



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

C 443-604
-3566

August 12, 2003

Mr. & Ms. Alvan Beall
3705 Park Overlook Court
Ellicott City, MD 21042

Dear Mr. & Ms. Beall:

The water sample recently submitted for testing on **August 4, 2003** was found to contain coliform bacteria indicating that some contamination are 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.

The nitrate sample submitted for analysis on **August 4, 2003** revealed a level of **4.2 parts per million (ppm)**. This finding is well below the current **maximum contaminate level (MCL) of 10.0 ppm**. With regards to this parameter the water supply is safe for all uses.

The turbidity sample taken from your house on **August 4, 2003** revealed a turbidity level of **0.7 nephelometric turbidity units (NTU's)**. The **MCL** for this parameter is **10.0 NTU's**.

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 testing once you have completed the chlorination process. Presently, there is no charge for this service.

Sincerely yours,


Bert Nixon, Director
Community Services Program

Enclosures

SEND REPORT TO:
 Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. C300443 Date Received 8-5-03

WATER ANALYSIS

Do not write above this line.

SAMPLE ID

Bottle Number HW-3705-4 Name Beard County Howard County Code 13

Source 3705 Park Overlook Ct Beardmont sink Data Category Code 4F

Collected: Date 8/4/03 Time 10:00am Collector & Phone F. Hennings 4107131787 Submitter Code

CHECK (one per box)

Drinking Water <input type="checkbox"/>	Community Non-community <input type="checkbox"/>	Source (raw water) <input type="checkbox"/>	Emergency Routine <input type="checkbox"/>	Federal Project <u>5</u>
Landfill <input type="checkbox"/>	Private <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Stream <input type="checkbox"/>	Other <input type="checkbox"/>	MCL <input type="checkbox"/>	Special <input type="checkbox"/>	
Other <input type="checkbox"/>				

FIELD

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H2SO4

pH Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks: upstream well

CHECK TESTS	TESTS	CODES	ERROR CODE	RESULTS
	Alkalinity (Total)	00410		
	Alkalinity, Ca CO ₃ Sat.	74023		
	Ammonia - N	00608		
	Chloride	00940		
	Color*	00081		
	Conductance*, Spec.	00095		
	Dissolved Solids	70300		
	Hardness	00900		
	Fluoride	00951		
	Nitrite, N	00615		
✓	Nitrate - Nitrite, N	00630		4.2
	pH*, Ca CO ₃ Sat.	70311		
	Sulfate	00945		
	Total Solids	00500		
✓	Turbidity*	00076		0.7
	Other:			

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief ASOKA I. KATUMULUWA

Date Reported

AUG 6 2003

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehseu Joseph, Ph.D., Director

410331 7170
003656

Category Code AF Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community Non-Community Non-Transient Private Check Sample Special

Source Beall Location: Basement sink
3705 Park Overlook

Iced: Yes No a.m. p.m.

Treated Yes No Time Collected 10:00

Collector # 990084 Bottle No. HW-183-4

Collector Name L. Shalunsky County Howard

County 13 Plant No. --- Sampling Station --- Date Collected 0403

pH 7.66 Res. Cl: Free 00 Total 00 Card No.

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	10 ml.		100 ml	
Gas. 24 hours				Coliforms †				
Gas. 48 hours				Fecal Coliforms ‡				

P/A TEST (CONFIRMED) ***

ml. of Sample	100ml.
Total Coliforms	<u>+</u>
E. Coli	<u>—</u>

QUANTITATIVE TEST (CONFIRMED) ***

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

** 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. =

- ** 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 _____

Date & Hour	Laboratory
'03 AUG 4 PM 2:46	Rec.d E. SHORE REG. <input type="checkbox"/> S. MD REG. <input type="checkbox"/>
'03 AUG 4 PM 2:53	Exam CENTRAL <input checked="" type="checkbox"/> W. MD REG. <input type="checkbox"/>
'03 AUG 5 PM 2:55	Rept. Bacteriologist <u>D. Rimenton</u>

#3 @ 10.05
 replace test well

4105317170

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehser Joseph, Ph.D., Director

03656

Category Code 4F Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

SAMPLE TYPE:
 Community
 Non-Community
 Non-Transient
 Private
 Check Sample
 Special

Source B. Well
 Location: 3705 Park Ave (W)
 Iced: Yes No a.m.
 Treated Yes No Time Collected 10:00 p.m.
 Collector # 990084 Bottle No. HW-185-4
 Collector Name J. Shalmon County HARVARD

County 13 Plant No. --- Sampling Station --- Date Collected 8 4 03

pH 7.6 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	100ml.
Total Coliforms	<u>+</u>
E. Coli	<u>---</u>

QUANTITATIVE TEST (CONFIRMED) ***

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

** 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 _____

Date & Hour	Rec'd	Laboratory
<u>27 AUG 4pm 2:45</u>	<u>LMP</u>	E. SHORE REG. <input type="checkbox"/> S. MD REG. <input type="checkbox"/>
<u>28 AUG 4pm 2:53</u>	<u>LMP</u>	CENTRAL <input checked="" type="checkbox"/> W. MD REG. <input type="checkbox"/>
<u>28 AUG 5pm 2:55</u>	<u>LMP</u>	Bacteriologist <u>J. Shalmon</u>