

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

May 9, 2006

Mr. Thomas Lennon
1010 Sunset Valley Drive
Sykesville, MD 21784

Re: Invoice No. 5-008375

Dear Mr. Lennon:

The water sample recently collected from your house on **April 11, 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

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

Ino. II

5-008375

020313

Category Code 4G Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

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

Source Thomas Lennon - 1st Fl. Bathroom
Location: 1010 Sunset Valley Dr
Iced: Yes No a.m.
Treated Yes No Time Collected 9:00 p.m.
Collector # SH-2002 Bottle No. HW-010-11B
Collector Name S. Hunter County Howard

TEST
QUANTITATIVE
P/A
MTF

County 13 Plant No. Sampling Station Date Collected 4 11 06

pH 6.8 Res. Cl: Free 0.0 Total 6.8 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.
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	100ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED)***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	<u>0/51</u>	<u><1</u>
E. Coli	<u>0/51</u>	<u><1</u>

2006 MW - 8 PM 1:30 - 11:05

** 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

06 APR 11 PM 2:14

Rec.d

E. SHORE REG.

S. MD REG.

06 APR 11 PM 3:59

Exam

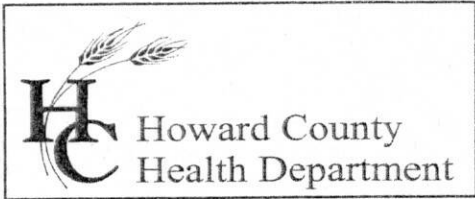
CENTRAL

W. MD REG.

06 APR 12 PM 4:25

Rept.

Bacteriologist D. Simonen



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

April 19, 2006

Mr. & Mrs. Thomas Lennon
1010 Sunset Valley Drive
Sykesville, MD 21784

Re: Invoice No. 5-008375

Dear Mr. & Mrs. Lennon:

A nitrate sample was also collected on April 11, 2006 to ascertain the level of nitrate in your water supply. The nitrate level was 3.4 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

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203

Lab No. Date Received

Howard County Health Department
 Bureau of Environmental Health
 7178 Columbia Gateway Drive
 Columbia, Maryland 21046

Ino.# 5-668375

C303569 #12 B

WATER ANALYSIS

Do not write above this line.

SAMPLE
 Bottle Number Hw-010-11c Name She Thomas Land County Howard County Code 13
 Source 1010 Sunset Valley Dr. - 1st Fl. Bathroom Data Category Code 46
 Collected: Date 4/11/06 Time 9:00am Collector & Phone S. Hunter - 410-313-1781 Submitter Code
 CHECK (one per box)
 Drinking Water Landfill Stream Other
 Community Non-community Private Other
 Source (raw water) Distribution (treated) MCL
 Emergency Routine Recheck Special
 Federal Project 8

FILE
 Plant No. Sampling Station Preservation: Iced Acid Type of Acid H₂SO₄
 pH 6.8 Chlorine: Free 00 Total 6.8 Specific Conductance
 Notes to Lab/Remarks: No R/O system

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
X	Nitrate - Nitrite, N		3.4 4-14-06
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

RECEIVED
 HOWARD COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH
 2006 APR 18 PM 1:32

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

Number of Tests Requested

Section Chief Tajim Wei

Date Reported APR 17 2006

SUBMITTER'S COPY