

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

July 14, 2005

Mr. Floyd Wilson
1820 Sand Hill Road
Marriottsville, MD 21104

Re: Invoice No. 3-007061

Dear Mr. Wilson:

The turbidity sample taken from your house on **June 29, 2005** revealed a turbidity level of **1.1 nephelometric turbidity units (NTU's)**. The MCL for this parameter is **10.0 NTU's**.

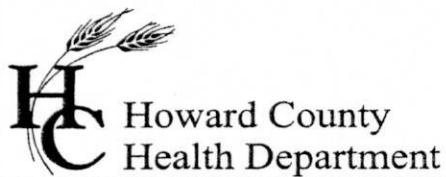
A copy of each test report is enclosed for your information. If there are any questions, please call **(410)-313-1773** between 8:00 A.M. and 5:00 P.M.

Sincerely,

Hank Oswald

Hank Oswald, Program Supervisor
Community Hygiene Program

Enclosures



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

July 1, 2005

Mr. Floyd Wilson
1820 Sand Hill Road
Marriottsville, MD 21104

Re: Invoice No. 3-007061

Dear Mr. Wilson:

The water sample recently submitted for testing on **June 29, 2005** 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 yours,

Hank Oswald, Program
Community Hygiene Program

Enclosures

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

C304607 30 5

WATER ANALYSIS

Do not write above this line.

SAMPLE ID	Bottle Number	HW1820-29		Name	F. Wilson		County	Howd.		County Code	13	
	Source	1820 Sand Hill Rd.							Data Category Code	46		
	Collected: Date	6/29/05		Time	9 ⁰⁰ AM		Collector & Phone	C. Lieg		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	S		
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 type="checkbox"/>					
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>					

FIELD	Plant No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sampling Station	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	<input type="text"/>
	pH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Chlorine: Free	<input type="text"/>	<input type="text"/>	Total	<input type="text"/>	<input type="text"/>	Specific Conductance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Notes to Lab/Remarks:															

[illegible]

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

Number of Tests Requested		
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Section Chief

Asoka I. Katumuluwa

SUBMITTER'S COPY

Date
Reported

JUL 5 2005

PHONE CALL

DATE Jul 1, 2005 TIME 12:00 A.M. P.M.

FOR Gerald Siga

M Bottle HW-20-29

OF

PHONE ☐ FAX ☐ MOBILE

MESSAGE Area 3-007061

* Floyd Wilson

1820 Sand Hill Rd total

Grand West - Major 1 Calif

SIGNED E. Cali a 10 hr

PHONED
RETURNED YOUR CALL
PLEASE CALL
WILL CALL AGAIN
CAME TO SEE YOU
WANTS TO SEE YOU

Office DEPOT Item OD1154

3-007061

STATE OF MARYLAND
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

027777

Category Code

46

Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

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

Source Floyd Wilson (Cott. Rd.)
Location: 1826 Sand Hill Rd.
Iced: Yes ☒ No ☐
Treated Yes ☐ No ☐ Time Collected 9 00 ☒ a.m. ☐ p.m.
Collector # 2038 CS Bottle No. 1TW 20-29
Collector Name Cheng County Howard

County 13

Plant No.

Sampling Station

Date Collected 6 27 05

pH 7.0

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
Gas. 24 hours		
Gas. 48 hours		

ml. of Sample	10 ml.	100 ml
Coliforms †		
Fecal Coliforms ‡		

No. of +

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><1</u>
E. Coli		

* - Reported results to

Rose: 7/1/05 - 8/1

** 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 $\$/\text{ml.}$ =

** 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

05 JUN 29 PM 2:35

05 JUN 29 PM 3:56

05 JUN 30 PM 4:15

Rec'd

Exam

Rept.

E. SHORE REG. ☐

CENTRAL ☐

Bacteriologist

S. MD REG. ☐

W. MD REG. ☐

40M