

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

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

Lab No: 005898

MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS

Field Record

Bottle No. SW1 Town Marbury County Charles
Source of Sample Smallwood Stn

Natural Bathing Area Marine Fresh Public Treated
Swimming Pool Whirlpool Private Untreated
pH _____ Res. Cl: Free _____ Total _____ Iced: Yes No
Date 4-10-24 Time 11:40 a.m. p.m. Collector AMB

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®)

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

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	<u>0</u>	<u>LT0</u>
	Other:		

Plate A: Plate B:

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

Average:

APR 10 '24 PM 2:10

RECEIVED
APR 10 '24 PM 2:26

PLACED IN INCUBATOR
APR 11 '24 PM 2:28

RESULTS READ/REPORTED

Bacteriologist: [Signature] REVIEWED BY/DATE: E. King 4/11/24

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

<p>Temperature Control: <u>3.3</u> °C</p>	<p>SAMPLE INVALIDATION: <input type="checkbox"/> Sample Rejection <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> Other: _____</p>
<p>Thiosulfate: <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undertermined</p>	<p>RESAMPLE REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____</p>

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

005899

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

Lab No: _____

MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS

Field Record

Bottle No. SW1 Town Charles County Charles
Source of Sample Smallwood State

Natural Bathing Area Marine Fresh Public Treated
Swimming Pool Whirlpool Private Untreated
pH _____ Res. Cl: Free _____ Total _____ Iced: Yes No
Date 4-10-24 Time 11:44 a.m. p.m. Collector AMB

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®)

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

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:		

Plate A: Plate B:

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

Average:

APR 10 '24 PM 2:10

RECEIVED
APR 10 '24 PM 2:26

PLACED IN INCUBATOR
APR 11 '24 PM 2:28

Temperature Control: <u>33.0</u>	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: _____

RESULTS READ/REPORTED

Bacteriologist: [Signature] REVIEWED BY/DATE: [Signature] 4/11/24

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

**STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
LABORATORIES ADMINISTRATION** 5900

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

Lab No: _____

MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS

Bottle No. SW3 Field Record
Town Marbury County Charles
Source of Sample Smallwood State

Natural Bathing Area Marine Fresh Public Treated
Swimming Pool Whirlpool Private Untreated
pH _____ Res. Cl: Free _____ Total _____ Iced: Yes No
Date 4-10-24 Time 11:47 a.m. p.m. Collector AMB
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®)

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

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	<u>0</u>	<u><10</u>
	Other:		

Plate A: Plate B:

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

Average:

APR 10 '24 PM 2:10
APR 10 '24 PM 2:26
RECEIVED

PLACED IN INCUBATOR
APR 11 '24 PM 2:28

RESULTS READ/REPORTED

Bacteriologist: J. Gylm REVIEWED BY/DATE: E. King 4/11/24

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

Temperature Control: <u>3.34°C</u>	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: _____