



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 22, 2006

Mr. Joe L. Trumper
620 Sideling Court
Sykesville, MD 21784

Re: Invoice No. 5-008356

Dear Mr. Trumper:

The water sample recently submitted for testing on **March 20, 2006** 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

Hank Oswald, Program Supervisor
Community Hygiene Program

Enclosures

Lab No. Date Received

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

P.O. Box 2355, Baltimore, Maryland 21203

Inv. # 5-008356

WATER ANALYSIS

Do not write above this line.

S A M P L E I D	Bottle Number	HW-620-20		Name	JAC L. Trumper		County	Howard		County Code	13	
	Source	620 sideling Ct. - Kitchen sink							Data Category Code	46		
	Collected: Date	3/20/06		Time	9:30		Collector & Phone	S. Hunter - 410-313-1781		Submitter Code	S	
	CHECK (one per box)											
	Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>	Community <input type="checkbox"/> Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>	Emergency <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>	Federal Project	S						

FIELD	Plant No.	<div><div></div><div></div><div></div><div></div></div>	Sampling Station	<div><div></div><div></div><div></div></div>	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input checked="" type="checkbox"/>	Type of Acid	HNO ₃
	pH	<div><div></div><div>6.8</div></div>	Chlorine: Free	<div><div>0.0</div><div></div></div>	Total	<div><div>6.8</div><div></div></div>	Specific Conductance	<div><div></div><div></div><div></div><div></div></div>		
	Notes to Lab/Remarks: NO R/O system or any treatments									

[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

Date Reported

MAR 24 2006

Inv. #
5-008336DEPARTMENT 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

46

Lab. No. 019141
BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community	<input type="checkbox"/>	Source	600 Siding of Kitchen sink
Non-Community	<input type="checkbox"/>	Location:	
Non-Transient	<input type="checkbox"/>	Iced:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Private	<input checked="" type="checkbox"/>	Treated	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected 9:30 a.m.
Check Sample	<input type="checkbox"/>	Collector #	SH-2002 HW-6-20-2084
C.O.P.	<input type="checkbox"/>	Collector Name	S. Hunter County Howard

TEST	QUANTITATIVE	Plant No.	Sampling Station	Date Collected
P/A	<input type="checkbox"/>	3		3-20-06
MTE	<input type="checkbox"/>			
pH	6.8	Res. Cl: Free	0.0	Total 6.8
				Card No.

LABORATORY RECORD

 Presumptive MTE • P/A TEST*
 Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐
 CONFIRMED MTE • P/A TEST

ml of Sample	10 ml.	100 ml.	No. of +
Gas 24 hours			
Gas 48 hours			

P/A TEST (CONFIRMED) ***	
ml of Sample	100ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) ***	
100 ml. of Sample	No. of Pos
Total Coliforms	1
E. Coli	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./Heterophilic Plate Count \$/ml. =

- 24-48-72 Hrs./Heterophilic Plate Count \$/ml. =
- ** using m Endo-Agar LFS 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

06 MAR 20 PM 2:26

06 MAR 20 PM 2:39

06 MAR 21 PM 3:11

 Rec'd
 Exp'd
 E. SHORE REG. ☐ S. MD REG. ☐
 CENTRAL ☒ W. MD REG. ☐
 Bacteriologist *D. Linton*

Inv. #
S-008356

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. 5008356

Category Code

46

Lab. No.

019142

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community	<input type="checkbox"/>	Source	Joe L. Trumper - 1st fl Bathroom	
Non-Community	<input type="checkbox"/>	Location:	620 Sideling Ct - Bathroom	
Non-Transient	<input type="checkbox"/>	Iced:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Private	<input checked="" type="checkbox"/>	Treated	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> Time Collected 9:36 a.m.
Check Sample	<input type="checkbox"/>	Collector #	SH-2002 HU-620-2062	
C.O.P.	<input type="checkbox"/>	Collector Name	S. Hunter County Howard	

TEST	QUANTITATIVE	<input type="checkbox"/>	Plant No.	<input type="checkbox"/>	Sampling Station	<input type="checkbox"/>	Date Collected	3/20/06
P/A	<input type="checkbox"/>	County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTE	<input type="checkbox"/>	pH	6.8	Res. Cl: Free	0.0	Total	6.8	Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE MTE • P/A TEST*

ml. of Sample	10 ml.	100 ml.	ml. of Sample	10 ml.	100 ml.	No. of +
620 24 hours			620 24 hours			
620 48 hours			620 48 hours			

CONFIRMED MTE • P/A TEST

ml. of Sample	10 ml.	100 ml.	No. of +
620 24 hours			
620 48 hours			

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	6	1
E. Coli	0	<1

** Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

24-48 Hrs./Heterophilic Plate Count 5/ml. =

- 24-48 Hrs./Heterophilic Plate Count 5/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 E.C. Broth at 44.5° C incubation
 - § using Plate Count Agar at 35° C incubation
 - *** using ONPG-MUG at 35° C incubation

Remarks

06 MAR 20 PM 2:26

Laboratory

06 MAR 20 PM 2:33
06 MAR 21 PM 3:11

Rec'd LMP
E. SHORE REG. ☐ S. MID REG. ☐
CENTRAL ☐ W. MD REG. ☐
Bacteriologist: J. Munro