



Howard County
Health Department

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

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 17, 2006

Mr. Bill Small
12333 Pans Spring Court
Ellicott City, MD 21042

Re: Invoice No. 5-008476

Dear Mr. Small:

The water sample recently collected from your house on **August 10, 2006** was found to be free of coliform and E. coli bacteria. The water supply is currently considered bacteriologically safe for consumption.

A nitrate sample was collected on **August 10, 2006** to ascertain the level of nitrate in your water supply. The nitrate level was **2.5 parts per million (ppm)**. The **maximum contaminant level (MCL)** is **10.0 ppm**.

A copy of each test report is enclosed for your information. If there are any questions, please call **(410)-313-1773** between **8:00 A.M.** and **5:00 P.M.**

Sincerely,

Hank Oswald, Program Supervisor
Community Hygiene Program

Enclosure

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 4G

INV. # 5-008476

Lab. No. 05402

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community <input type="checkbox"/>	Source <u>Bill Small 410-988-9172 1st Floor</u>
Non-Community <input type="checkbox"/>	Location: <u>12333 Pansy Spring Court restroom</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>3166KL</u> Bottle No. <u>HO-12333-1</u>
C.O.P. <input type="checkbox"/>	Collector Name <u>Kerrie Lorch</u> County <u>Howard</u>

TEST QUANTITATIVE <input type="checkbox"/>	<u>13</u>	<u> </u>	<u> </u>	<u>8 10 06</u>
P/A <input type="checkbox"/>	County	Plant No.	Sampling Station	Date Collected
MTF <input type="checkbox"/>				

pH <u>7.2</u>	Res. Cl: Free <u>00</u>	Total <u>00</u>	Card No. <u> </u>
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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	<u>0</u>	<u><1</u>
E. Coli	<u>0</u>	<u><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-MCG at 35° C incubation

Remarks T.C. = 13°C 7/28

Date & Hour 06 AUG 10 PM 2:40

Laboratory

Rec.d

E. SHORE REG.

S. MD REG.

Exam 28

CENTRAL

W. MD REG.

Rept.

Bacteriologist [Signature]

DHMH-86 10/05

PROGRAM 2

Category Code 102
 Field Record
 BACTERIOLOGICAL DRINKING WATER REPORT

Source 100-230-2175
 Location 100-230-2175
 Lead Yes No
 Treated Yes No
 Collector Name 100-230-2175
 Collector Number 100-230-2175

Community
 Non-Community
 Non-Tank
 Private
 Quick Sample
 C.O.P.

Plat # 7.3 Res. Ct. Inc. 00 Total 00 Card No. 00
 County 100 Plant No. 00 Sampling Station 00 Date Collected 00/00/00

LABORATORY RECORD

PRESUMPTIVE TEST - IM TEST
 Theoretical Prod. Absent Indefinite
 CONFIRMED TEST - EA TEST

No. of +	10 ml	100 ml	1000 ml	100 ml	100 ml	100 ml

QUANTITATIVE TEST (MPN) ***
 Total Coliforms 11
 E. Coli 11
 150 ml of Sample
 No. of 10 ml
 No. of 100 ml

IM TEST (CONFIRMED) ***

100 ml	100 ml	100 ml

RECEIVED
 TOWARD COUNTY HEALTH DEPT
 ENVIRONMENTAL HEALTH
 2006 AU 17 PH 1:46

1. Verified Total Coliforms/100 ml (Membrane Filter) = 11
 2. Verified Total Coliforms/100 ml (Membrane Filter) = 11
 3. Verified Total Coliforms/100 ml (Membrane Filter) = 11
 4. $24 \pm 48 \times 75$ Heterotrophic Plate Count (mpn) = 11
 5. using 10 ml of sample in Tando-Agar LES at 37°C incubation
 6. using 10 ml of sample in Tando-Agar LES at 37°C incubation
 7. using 10 ml of sample in Tando-Agar LES at 37°C incubation
 8. using 10 ml of sample in Tando-Agar LES at 37°C incubation
 9. using 10 ml of sample in Tando-Agar LES at 37°C incubation
 10. using 10 ml of sample in Tando-Agar LES at 37°C incubation

Remarks T.C. = 18 C.O.P.
 Date & Hour 08/17/06 1:46
 Lab. 100-230-2175
 Recd. SHORE REP. W. MID. REG. S. MID. REG.
 Exam. CENTRAL BACTERIOLOGIST
 Bacteriologist [Signature]

8/18/06

Sent you to settlement office

Faith Lagara

301-497-8924

per Mr. Small a set original

8/10/04

sl Bac ✓
gd n. drate ✓