Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

Dr. Elps

December 8, 2003

Mr. Lawrence Crenshaw
14700 Susan Marie Way
Woodbine, MD 21797

Re: McCann Estates, Lot #17, Parcel B
14700 Susan Marie Way
Well Permit #HO-94-3326

Dear Mr. Crenshaw:

The water sample recently submitted for testing on **December 1, 2003** 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,

Bert Nixon

Bert Nixon, Director
Community Services Program

Enclosure

FCOP

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 4F

Lab. No. 011593

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Source: William Ebbs powder sink
Location: 14700 Susan Marie Way

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

Iced: Yes ☑ No ☐
Treated: Yes ☐ No ☑ Time Collected 10:00 ☑ a.m. ☐ p.m.
Collector # 990081 Bottle No. HW-14700-15
Collector Name Stanaway County Howard

TEST
QUANTITATIVE ☑
P/A ☐
MTF ☐

County: 13 Plant No.: — Sampling Station: — Date Collected: 1 15 09

pH <6.8 Res. Cl: Free 0 0 Total 0 0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☐ Absent ☐ Undetermined ☐

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	0	<1
E. Coli	0	<1

1/15/09 14700 Susan Marie Sink HW-14700-15

** 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

Temp. Control 4.0 °C mp

Remarks

Date & Hour
JAN 15 '09 PM 3:10 Rec.d
JAN 15 '09 PM 3:33 Exam lmp
JAN 16 '09 PM 3:50 Rept. Cap

Laboratory
E. SHORE REG. ☐ S. MD REG. ☐
CENTRAL ☑ W. MD REG. ☐

Bacteriologist L. Playle

DHMH-86 1/07

PROGRAM - COPY 1

FCD

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 4F

Lab. No. 011593

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Source William Ebbs powder sink
Location: 14700 Susan Marie Way

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

Iced: Yes ☑ No ☐
Treated Yes ☐ No ☑ Time Collected 10:00 ☑ a.m. ☐ p.m.
Collector # 9900B/
Bottle No. HW-14700-15
Collector Name [illegible signature]
County Howard

TEST
QUANTITATIVE ☑
P/A ☐
MTF ☐

County: 1 3
Plant No.:
Sampling Station:
Date Collected: 1 15 09

pH <6.8
Res. CI: Free 0 0
Total 0 0
Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☐ Absent ☐ Undetermined ☐

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	0	<1
E. Coli	0	<1

** 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. =

Temp. Control 4.0 °C cmp

** 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
JAN 15 '09 PM 3:10 Rec.d
JAN 15 '09 PM 3:33 Exam lmp
JAN 16 '09 PM 3:50 Rept. cmp

Laboratory
E. SHORE REG. ☐ S. MD REG. ☐
CENTRAL ☑ W. MD REG. ☐

Bacteriologist L. Player

DHMH-86 1/07

PROGRAM 2

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

Lab. No. 014802

Category Code 4F

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record (pool rm)

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

Source L. Crenshaw
Location: 14700 Susan Marie Way
Iced: Yes ☑ No ☐
Treated Yes ☐ No ☑
Time Collected 9:30 ☐ a.m. ☐ p.m.
Collector # 2038CS
Collector Name Clay
Bottle No. HW00-1
County Howard

County 13 | Plant No. | Sampling Station | Date Collected 12/1/03

pH >6.0 | Res. Cl: Free 0.0 | Total 0.0 | Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

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	100ml.
Total Coliforms	+
E. Coli	−

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms		
E. Coli		

** 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-MUG at 35° C incubation

Remarks

Date & Hour '03 DEC 1 PM 3:02
'03 DEC 1 PM 3:10
'03 DEC 2 PM 3:59

Rec.d
Exam
Rept.

Laboratory
E. SHORE REG. ☐ S. MD REG. ☐
CENTRAL ☑ W. MD REG. ☐

Bacteriologist D. Dimonten

DHMH-86 6/02

PROGRAM - COPY 2

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STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

Laboratories Administration
J. Mehsen Joseph, Ph.D., Director

DIVISION OF ENVIRONMENTAL MICROBIOLOGY

WATER MICROBIOLOGY LABORATORY

TEL: (410) 767-6145
TOLL FREE: 1-877-4MD-DHMH
FAX: (410) 767-5500

FACSIMILE TRANSMISSION HEADER PAGE

DATE: 12-3-03 TIME: 4:00 P.M

TO: C. Siegman

DEPT: Howard Co. H.D.

PHONE #: _____ FAX #: 1-410-313-2648

FROM: G. Simonton

SECTION: Labs Admin. PHONE #: _____

RE: _____

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

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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

Category Code 4F

014802
Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

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

Source L. Crenshaw (pond rm)
Location: 14700 Susan Marie Way
Iced: Yes ☑ No ☐
Treated Yes ☐ No ☑ Time Collected 9 30 ☐ a.m. ☐ p.m.
Collector # 2038CS Bottle No. HW00-1
Collector Name Clay County Howard

13 County | Plant No. | Sampling Station | 12/1/03 Date Collected

>pH 060 Res. Cl: Free 00 Total 00 Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

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	100ml
Total Coliforms	+
E. Coli	—

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms		
E. Coli		

** 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 '03 DEC 3 PM 3462
'03 DEC 1 PM 3519
'03 DEC 2 PM 3559

Rec'd Lmp
Exam Lmp
Rept.

Laboratory
E. SHORE REG. ☐ S. MD REG. ☐
CENTRAL ☑ W. MD REG. ☐

Bacteriologist D. Dimonten

HMH-86 6/02

ORIGINAL - LABORATORY

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P.2
Dec 03 2003 4:02PM HP LASERJET 3330