

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

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

008283

Lab No: \_\_\_\_\_

**MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS**

Field Record

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

Natural Bathing Area  Marine  Fresh  Public  Treated   
Swimming Pool  Whirlpool  Private  Untreated   
pH \_\_\_\_\_ Res. Cl: Free \_\_\_\_\_ Total \_\_\_\_\_ Iced: Yes  No   
Date 6/3/25 Time 12:48 a.m.  p.m.  Collector AMB  
Remarks: \_\_\_\_\_

**LABORATORY RECORD (MDH Use Only)**

Test Method(s): (Check all that apply)  Enterolert® ASTM D 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	210
	Other:		

Plate A:  Plate B:

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

Average:

JUN 3 '25 PM 6:08 YD  
RECEIVED  
JUN 3 '25 PM 6:29 YD  
PLACED IN INCUBATOR ML  
JUN 4 '25 PM 7:07

<b>Temperature Control:</b> <u>4.6°C</u>	<b>SAMPLE INVALIDATION:</b> <input type="checkbox"/> Sample Rejection <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> Other: _____
<b>Thiosulfate:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undertermined	<b>RESAMPLE REQUIRED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____

RESULTS READ/REPORTED  
Bacteriologist: cm-ede REVIEWED BY/DATE: K Jones 6/5/25

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**

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008284

Lab No: \_\_\_\_\_

**MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS**

Field Record

Bottle No. SW2 Town \_\_\_\_\_ County Charles  
Source of Sample Smallwood State Park

Natural Bathing Area  Marine  Fresh  Public  Treated   
Swimming Pool  Whirlpool  Private  Untreated   
pH \_\_\_\_\_ Res. Cl: Free \_\_\_\_\_ Total \_\_\_\_\_ Iced: Yes  No   
Date 6/3/25 Time 12:50 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	210
	Other:		

Plate A:  Plate B:

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

Average:

JUN 3 '25 pm 6:09 YJS  
RECEIVED  
JUN 3 '25 pm 6:29 YJS  
PLACED IN INCUBATOR ML  
JUN 4 '25 pm 7:07  
RESULTS READ/REPORTED

<b>Temperature Control:</b> <u>46°C</u>	<b>SAMPLE INVALIDATION:</b> <input type="checkbox"/> Sample Rejection <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> Other: _____
<b>Thiosulfate:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undertermined	<b>RESAMPLE REQUIRED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____

Bacteriologist: cm. yde REVIEWED BY/DATE: K Jones 6/5/25

Remarks: \_\_\_\_\_

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

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Baltimore, Md. 21205

Lab No: 008285

**MICROBIOLOGICAL ANALYSIS OF RECREATIONAL WATERS**

Field Record

Bottle No. SW3 Town \_\_\_\_\_ County Charles  
Source of Sample Smallwood State Park

Natural Bathing Area  Marine  Fresh  Public  Treated   
Swimming Pool  Whirlpool  Private  Untreated   
pH \_\_\_\_\_ Res. Cl: Free \_\_\_\_\_ Total \_\_\_\_\_ Iced: Yes  No   
Date 6/3/25 Time 12:55 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	40
	Other:		

Plate A:  Plate B:

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

Average:

JUN 3 '25 PM 6:04 YL  
RECEIVED  
JUN 3 '25 PM 6:29 YL  
PLACED IN INCUBATOR ML  
JUN 4 '25 PM 7:07  
RESULTS READ/REPORTED

<b>Temperature Control:</b> <u>46</u> °C	<b>SAMPLE INVALIDATION:</b> <input type="checkbox"/> Sample Rejection <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> Other: _____
<b>Thiosulfate:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undertermined	<b>RESAMPLE REQUIRED:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____

Bacteriologist: cm - [signature] REVIEWED BY/DATE: [signature] 6/3/25

Remarks: \_\_\_\_\_  
 EMAIL  FAX  PHONED

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