



HOWARD COUNTY HEALTH DEPARTMENT

69571

DATE 10/22/21

W5

Received From

Deirdre K Kellogg

PHONE #

☐ CASH

☒ CHECK

NO.

126

For

Well Permit / 4966

Morningstar Dr.

One hundred sixty

Dollars

\$

160.00

Received By

J. Kemp

C 1 74307 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER																																																		
ST/CO USE ONLY DATE Received MM DD YY 8 12 02	DATE WELL COMPLETED MM DD YY 11 29 21	Depth of Well 22 600 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40 - 20 - 0112																																																		
OWNER <u>Therese Deirle</u> WELL SITE ADDRESS <u>4966 Morning Star Drive</u> TOWN _____ SUBDIVISION <u>Linden Chapel Hill</u> SECTION _____ LOT <u>6</u>																																																					
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>soft brown</td><td>0</td><td>53</td><td></td></tr> <tr><td>hard gray rock</td><td>53</td><td>57</td><td></td></tr> <tr><td>med hard tan rock</td><td>57</td><td>70</td><td></td></tr> <tr><td>med gray rock</td><td>70</td><td>100</td><td></td></tr> <tr><td>hard gray rock</td><td>100</td><td>140</td><td></td></tr> <tr><td>med hard gray rock</td><td>140</td><td>141</td><td>✓</td></tr> <tr><td>hard gray rock</td><td>141</td><td>301</td><td></td></tr> <tr><td>med hard gray rock</td><td>301</td><td>302</td><td>✓</td></tr> <tr><td>hard gray rock</td><td>302</td><td>480</td><td></td></tr> <tr><td>med hard gray rock</td><td>480</td><td>481</td><td>✓</td></tr> <tr><td>hard gray rock</td><td>481</td><td>600</td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	soft brown	0	53		hard gray rock	53	57		med hard tan rock	57	70		med gray rock	70	100		hard gray rock	100	140		med hard gray rock	140	141	✓	hard gray rock	141	301		med hard gray rock	301	302	✓	hard gray rock	302	480		med hard gray rock	480	481	✓	hard gray rock	481	600		GROUTING RECORD yes no WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1000</u> GALLONS OF WATER <u>100</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>55</u> BOTTOM 58 ft. (enter 0 if from surface)	
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																																		
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soft brown	0	53																																																			
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hard gray rock	481	600																																																			
C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>2</u> PUMPING RATE (gal. per min.) <u>2.0</u> METHOD USED TO MEASURE PUMPING RATE <u>lined</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>35</u> ft. WHEN PUMPING <u>490</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center;"> <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> PL PLASTIC </td> <td rowspan="2" style="text-align: center;"> <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> OT OTHER </td> </tr> <tr></tr> </table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>55</u> 60 61 63 64 66 70		<input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> CO CONCRETE <input type="checkbox"/> OT OTHER																																																
<input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> CO CONCRETE <input type="checkbox"/> OT OTHER																																																				
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING _____ SCREEN RECORD screen type or open hole <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO (insert appropriate code below) STEEL BRASS OPEN HOLE <input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 1 <u>40</u> 2 <u>55</u> 3 <u>600</u> DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____ GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																																																			
DRILLERS LIC. NO. <u>MWD 324</u> DRILLERS SIGNATURE <u>David Kelly</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>W D 102</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) <u>Josh Holley</u>		LATITUDE <u>39.23338</u> LONGITUDE <u>76.98270</u> (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.																																																			

