



STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION

201 W. Preston Street  
PO BOX 2355, Baltimore, Maryland 21203  
John M. Deboy, Dr. P.H., Director

Category Code 4F

Lab. No. 014502

BACTERIOLOGICAL DRINKING WATER REPORT  
Field Record

Source Robin Shriver 1st Floor Powder Room  
Location: 1039 Saint Michaels Road  
Iced: Yes ☒ No ☐  
Treated: Yes ☐ No ☒ Time Collected 10:30 ☒ a.m. ☐ p.m.  
Collector # 3166KH Bottle No. HC1039  
Collector Name Kerri Hamilton County Howard  
TEST  
QUANTITATIVE ☒ 13 ☐ ☐ ☐  
P/A ☐ County Plant No. Sampling Station Date Collected 4/22/09  
MTF ☐  
pH 5.0 Res. Cl: Free 00 Total 00 Card No. ☐ ☐

LABORATORY RECORD

Thiosulfate: Pres. ☐ Absent ☐ Undetermined ☐  
PRESUMPTIVE MTF • P/A TEST\*

| ml. of Sample | 10 ml. | 100 ml. |
|---------------|--------|---------|
| Gas. 24 hours |        |         |
| Gas. 48 hours |        |         |

CONFIRMED MTF • P/A TEST

| ml. of Sample     | 10 ml. | 100 ml. | No. of + |
|-------------------|--------|---------|----------|
| Coliforms †       |        |         |          |
| Fecal Coliforms ‡ |        |         |          |

P/A TEST (CONFIRMED) \*\*\*

| ml. of Sample   | 100 ml. |
|-----------------|---------|
| Total Coliforms |         |
| E. Coli         |         |

QUANTITATIVE TEST (CONFIRMED) \*\*\*

| 100 ml. of Sample | No. of Pos | MPN          |
|-------------------|------------|--------------|
| Total Coliforms   | <u>44</u>  | <u>101</u>   |
| E. Coli           | <u>0</u>   | <u>&lt;1</u> |

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

24 • 48 • 72 Hrs./Heterophic Plate Count §/ml. =

- \*\* using m Endo-Agar LES at 35° C incubation  
\* using Lauryl Sulfate Trypticase Broth at 35° C incubation  
† using Brilliant Green Lactose Bile Broth at 35° C incubation  
‡ using EC Broth at 44.5° C incubation  
§ using Plate Count Agar at 35° C incubation  
\*\*\* using ONPG-MUG at 35° C incubation

Remarks TC 1.0°C LMP

Date & Hour

APR 22 '09 PM 3:09

APR 22 '09 PM 3:18

APR 23 '09 PM 4:11

Rec.d

Exam

Rept.

E. SHORE REG. ☐

CENTRAL ☒

Bacteriologist L. Flayer

Laboratory

S. MD REG. ☐

W. MD REG. ☐

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Well Tag #  
HO-94-2632  
014502

Category Code 4F

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                               |                              |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|
| Community <input type="checkbox"/><br>Non-Community <input type="checkbox"/><br>Non-Transient <input type="checkbox"/><br>Private <input checked="" type="checkbox"/><br>Check Sample <input type="checkbox"/><br>C.O.P. <input type="checkbox"/> | Source <u>Robin Shriver 1st Floor Powder Room</u><br>Location: <u>1039 Saint Michaels Road</u><br>Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:30</u><br>Collector # <u>3166KH</u> Bottle No. <u>HC1039</u><br>Collector Name <u>Kerrie Hamilton</u> County <u>Howard</u> |                              |                               |                              |                               |
| TEST<br>QUANTITATIVE <input checked="" type="checkbox"/><br>P/A <input type="checkbox"/><br>MTF <input type="checkbox"/>                                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">County <u>13</u></td> <td style="width: 25%;">Plant No. <u>    </u></td> <td style="width: 25%;">Sampling Station <u>    </u></td> <td style="width: 25%;">Date Collected <u>4/22/09</u></td> </tr> </table>                                                                                               | County <u>13</u>             | Plant No. <u>    </u>         | Sampling Station <u>    </u> | Date Collected <u>4/22/09</u> |
| County <u>13</u>                                                                                                                                                                                                                                  | Plant No. <u>    </u>                                                                                                                                                                                                                                                                                                                                                                                      | Sampling Station <u>    </u> | Date Collected <u>4/22/09</u> |                              |                               |
| pH <u>5.0</u>                                                                                                                                                                                                                                     | Res. Cl: Free <u>00</u> Total <u>00</u> Card No. <u>    </u>                                                                                                                                                                                                                                                                                                                                               |                              |                               |                              |                               |

**LABORATORY RECORD**

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**PRESUMPTIVE MTF • P/A TEST\***

**CONFIRMED MTF • P/A TEST**

| ml. of Sample | 10 ml. | 100 ml. | ml. of Sample     | 10 ml. | 100 ml. | No. of + |
|---------------|--------|---------|-------------------|--------|---------|----------|
| Gas. 24 hours |        |         | Coliforms †       |        |         |          |
| Gas. 48 hours |        |         | Fecal Coliforms ‡ |        |         |          |

**P/A TEST (CONFIRMED) \*\*\***

|                 |        |
|-----------------|--------|
| ml. of Sample   | 100ml. |
| Total Coliforms |        |
| E. Coli         |        |

**QUANTITATIVE TEST (CONFIRMED) \*\*\***

|                   |            |            |
|-------------------|------------|------------|
| 100 ml. of Sample | No. of Pos | MPN        |
| Total Coliforms   | <u>44</u>  | <u>101</u> |
| E. Coli           | <u>0</u>   | <u>21</u>  |

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) =     

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‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =     

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