

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  
website: www.hchealth.org

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

November 13, 2007

Joan Lane  
950 River Road  
Sykesville, MD 21784

RE: Water Sample Result  
Invoice # 5 - 010340

Dear Ms. Lane:

The water sample recently submitted for retesting on **October 29, 2007** was found to be free of **coliform and E coli bacteria** at the time of sampling. With respect to this result, your water supply is currently safe for all uses.

A copy of the test report is enclosed for your records. Please contact the **Health Department at (410) 313-1773** between **8:00 a.m. and 5:00 p.m., Monday through Friday** if questions remain.

Sincerely yours,

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 95-010340

Lab. No. 007060

**BACTERIOLOGICAL DRINKING WATER REPORT**  
**Field Record**

|   |  |
|---|--|
| Community <input type="checkbox"/><br>Non-Community <input type="checkbox"/><br>Non-Transient <input type="checkbox"/><br>Private <input checked="" type="checkbox"/><br>Check Sample <input type="checkbox"/><br>C.O.P. <input type="checkbox"/> | Source <u>Joan K. Lane 1<sup>st</sup> Floor Restroom</u><br>Location: <u>930 River Road, Sykesville 21784</u><br>Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <span style="float:right"><input checked="" type="checkbox"/> a.m.</span><br>Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>9:00</u> <span style="float:right"><input type="checkbox"/> p.m.</span><br>Collector # <u>3166KL</u> Bottle No. <u>HO-950-1</u><br>Collector Name <u>Kerrie Lorch</u> County <u>Howard</u> |
|---|--|

|  |           |           |                  |                |                 |
|--|-----------|-----------|------------------|----------------|-----------------|
| TEST   | <u>13</u> |           |                  |                | <u>10 29 07</u> |
| QUANTITATIVE <input checked="" type="checkbox"/> | County    | Plant No. | Sampling Station | Date Collected |                 |
| P/A <input type="checkbox"/>                     |           |           |                  |                |                 |
| MTF <input type="checkbox"/>                     |           |           |                  |                |                 |

pH 6.3    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 |        |         |              |        |         |          |
| Gas. 48 hours |        |         |              |        |         |          |

**P/A TEST (CONFIRMED) \*\*\***

**QUANTITATIVE TEST (CONFIRMED) \*\*\***

|                 |         |
|-----------------|---------|
| ml. of Sample   | 100 ml. |
| Total Coliforms |         |
| E. Coli         |         |

|                   |            |          |
|-------------------|------------|----------|
| 100 ml. of Sample | No. of Pos | MPN      |
| Total Coliforms   | <u>8</u>   | <u>4</u> |
| E. Coli           |            | <u>4</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  $\frac{1}{\text{ml}}$ . =

Temp. Control 2.0°C - 21

- \*\* 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

Laboratory

07 OCT 29 PM 2:37

Rec'd

E. SHORE REG. ☐

S. MD REG. ☐

07 OCT 29 PM 3:09

Exam

CENTRAL ☒

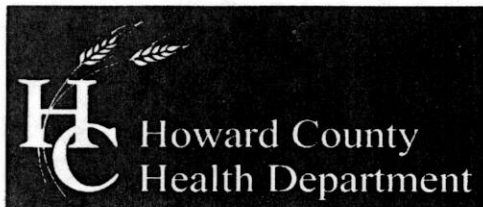
W. MD REG. ☐

07 OCT 30 PM 4:10

Rept.

Bacteriologist

J. Simon



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

November 6, 2007

Joan Lane  
950 River Road  
Sykesville, MD 21784

RE: Water Results  
950 River Road  
Invoice #5-010340

Dear Ms. Lane:

A nitrate sample was collected on **October 29, 2007** to ascertain the levels of nitrate in your water supply. The nitrate level revealed was **5.1 ppm (parts per million)**. The **maximum contaminant level (MCL)** is **10.0 ppm**.

A turbidity sample was also collected on **October 29, 2007** to ascertain the levels of turbidity in your water supply. The turbidity level revealed was **<0.5 nephelometric turbidity units (NTU's)**. The **maximum contaminant level (MCL)** is **10.0 NTU's**.

A copy of each test results is enclosed. If there are any questions or to arrange an appointment, please contact the **Health Department** at (410) 313-1773 between **8:00 a.m. and 5:00 p.m., Monday through Friday**.

