

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

March 27, 2006

Mr. David Wan
3033 Seneca Chief Trail
Ellicott City, MD 21042

Re: Invoice No. 5-008347

Dear Mr. Wan:

The water sample recently collected from your house on **March 20, 2006** was found to be free of coliform and E. coli bacteria. The water supply is currently considered bacteriologically safe for consumption.

A copy of the 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

INV# 5008347

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. PH., Director

Utility Smt

Category Code 4G

Lab. No. 019138

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 DAVID WAIN
 Location: 3033 Seveca Creek Trail
 Iced: Yes No
 Treated Yes No Time Collected 9:00 p.m. a.m.
 Collector # 3339 KN Bottle No. 3033-3268
 Collector Name KATE BERMAN County HOWARD

QUANTITATIVE	<input type="checkbox"/>	<u>13</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	<u>20</u>	<u>00</u>
P/A	<input type="checkbox"/>	County	Plant No.	Sampling Station	Date Collected	Res. Cl. Free	Total	Card No.			
MTE	<input type="checkbox"/>					<u>00</u>	<u>00</u>	<input type="checkbox"/>			
pH	<input type="checkbox"/>	<u>6.3</u>									

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined
 PRESUMPTIVE MTE • P/A TEST% CONFIRMED MTE • 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	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) ****

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	<u>0</u>	<u>21</u>
E. Coli	<u>0</u>	<u>21</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./Heterotrophic 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 05 MAR 20 PM 2:26 Laboratory _____

Rec'd MP E. SHORE REG. S. MD REG.
 Exam MP CENTRAL W. MD REG.
 Repl. MP Bacteriologist D. Linton

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

INV. NO.

5-008347

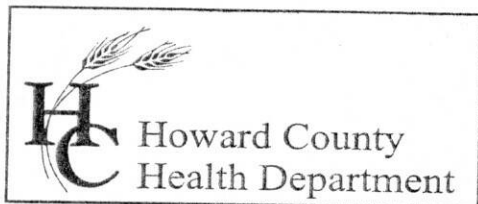
WATER TESTING FEES

Date 3/20/06 443-520-8402
 Collected by Kacie Norman LAB No. _____
 Occupant DAVID WAN County Howard
 Address 3033 Seneca Chief Trail
 City 2 City Zip 21042 Sample type _____

(A)	<input checked="" type="checkbox"/>	BACTERIOLOGY	\$ 33	<u>33</u>
	<input checked="" type="checkbox"/>	NITRATE	\$ 8	<u>8</u>
	<input type="checkbox"/>	TURBIDITY	\$ 7	_____
	<input type="checkbox"/>	LEAD	\$ 9	_____
(B)	<input type="checkbox"/>	COPPER	\$ 9	_____
	<input type="checkbox"/>	IRON	\$ 9	_____
	<input type="checkbox"/>	HARDNESS	\$ 11	_____
	<input type="checkbox"/>	ALKALINITY	\$ 11	_____
	<input type="checkbox"/>	Regulated Metals	@ \$ 9	_____
	(circle)	As Ba Cd Cr Hg Se		
	<input type="checkbox"/>	MISCELLANEOUS		

TOTAL BILL \$ 41.00

Make check payable to LABORATORIES ADMINISTRATION and mail to the
 above address. (Questions, 410-767-6145)
 Please send one copy of this form with payment for proper credit



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

March 30, 2006

Mr. Phil Inglis
14085 Howard Road
Dayton, MD 21036

Re: Invoice No. 5-008359

Dear Mr. Inglis:

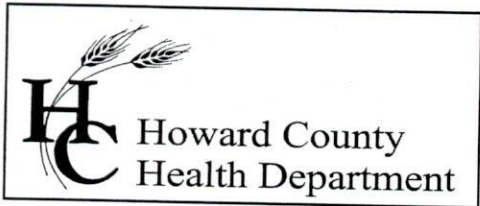
A nitrate sample was also collected on **March 22, 2006** to ascertain the level of nitrate in your water supply. The nitrate level was **2.2 parts per million (ppm)**. The **maximum contaminant level (MCL)** is **10.0 ppm**.

A copy of the 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

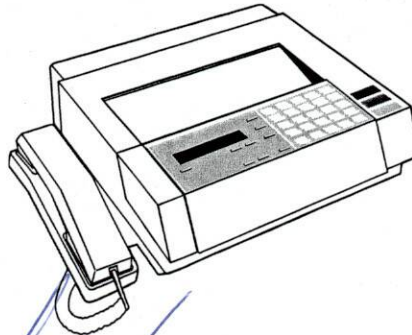
Enclosure



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

F A X



Date

3/22/06

To

Gerald Simon

Department

FAX #

From

Ron Thomas

Telephone

313-1273

FAX (410) 313-2648

Of Pages

2

(including cover page)

Comments

Per your request. Call me if a problem

CONFIDENTIALITY NOTICE

"WARNING: UNAUTHORIZED INTERCEPTION OF THIS TELEPHONIC COMMUNICATION COULD BE A VIOLATION OF FEDERAL AND MARYLAND LAW"

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any discourse, copying, distribution or the taking of any action in reliance on the contents of this telephonic information is strictly prohibited. If you have received this telecopy in error, please immediately notify sender by telephone to arrange for return of the original documents to us.

PHONE CALL

FOR Arald Seime DATE 3/2/06 TIME _____ A.M. P.M.

M _____

OF - K. Noonan

FAX

MOBILE

PHONE _____

MESSAGE Invoice slip AREA CODE NUMBER EXTENSION

where is the slip?

Invoice no. 5008347

David Wan

SIGNED 3033 Seneca Chief Trail

PHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

Office DEPOT

Item OD1154