



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

February 17, 2006

Mr. Jodey Dance
3404 Sylvan Lane
Ellicott City, MD 21043

Re: Invoice No. 5-008243

Dear Mr. Dance:

A **nitrate** sample was also collected on **February 8, 2006** to ascertain the level of **nitrate** in your water supply. The **nitrate** level was **0.6 parts per million (ppm)**. The **maximum contaminant level (MCL)** is **10.0 ppm**.

A copy of the 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

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

Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT
Field RecordCommunity ☐
Non-Community ☐
Non-Transient ☐
Private ☒
Check Sample ☐
C.O.P. ☐

Source

Location:

Iced: Yes ☐ No ☐Treated Yes ☐ No ☐

Time Collected

Collector #

Collector Name

Bottle No.

County

TEST

QUANTITATIVE ☐P/A ☐MTF ☐

pH

Res. CI: Free

Total

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.	No. of +
Coliforms †			
Fecal Coliforms ‡			

P/A TEST (CONFIRMED) ***

QUANTITATIVE TEST (CONFIRMED) ***

ml. of Sample	100 ml.
Total Coliforms	
E. Coli	

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0/5	4
E. Coli	0/5	4

*** 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

Laboratory

Rec'd

Exam

Rept.

E. SHORE REG. ☐S. MD REG. ☐CENTRAL ☒W. MD REG. ☐

Bacteriologist

D. Simonton

Lab No. Date Received

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

C302710 FE-9 05

WATER ANALYSIS

Do not write above this line.

S A M P L E I D	Bottle Number <u>HW 3404 8</u>		Name <u>Josley Dance</u>		County <u>Howard</u>	County Code <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>1</td><td>3</td></tr></table>	1	3
	1	3						
	Source <u>3404 Sylvan Ln. Kitchen faucet swivel</u>				Data Category Code <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>4</td><td>6</td></tr></table>	4	6	
	4	6						
	Collected: Date <u>2/8/06</u>	Time <u>9:10am</u>	Collector & Phone <u>410-313-11786 Hank Oswald</u>		Submitter Code <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td> </td><td> </td></tr></table>			
CHECK (one per box)								
<div style="border: 1px solid black; padding: 5px;"> Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/> </div>		<div style="border: 1px solid black; padding: 5px;"> Community Non-community Private Other <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>		<div style="border: 1px solid black; padding: 5px;"> Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/> </div>		<div style="border: 1px solid black; padding: 5px;"> Emergency Routine Recheck Special <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		
					Federal Project <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>S</td></tr></table>	S		
S								

FIELD	Plant No.	<div><div></div><div></div><div></div><div></div></div>	Sampling Station	<div><div></div><div></div><div></div><div></div></div>	Preservation: Iced	<input checked="" type="checkbox"/> Acid	<input checked="" type="checkbox"/> Type of Acid	<u>H₂SO₄</u>
	pH	<div><div></div><div>6.0</div></div>	Chlorine: Free	<div><div></div><div>0.0</div></div>	Total	<div><div></div><div>0.0</div></div>	Specific Conductance	<div><div></div><div></div><div></div><div></div><div></div></div>
	Notes to Lab/Remarks: <u>Swivel Faucet</u>							

[illegible]

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

Number of Tests Requested	1
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DHHM 90-A 2/05

Section Chief **ASOKA I. KATUMULUWA**

Date Reported FEB 16 2006

SUBMITTER'S COPY