B 1 <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">67818</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">569571</div> please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">HO - 20 - 0112</div> fill in this form completely
Date Received (APA) <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">06/22/21</div> <div style="display: flex; justify-content: space-between;"> 8 MM DD YY 13 </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> SECTION 44 46 LOT 48 50 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 52 NEAREST TOWN 71 </div>	
OWNER INFORMATION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 15 Last Name Owner First Name 34 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 36 Street or RFD 55 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 57 Town 70 State 72 Zip 76 </div>		B 4 SOURCES OF DRILLING WATER 1. <u>potable well</u> 2. <u>8/10/21</u> 3. <u>Portland cement/11</u> <div style="text-align: center; margin-top: 20px;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> NORTH N WEST W EAST E SOUTH S </div> <div style="text-align: center;"> 34 45 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> </div>	
DRILLER INFORMATION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Driller's Name 76 License No. 81 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Firm Name Address </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Signature Date </div>		B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> PUBLIC WATER SUPPLY WELL </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> TEST, OBSERVATION, MONITORING </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> OPEN LOOP GEOTHERMAL </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> CLOSED LOOP GEOTHERMAL </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between; margin-top: 10px;"> COUNTY NAME COUNTY NO. </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> STATE SIGNATURE INSERT S → 41 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> DATE ISSUED 7/2/22 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 43 MM DD YY 48 CO SIGNATURE EXP. DATE </div>	
APPROXIMATE DEPTH OF WELL <u>400</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="margin-top: 10px;"> <p>8/5/21 40' @ 2pm no bedrock yet</p> <p>8/6/21 55' bedrock 56 casing 500' @ 1:50pm 50' tank ~1 GPM waiting to see if more water wants to go deeper</p> <p>8/16/21 400' total pump 500 2 GPM static 35' level 490'</p> <p>existing well 40' proposed well 45' to rd</p> <p>114'</p> <p>dry well</p> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> BORED (or Augered) JETTED Jettied & DRIVEN </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> CABLE REVerse-ROTary DRive-POINT </div>		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52 </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HO - 20 - 0112</u>			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

**JONES WELL DRILLING
3700 RUSH RD
Jarrettsville MD 21084
410-692-6981**

Yield Test Completed: 8/10/2021

Initials: MSR

Permit Number: HO-20-0112

Well Depth: 600'

Subdivision:

Section: Lot:

