



Microbac Laboratories, Inc. - Baltimore

CERTIFICATE OF ANALYSIS

22E0222

Maryland Department of the Environment

Project Name: Back River Bacteria

Ron Wicks
1800 Washington BLVD STE 510
Baltimore, MD 21230

Project / PO Number: N/A
Received: 05/04/2022
Reported: 05/06/2022

Analytical Testing Parameters

Table with 2 columns: Client Sample ID: BRB1, Sample Matrix: Wastewater, Lab Sample ID: 22E0222-01; Collected By: John Lynch / Gilbert Lookingland, Collection Date: 05/04/2022 8:58

Microbiology table with columns: Microbiology, Result, Limit(s), RL, Units, Note, Prepared, Analyzed, Analyst. Rows include Enterococcus (34) and Escherichia coli (140).

Table with 2 columns: Client Sample ID: BRB2, Sample Matrix: Wastewater, Lab Sample ID: 22E0222-02; Collected By: John Lynch / Gilbert Lookingland, Collection Date: 05/04/2022 9:10

Microbiology table with columns: Microbiology, Result, Limit(s), RL, Units, Note, Prepared, Analyzed, Analyst. Rows include Enterococcus (31) and Escherichia coli (52).

Table with 2 columns: Client Sample ID: BRB3, Sample Matrix: Wastewater, Lab Sample ID: 22E0222-03; Collected By: John Lynch / Gilbert Lookingland, Collection Date: 05/04/2022 9:20

Microbiology table with columns: Microbiology, Result, Limit(s), RL, Units, Note, Prepared, Analyzed, Analyst. Rows include Enterococcus (36) and Escherichia coli (26).



Microbac Laboratories, Inc. - Baltimore

CERTIFICATE OF ANALYSIS

22E0222

Client Sample ID: BRB4	Collected By: John Lynch / Gilbert Lookingland
Sample Matrix: Wastewater	Collection Date: 05/04/2022 9:30
Lab Sample ID: 22E0222-04	

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
<b>Method: Enterolert</b>								
Enterococcus	7.5		1.0	MPN/100mL		05/04/22 1600	05/05/22 1845	NMN
<b>Method: SM 9223 B (Colilert Quanti-Tray)-1997</b>								
Escherichia coli	1.0		1.0	MPN/100mL		05/04/22 1610	05/05/22 1400	NMN

Results in **bold** have exceeded a limit defined for this project. Limits are provided for reference but as regulatory limits change frequently, Microbac Laboratories, Inc. advises the recipient of this report to confirm such limits and units of concentration with the appropriate Federal, state or local authorities before acting on the data.

Definitions

**MPN/100mL** Most Probable Number per 100 Milliliters  
**RL:** Reporting Limit

Report Comments

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.

Reviewed and Approved By:



Brittany Spraker  
Project Manager

Reported: 05/06/2022 10:29

Microbac Laboratories, Inc.

2101 Van Deman Street | Baltimore, MD 21224 | 410.633.1800 p | www.microbac.com

MICROBAC

2101 Van Deman Street  
Baltimore, MD 21224  
(410) 633-1800

CHAIN OF CUSTODY RECORD  
Number

Instructions on back  
TO BE COMPLETED BY MICROBAC

Lab Report Address  
Client Name: Maryland Department of the Environment  
Address: 1800 Washington Blvd  
City, State, Zip: Baltimore, MD 21230

Invoice Address  
Client Name: SAME  
Address: SAME  
City, State, Zip: SAME

Turnaround Time  
 Routine (5 to 7 business days)  
 RUSH\* (notify lab)

Contact: Ron Wicks  
Telephone No.: 443 562 1976

Contact: SAME  
Telephone No.: SAME

(needed by)  
Report Type

Temperature Upon Receipt (°C)  
Therm ID: 46.12  
Holding Time  
Samples Received on Ice?  Yes  No  N/A  
Custody Seals Intact?  Yes  No  N/A

Send Report via:  Mail  Fax  e-mail (address)

Send Invoice via:  Mail  Fax  e-mail (address)

Compliance Monitoring?  Yes  No  
 Agency/Program

Project: Back River Bacteria

Location: denver-gaswusson@maryland.gov

Compliance Monitoring?  Yes  No  
 Agency/Program

Sampled by (PRINT): John Lynch  
Gilbert Lookingland

Sampler Signature: [Signature]

