



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-6300 Fax (410) 313-6303
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

October 5, 2006

**Ms. Debbie Dorsch
6725 Surrey Lane
Clarksville, MD 21029**

Re: Invoice No. 5-008507

Dear Ms. Dorsch:

The water sample recently collected from your house on **September 27, 2006** was found to be free of coliform and E. coli bacteria. The water supply is currently considered bacteriologically safe for consumption.

A nitrate sample was also collected on **September 27, 2006** to ascertain the level of nitrate in your water supply. The nitrate level was **5.7 parts per million (ppm)**. The **maximum contaminant level (MCL)** is **10.0 ppm**.

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, 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

C001087 28 8

Inv. # 5-008507

WATER ANALYSIS

Do not write above this line.

U
A
M
P
L
E
I
D

Bottle Number H0-6725-2 Name Debbie Dorsch County Haward County Code 13

Source 6725 Surrey Lane 1st Floor Restroom Data Category Code 46

Collected: Date 9/27/06 Time 9:30am Collector & Phone R. Lorch (410) 313-1784 Submitter Code

CHECK (one per box)

Drinking Water <input type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Federal Project <u>5</u>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>	
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>	

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced ☒ Acid ☒ Type of Acid H2SO4

pH 5.5 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		5.7 9-29-06
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

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

Number of Tests Requested

Section Chief Asoka I. Katumuluwa

Date Reported OCT 02 2006

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 # 5-008507

Lab. No.

009883

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 <u>Debbie Obersch 1st Floor Restroom</u> Location: <u>6725 Surrey Lane</u> Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> a.m. Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>9:30</u> <input type="checkbox"/> p.m. Collector # <u>3166 KL</u> Bottle No. <u>HO-6725-1</u> Collector Name <u>K. Lorch</u> County <u>Howard</u>				
TEST QUANTITATIVE <input type="checkbox"/> P/A <input type="checkbox"/> MTF <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 25%;">County <u>13</u></td> <td style="width: 25%;">Plant No. <u> </u></td> <td style="width: 25%;">Sampling Station <u> </u></td> <td style="width: 25%;">Date Collected <u>9/27/06</u></td> </tr> </table>	County <u>13</u>	Plant No. <u> </u>	Sampling Station <u> </u>	Date Collected <u>9/27/06</u>
County <u>13</u>	Plant No. <u> </u>	Sampling Station <u> </u>	Date Collected <u>9/27/06</u>		
pH <u>5.5</u>	Res. CI: Free <u>00</u> Total <u>00</u> Card No. <u> </u>				

LABORATORY RECORD

Thiosulfate: Pres. <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Undetermined <input type="checkbox"/>			
PRESUMPTIVE MTF • P/A TEST*			
ml of Sample	10 ml.	100 ml.	
Gas. 24 hours			
Gas. 48 hours			

CONFIRMED MTF • P/A TEST			
ml of Sample	10 ml.	100 ml.	No. of +
Coliforms †			
Fecal + Coliforms ‡			

P/A TEST (CONFIRMED) ***

ml. of Sample	100 ml.
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	<u>0</u>	<u><1</u>

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

† Verified Total Coliforms/100 mi. (Membrane Filter) ÷

‡ Verified Fecal Coliforms/100 mi. (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-MCG at 35° C incubation

Remarks

TC 4.0°C LMP

Date & Hour

06 SEP 27 PM 2:47

06 SEP 27 PM 3:11

06 SEP 28 PM 3:37

Rec.d

Exam

Rept

Laboratory

E. SHORE REG. ☐

S. MD REG. ☐

CENTRAL ☒

W. MD REG. ☐

Bacteriologist

DHMH-86 10/05

PROGRAM - COPY 1