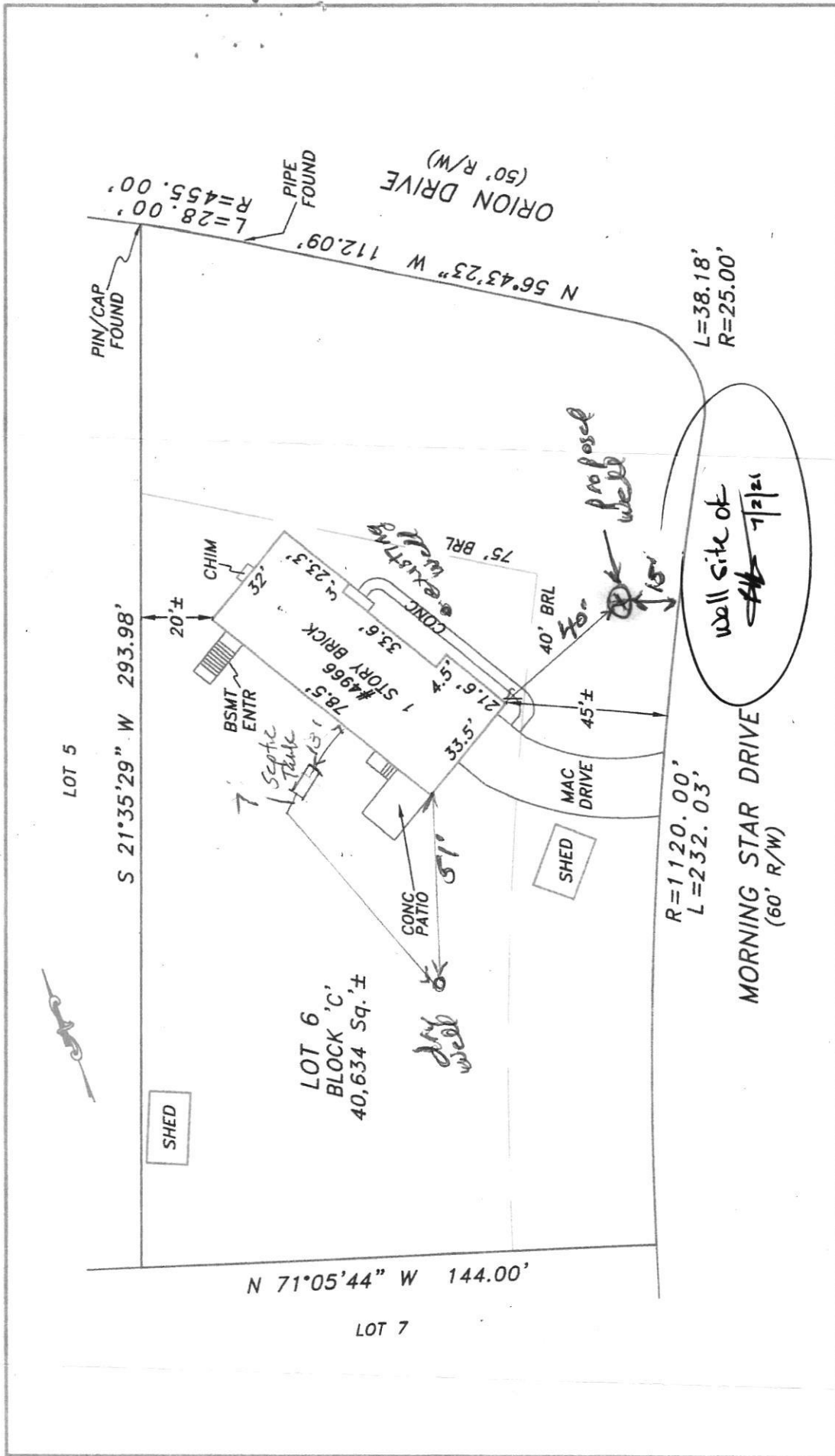
County: HO

Road: 4966 Morning Star Dr

State: MD

	Time	Water Level	Time to Fill 5 Gallon Bucket/ Seconds	Gallons/Minute
1	7:15	35	25	12.00
2	7:30	160	30	10.00
3	7:45	271	370	8.10
4	8:00	370	50	6.00
5	8:15	442	60	5.00
6	8:30	490	100	3.00
7	8:45	490	120	2.50
8	9:00	490	150	2.00
9	9:15	490	150	2.00
10	9:30	490	150	2.00
11	9:45	490	150	2.00
12	10:00	490	150	2.00
13	10:15	490	150	2.00
14	10:30	490	150	2.00
15	10:45	490	150	2.00
16	11:00	490	150	2.00
17	11:15	490	150	2.00
18	11:30	490	150	2.00
19	11:45	490	150	2.00
20	12:00	490	150	2.00
21	12:15	490	150	2.00
22	12:30	490	150	2.00
23	12:45	490	150	2.00
24	1:00	490	150	2.00
25	1:15	490	150	2.00
26	1:30	490	150	2.00
27	1:45	490	150	2.00
28	2:00	490	150	2.00
29	2:15	490	150	2.00
30	2:30	490	150	2.00
31				

FUTURE PERFORMANCE MAY VARY FROM TESTED PERFORMANCE



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown herein, being known as:

LOT 6, BLOCK 'C', SECTION TWO
LINDEN CHAPEL HILLS

recorded among the land records of Howard County, Maryland in Plat Book 23, page 67

PREPARED FOR:

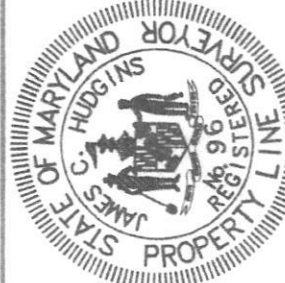
This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.

