use Only)

Test Method(s): (Check all that apply) Enterolert® ASTMD 6503-99
 SM 9223 Colilert®/QT SM 9223 Colilert®-18 SM 92215B (HPC) OTHER: _____

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100mL
<input checked="" type="checkbox"/> 1:10	Total coliforms		
<input type="checkbox"/> 1:100	<i>E. coli</i>		
<input type="checkbox"/> 1:1000	Enterococci	1	10
	Other:		

JUN 8 '26 PM 6:19

ML

RECEIVED

JUN 8 '26 PM 6:32

ML

PLACED IN INCUBATOR

JUN 9 '26 PM 6:33

EX

RESULTS READ/REPORTED

Bacteriologist: E. King REVIEWED BY/DATE: JC 6-10-26

Remarks: _____

EMAIL FAX PHONED

LABORATORY: Central (443) 681-3960 ESRL (410) 219-9005 WMRL (301) 759-5115

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MDH-87 05/18

Original-Laboratory

**HETEROTROPHIC PLATE COUNT
(Pour Plate Method, Plate Count Agar)**

Plate A: Plate B:

Incubate 24.48.72 hrs @ 35°C (CFU/ml) =

Average:

Temperature Control:

2.5 °C

Thiosulfate:

Present
 Absent
 Underdetermined

SAMPLE INVALIDATION:

Sample Rejection
 Laboratory Accident
 Other: _____

RESAMPLE REQUIRED:

YES NO

DATE: _____