Sampler Phone No.: 410 419 3709

Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)  
Preservative Types: (1) HNO3, (2) H2SO4, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bisulfate, (8) Sodium Thiosulfate, (9) Hexane, (10) Unpreserved

REQUESTED ANALYSIS

Lab ID	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix	Grab / Comp	Preservative Types **
BRB1		5.4.22	0858	2	G		8
BRB2		5.4.22	0910	2	G		8
BRB3		5.4.22	0920	2	G		8
BRB4		5.4.22	0930	2	G		8

Enterococcus  
E. Coli



22E0222

Additional Notes

Possible Hazard Identification  
 Hazardous  Non-Hazardous  Radioactive

Sample Disposition  
 Dispose as appropriate  Return  Archive

Relinquished By (signature)  
Date/Time: 5.4.22 1037

Relinquished By (signature)  
Date/Time

Received By (signature)  
Received By (signature)  
Date/Time: 5-4-22 1034

Received By (signature)  
Date/Time: 5-4-22 1034

Relinquished By (signature)

Date/Time

Received By (signature)

Date/Time

[Signature]

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# Cooler Receipt Form / Sample Acceptance & Noncompliance Form

Microbac Laboratories, Inc., Baltimore Division  
Control # 606-03  
Effective Date: 11/30/2016  
Page 1 of 1

Number of Coolers Received: 1  
Client: MDE  
Form Completed By: Omlette Frellesman  
Shipper:  
Custody Tape Intact:  
Containers Intact:  
Sample Received on Ice or refrigerated:  
  
Chain of Custody Present with shipment:  
Sample Bottle IDs agree with COC:  
Preservation requirements met:  
Correct Number of Containers / Sample Volume:  
Headspace in container:  
Type of Sample:

Receipt Date / Time: 5-4-22 1034  
Work Order # 2250222  
  
 Microbac  Client  UPS  FedEx  
YES / NO NA  
YES / NO  
YES / NO / NA  
Infrared (IR) Temperature: 10.9 °C  
YES / NO  
YES / NO  
YES / NO / Not Checked  
YES / NO (If No, contact client immediately)  
YES / NO / NA  
Water Soil Wipes Oil Filter Solid  
Sludge Food Swab Other

**Container Type / Quantity:**

A -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid:	If preserved pH <2, pH >10
B -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
C -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
D -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
E -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
H -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
K -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
L -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
M -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
P -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
W -	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
V -	Unpreserved	HCl	HCl / Ascorbic Acid	HCl / NaTHIO	<b>(Checked at time of Analysis)</b>		
F -	Unpreserved	<b>NaTHIO (Checked at time of Analysis)</b>					
S -	Unpreserved	<b>8 NaTHIO (Checked at time of Analysis)</b>					
SN -	Unpreserved	NaTHIO	<b>NaTHIO/EDTA (Checked at time of Analysis)</b>				
	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10
	Unpreserved	H2SO4	HNO3	HCl	NaOH	NaOH/Ascorbic Acid	If preserved pH <2, pH >10

**Describe preservation requirements not met:**

*All Acid preserved <2 pH      NaOH preserved >12 pH      All others >2 and <10 (usually 4-8)*

Sample ID: \_\_\_\_\_ H<sub>2</sub>SO<sub>4</sub> HNO<sub>3</sub> NaOH \_\_\_\_\_ mls added  
 Sample ID: \_\_\_\_\_ H<sub>2</sub>SO<sub>4</sub> HNO<sub>3</sub> NaOH \_\_\_\_\_ mls added  
 Sample ID: \_\_\_\_\_ H<sub>2</sub>SO<sub>4</sub> HNO<sub>3</sub> NaOH \_\_\_\_\_ mls added  
 Sample ID: \_\_\_\_\_ H<sub>2</sub>SO<sub>4</sub> HNO<sub>3</sub> NaOH \_\_\_\_\_ mls added

*H<sub>2</sub>SO<sub>4</sub> - Sulfuric Acid, HNO<sub>3</sub> - Nitric Acid, NaOH - Sodium Hydroxide, ASC - Ascorbic Acid, NaTHIO - Sodium Thiosulfate*

Describe Anomalies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact information / Summary of Actions:**

Date / Time: \_\_\_\_\_ Contact: \_\_\_\_\_ Contact By: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_