



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

October 29, 2007

Sereidoon Shahrokh  
6547 Paper Place  
Highland, MD 20777

Re: Water Sample Results

Dear Sereidoon Shahrokh:

The water sample recently submitted for testing on **October 25, 2007** was found to contain **coliform bacteria** indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the **Health Department** at **(410) 313-1773** to arrange for follow-up bacteria testing once you have completed the chlorination process. Presently, there is no charge for this service.

Sincerely,

A handwritten signature in black ink that reads 'Hank Oswald'.

**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

Well Tag #  
40-94-3892  
006964

Category Code 4F

FCOP

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

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> C.O.P. <input type="checkbox"/>	Source: <u>Sereidoon Shahrokh Tank</u> Location: <u>6547 Paper Place, Highland 20777</u> Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected: <u>9:45</u> Collector #: <u>3166KL</u> Bottle No. <u>40-6547-1</u> Collector Name: <u>Kerrie Lorch</u> County: <u>Howard</u>								
TEST QUANTITATIVE <input checked="" type="checkbox"/> P/A <input type="checkbox"/> MTF <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">13</td> <td style="width: 25%; border: 1px solid black;"></td> <td style="width: 25%; border: 1px solid black;"></td> <td style="width: 25%; border: 1px solid black; text-align: center;">10 25 07</td> </tr> <tr> <td style="text-align: center;">County</td> <td style="text-align: center;">Plant No.</td> <td style="text-align: center;">Sampling Station</td> <td style="text-align: center;">Date Collected</td> </tr> </table>	13			10 25 07	County	Plant No.	Sampling Station	Date Collected
13			10 25 07						
County	Plant No.	Sampling Station	Date Collected						
pH <u>6.5</u>	Res. Cl: Free <u>00</u> Total <u>00</u> Card No. <u>    </u>								

**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.			ml of Sample						
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	33	53
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 1.0 °C LMP

\*\* 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 <u>'07 OCT 25 PM 2:00</u> <u>'07 OCT 25 PM 2:13</u> <u>'07 OCT 26 PM 2:31</u>	Laboratory E. SHORE REG. <input type="checkbox"/> S. MD REG. <input type="checkbox"/> CENTRAL <input checked="" type="checkbox"/> W. MD REG. <input type="checkbox"/> Bacteriologist <u>L. Playe</u>
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10/29/07 (12:10pm)  
 -Called and left message to notify owner.

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**

**FCOP**  
 BACTERIOLOGICAL DRINKING WATER REPORT  
 Field Record

Well Tag  
 HO-94-21  
 0069  
 Lab. No.

Source **Seasideon Shabroff Tank**  
 Location: **6547 Paper Place, Highland 20777**  
 Iced: Yes  No   
 Treated: Yes  No   
 Collector # **3166KL** Time Collected **9:45**  
 Collector Name **Kerrie Lorch** Bottle No. **HO-6547-1**  
 County **Howard**

Community   
 Non-Community   
 Non-Transient   
 Private   
 Check Sample   
 C.O.P.

TEST  
 QUANTITATIVE   
 P/A   
 MTF   
 pH **6.5** Res. Cl. Free   
 Total **00** Card No.

Plant No.        
 Sampling Station **10 AS 07** Date Collected  
 No. of +

LABORATORY RECORD  
 Thiosulfate: Pres.  Absent  Undetermined   
 CONFIRMED MTF • P/A TEST  
 10 ml. 100 ml. 10 ml. 100 ml.  
 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 **33** **53**  
 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/Heterophilic Plate Count §/ml =

Temp. Control **1.0 °C LMP**  
 Remarks **FIXED 10/26/07**  
 Date & Hour **07 OCT 25 PM 2:00**  
**07 OCT 25 PM 2:13**  
**07 OCT 25 PM 2:31**

Rec'd **BAL**  
 Exam **LMP**  
 Laboratory  
 E. SHORE REG.  S. MD REG.   
 CENTRAL  W. MD REG.   
 Bacteriologist **d. Flay**

DHMH-86 1/07