Sincerely yours,

Hank Oswald, Program Supervisor  
Community Hygiene Program

Enclosure

# SEND REPORT TO:

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## Laboratories Administration

Howard County Health Department

Bureau of Environmental Health

7178 Columbia Gateway Drive

Columbia, Maryland 21046

P.O. Box 2355, Baltimore, Maryland 21203

INV #5-010340

## WATER ANALYSIS

Lab No. Date Received

0001249 830 9

Do not write above this line.

|                                      |                          |   |                                     |                          |                          |                                     |                                     |                             |                 |                |    |  |
|--------------------------------------|--------------------------|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------|-----------------|----------------|----|--|
| S<br>A<br>M<br>P<br>L<br>E<br>I<br>D | Bottle Number            | HO-950-2  |                                     | Name                     | Joan K. Lane             |                                     | County                              | Howard                      |                 | County Code    | 13 |  |
|                                      | Source                   | 950 River Road, Sykesville 21784 1st Floor Restroom |                                     |                          |                          |                                     |                                     | Data Category Code          | 46              |                |    |  |
|                                      | Collected: Date          | 10/29/07  |                                     | Time                     | 9:00am                   |                                     | Collector & Phone                   | Kerrie Lorch (410) 318-1784 |                 | Submitter Code |    |  |
|                                      | CHECK (one per box)      |   |                                     |                          |                          |                                     |                                     |                             |                 |                |    |  |
|                                      | Drinking Water           | <input checked="" type="checkbox"/>                 | Community                           | <input type="checkbox"/> | Source (raw water)       | <input checked="" type="checkbox"/> | Emergency                           | <input type="checkbox"/>    | Federal Project | 5              |    |  |
| Landfill                             | <input type="checkbox"/> | Non-community                                       | <input type="checkbox"/>            | Distribution (treated)   | <input type="checkbox"/> | Routine                             | <input checked="" type="checkbox"/> |                             |                 |                |    |  |
| Stream                               | <input type="checkbox"/> | Private   | <input checked="" type="checkbox"/> | MCL                      | <input type="checkbox"/> | Recheck                             | <input checked="" type="checkbox"/> |                             |                 |                |    |  |
| Other                                | <input type="checkbox"/> | Other   | <input type="checkbox"/>            |                          |                          | Special                             | <input type="checkbox"/>            |                             |                 |                |    |  |

|                       |                       |     |  |  |                  |     |  |  |                    |                                     |      |                                     |                      |       |  |  |
|-----------------------|-----------------------|-----|--|--|------------------|-----|--|--|--------------------|-------------------------------------|------|-------------------------------------|----------------------|-------|--|--|
| F<br>I<br>E<br>L<br>D | Plant No.             |     |  |  | Sampling Station |     |  |  | Preservation: Iced | <input checked="" type="checkbox"/> | Acid | <input checked="" type="checkbox"/> | Type of Acid         | H2SO4 |  |  |
|                       | pH                    | 6.3 |  |  | Chlorine: Free   | 0.0 |  |  | Total              | 0.0                                 |      |                                     | Specific Conductance |       |  |  |
|                       | Notes to Lab/Remarks: |     |  |  |                  |     |  |  |                    |                                     |      |                                     |                      |       |  |  |
|                       |                       |     |  |  |                  |     |  |  |                    |                                     |      |                                     |                      |       |  |  |
|                       |                       |     |  |  |                  |     |  |  |                    |                                     |      |                                     |                      |       |  |  |

| CHECK TESTS | TESTS                | ERROR CODE | RESULTS      |
|-------------|----------------------|------------|--------------|
|             | Alkalinity (Total)   |            |              |
|             | Ammonia - N          |            |              |
|             | Chloride             |            |              |
|             | Color*               |            |              |
|             | Conductance*, Spec.  |            |              |
|             | Dissolved Solids     |            |              |
|             | Hardness             |            |              |
|             | Fluoride             |            |              |
|             | Nitrite, N           |            |              |
| ✓           | Nitrate - Nitrite, N |            | 5.1 10-31-07 |
|             | Sulfate              |            |              |
|             | Total Solids         |            |              |
| ✓           | Turbidity*           |            | LO5 10-31-07 |
|             | Other:               |            |              |
|             |                      |            |              |
|             |                      |            |              |
|             |                      |            |              |
|             |                      |            |              |
|             |                      |            |              |
|             |                      |            |              |
|             |                      |            |              |

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

Number of Tests Requested

Section Chief **Asoka I. Katumuluwa**

Date Reported **NOV 02 2007**