



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 05, 2007

Fred Shahrokh
11005 HIDDEN FOX COURT
ELLCOTT CITY, MD 21042

RE: Water Sample Results

Dear Fred Shahrokh,

We have received the results from the testing of the water sample(s) taken from your home on November 29, 2007. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria testing (Collected from the Hose Bib near Tank)** found that your well water contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

The results from the **Bacteria testing (Collected from the 1st Floor Restroom Faucet)** found that your well water contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

For this office to issue a Final Certificate of Potability, one more good consecutive bacteria sample is required. Please contact the Health Department at ~~(410) 313-1773~~ between ^{8:30} ~~8:00~~ a.m. and ^{4:30} ~~5:00~~ p.m., Monday through Friday to schedule the bacteria water sample appointment or if you have any questions regarding these test results. (410-313-1792)

Sincerely,

Hank Oswald, R.S.

Community Hygiene Program

Enclosures

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

Well Tag #

HO-94-3892

Retest
Category Code 4E

Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

008751

Source Fred Shahrokh 1st Floor Restroom
Location: 6547 Paper Place, Highland 20777
Iced: Yes No a.m.
Treated: Yes No Time Collected 9:00 p.m.
Collector # 3166KH Bottle No. HO-6547-2
Collector Name Kerrie Hamilton County Howard

TEST
QUANTITATIVE
P/A
MTF
pH 6.5 Res. Cl: Free Total Card No.

County 13 Plant No. Sampling Station Date Collected 11 29 07
Chlorine Present in Sample

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

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	100 ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<4
E. Coli	0	<4

** Presumptive Coliforms/100 mi. (Membrane Filter) =

† Verified Total Coliforms/100 mi. (Membrane Filter) ÷

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

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

Temp. Control 2.0 °C -25

- ** 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-MCG at 35° C incubation

Remarks

Date & Hour

Laboratory

07 NOV 29 PM 2:49
07 NOV 29 PM 3:21

Rec.d

E. SHORE REG.

S. MD REG.

Exam

CENTRAL

W. MD REG.

07 NOV 30 PM 3:45

Rept.

Bacteriologist

G. Singleton

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

Well Tag #
40-94-3892

Category Code 4E

Lab. No. 008751

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Source Fred Shahrath 1st Floor Restroom
Location: 6547 Paper Place, Highland 20777
Iced: Yes No a.m.
Treated: Yes No Time Collected: 9:00 p.m.
Collector # 3166KH Bottle No. 40-6547-2
Collector Name Kerrie Hamilton County Howard

TEST
QUANTITATIVE P/A MTF
pH 6.5 Res. Cl: Free Total Card No.
Chlorine Present in Sample

County 13 Plant No. Sampling Station Date Collected 11 29 07

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST*

CONFIRMED MTF • P/A TEST

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

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	0	<1
E. Coli	0	<1

** 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. =

Temp. Control 2.0 °C -211

- ** 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-MCG at 35° C incubation

Remarks _____

Date & Hour	Rec.d	Exam	Rept.
<u>07 NOV 29 PM 3:45</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>07 NOV 29 PM 3:21</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>07 NOV 30 PM 3:45</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

Laboratory _____

E. SHORE REG. S. MD REG.
CENTRAL W. MD REG.
Bacteriologist D. Simonson

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

Retest

Well Tag #
HO-94-3892

Category Code 4F

Lab. No. 008750

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community <input type="checkbox"/>	Source <u>Fred Shahrokh</u>	<u>Hose bib rear tank</u>
Non-Community <input type="checkbox"/>	Location: <u>6547 Paper Place, Highland 20777</u>	
Non-Transient <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/> a.m.
Private <input checked="" type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected <u>9:00</u> <input type="checkbox"/> p.m.
Check Sample <input type="checkbox"/>	Collector # <u>3166KH</u>	Bottle No. <u>HO-6547-1</u>
C.O.P. <input type="checkbox"/>	Collector Name <u>Kerrie Hamilton</u>	County <u>Howard</u>

TEST QUANTITATIVE <input checked="" type="checkbox"/>	<u>13</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11 29 07</u>
P/A <input type="checkbox"/>	County	Plant No.	Sampling Station	Date Collected
MTF <input type="checkbox"/>				

pH 6.5 Res. Cl: Free 00 Total 00 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

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	100 ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<1
E. Coli	0	<1

** Presumptive Coliforms/100 mi. (Membrane Filter) =
 † Verified Total Coliforms/100 mi. (Membrane Filter) ÷
 ‡ Verified Fecal Coliforms/100 mi. (Membrane Filter) =

24 • 48 • 72 Hrs/Heterophilic 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-MCG at 35° C incubation

Temp. Control 2.0 °C - 21

Remarks

Date & Hour

07 NOV 29 PM 2:49

07 NOV 29 PM 3:21

07 NOV 30 PM 3:47

Rec.d

Exam

Rept.

Laboratory

E. SHORE REG.

S. MD REG.

CENTRAL

W. MD REG.

Bacteriologist G. Simonton

STATE OF MARYLAND
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 John M. Deboy, Dr. P.H., Director

Retest

Well Tag #
 HO-94-3892

Category Code 4F

Lab. No. 008750

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

Source Fred Shonrakh Hose bib near tank
 Location: 6547 Paper Place, Highland 20777
 Iced: Yes No
 Treated Yes No Time Collected 9:00 a.m. p.m.
 Collector # 3166KH Bottle No. HO-6547-1
 Collector Name Kerrie Hamilton County Howard

TEST
 QUANTITATIVE
 P/A
 MTF

pH 6.5 Res. Cl: Free 00 Total 00 Card No.

County 13 Plant No. Sampling Station Date Collected 11 29 07

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST*		CONFIRMED MTF • P/A TEST		No. of +
ml of Sample	10 ml.	100 ml.	10 ml.	
Gas. 24 hours				
Gas. 48 hours				

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	0	<1
E. Coli	0	<1

** Presumptive Coliforms/100 mi. (Membrane Filter) =
 † Verified Total Coliforms/100 mi. (Membrane Filter) ÷
 ‡ Verified Fecal Coliforms/100 mi. (Membrane Filter) =

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

Temp. Control 2.0 °C - 2/1
 ** 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-MCG at 35° C incubation

Remarks _____
 Date & Hour 07 NOV 29 PM 2:45
07 NOV 29 PM 3:21
07 NOV 30 PM 3:47
 Rec.d _____
 Exam _____
 Rept. _____

Laboratory
 E. SHORE REG. S. MD REG.
 CENTRAL W. MD REG.
 Bacteriologist G. Simonton