



Howard County
Health Department

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

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

December 12, 2008

CHARLES WEHR
2175 ROUTE 32
SYKESVILLE, MD 21784

RE: **Water Sample Results**
2175 SYKESVILLE ROAD
Invoice #: 5-15650

Dear CHARLES WEHR,

We have received the results from the testing of the water sample(s) taken from the above referenced property on December 02, 2008. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 4.93 parts per million. The MCL for nitrate is 10.0 parts per million.

Please contact the Health Department at (410) 313-1792 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Hank Oswald, R.S.
Community Hygiene Program

Enclosures

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203

UNDOC # 5-15650
WATER ANALYSIS



E09001246001

Received: 12/02/2008

Inorganic

HW-2175-2

Do not write above this line.

SAMPLE	Bottle Number	HW-2175-2	Name	Charles W. W. W.	County	Howard	County Code	13																															
	Source	2175 Seymour Road					Data Category Code	7/5/4																															
	Collected: Date	12/2/08	Time	10:00am	Collector & Phone	Shirley 41033425	Submitter Code																																
	CHECK (one per box) <table border="1"> <tr> <td>Drinking Water</td> <td><input checked="" type="checkbox"/></td> <td>Community</td> <td><input type="checkbox"/></td> <td>Source (raw water)</td> <td><input checked="" type="checkbox"/></td> <td>Emergency</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Landfill</td> <td><input type="checkbox"/></td> <td>Non-community</td> <td><input type="checkbox"/></td> <td>Distribution (treated)</td> <td><input type="checkbox"/></td> <td>Routine</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Stream</td> <td><input type="checkbox"/></td> <td>Private</td> <td><input checked="" type="checkbox"/></td> <td>MCL</td> <td><input type="checkbox"/></td> <td>Recheck</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td>Other</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Special</td> <td><input type="checkbox"/></td> </tr> </table>								Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	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
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Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>																																
DATE	Federal Project																																						

FIELD	Plant No.	<input type="text"/>	Sampling Station	<input type="text"/>	Preservation: Iced	<input checked="" type="checkbox"/> Acid	<input checked="" type="checkbox"/> Type of Acid	<i>H2SO4</i>
	pH	<input type="text"/>	Chlorine: Free	<input type="text"/>	Total	<input type="text"/>	Specific Conductance	<input type="text"/>
	Notes to Lab/Remarks: <i>510 filter only</i>							

[illegible]

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

Number of Tests Requested		
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Section Chief _____

Date Reported _____



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis

HOWARD CO ENVIRON HLTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E09001246 Date Coll. 12/02/2008 Date Received: 12/02/2008 Submitted By: R. Staniewicz

Field ID: HW-2175-2
Lab No.: E09001246001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	4.93	mg N/L	12/03/2008

Comments:

Approved by:

Approval date: 12/04/2008

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-5034 and arrange for return or destruction.

Telephone: (410) 767 - 5034

Fax: (410) 333 - 5327

DMH-86 1/07
5-15650

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

①

Category Code 4F

Lab. No. 010404

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community <input type="checkbox"/>	Source <u>Charles Johns 7400 S. 5th</u>
Non-Community <input type="checkbox"/>	Location: <u>2175 3rd Street Road</u>
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 <u>10:00 am</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Check Sample <input type="checkbox"/>	Collector # <u>990001</u> Bottle No. <u>HW-2175-</u>
C.O.P. <input type="checkbox"/>	Collector Name <u>R. Hanevick</u> County <u>Howard</u>

TEST	13				12 2 08
QUANTITATIVE <input checked="" type="checkbox"/>	County	Plant No.	Sampling Station	Date Collected	
P/A <input type="checkbox"/>					
MTF <input type="checkbox"/>					

pH 6.8 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			Coliforms +			
Gas, 48 hours			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 $\$/\text{ml.}$ =

Temp. Control 0.5 °C

- ** 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

E. SHORE REG. ☐

S. MD REG. ☐

CENTRAL ☒

W. MD REG. ☐

Bacteriologist L. Playe