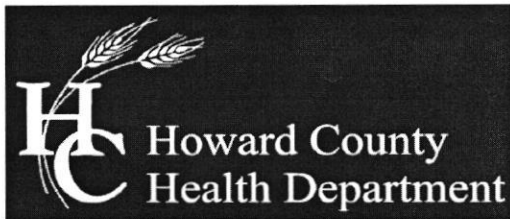


LOCATION DRAWING
4966 MORNING STAR DRIVE
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Scale: 1" = 40'
Date: 3/8/2021
Field By: SLM
Drawn By: SLM
File No.: SB213875
Page No.: 1 of 2

NTT Associates, Inc.
16205 Old Frederick Rd.
Mt. Airy, Maryland 21771
Phone: (410) 442-2031
Fax: (410) 442-1315
www.nttsurveyors.com





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

4966 Morningstar Drive _____ _____
Subdivision/Property Name Lot # Road Name

☐ The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

☒ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

7/2/21 Stake in place - set backs good (170)

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Maura J. Rossman, M.D., Health Officer

March 3, 2022

Deirdre Thews
4966 Morning Star Drive
Dayton, MD 21036

**Re: Replacement Well
4966 Morning Star Drive
Well Permit HO-20-0112**

Dear Ms. Thews:


The water sample result indicates that the water sample submitted for testing was free of **coliform and E. coli bacteria** at the time of sampling and is bacteriologically safe for drinking. In general, the water sample results were found to be in compliance with **COMAR** water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of **COMAR 26.04.04.00** "Well Regulations" have been met for the water supply system installed under well permit **HO-20-0112**. Although the submitted sample results are in compliance with **COMAR** standards, the Health Department does not guarantee water supplies.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a second bacteriological water sampling within (6) months of receipt of this letter. A list of Maryland certified laboratories can be provided upon request. If a private lab is used, please provide us with a copy of the results.

Approving Authority,



Ramar Martin, R.S.
Community Hygiene Program

Water Sample Dates on File:
January 12, 2022 (Bacteria, Nitrate, Turbidity, Sand – MD State Lab)

March 3, 2022

Deirdre Thews
4966 Morning Star Drive
Dayton, MD 21036

RE: Replacement Well Water Sample Results
4966 Morning Star Drive
HO-20-0112

Dear Ms. Thews,

We have received the results from the testing of the water sample(s) taken from the above referenced property on January 12, 2022. 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 7.6 parts per million. The MCL for nitrate is 10.0 parts per million.

A sample was collected to determine the **Turbidity** level in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, **Sand** was not visible within the sample.



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Ramar Martin, Program Supervisor
Community Hygiene Program

Enclosures

SEND REPORT TO:

Howard County Health Department

Bureau of Environmental Health

8930 Starford Blvd.

Columbia, Maryland 21045

State of Maryland
MDH - Laboratories Administration

DIVISION OF ENVIRONMENTAL SCIENCES

1770 Ashland Avenue, Baltimore, MD 21205

Robert A. Myers, Ph.D. Director

MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Category Code: 41FInvoice No.: potabilityLab No.: 006741

FIELD RECORD

Sample Type:

- ☐ Community
☐ Transient
☐ Non-Transient
☒ Private
☐ Repeat Sample
☐ C.O.P
☐ Bottled Water
☐ OTHER:

Source Address: Doirdore Thows, 4966 Morning StarSampling Site: BathroomBottle No.: HC4966Ice: Yes ☒ No ☐Treated: Yes ☐ No ☐County: HowardDate Collected: 1/12/22Time Collected: 11:00☒ am ☐ pmCollector Name: B. ShalyarCollector ID No.: 0120135Collector Tel. No.: 410-313-1787

PWS ID No.:

Test Requested:

- ☒ Quantitative: Colilert-QT ☐ P/A: Colilert
☐ Heterotrophic Plate Count ☐ SimPlate
☐ Multiple Tube Fermentation: MTF
☐ Quantitative: Enterolert
☒ Other: ✓ sand presence

Remarks: not found13

County

Plant No.

Sampling Station

6.8

pH

1.0

Res.Cl:

0.0

Free

0.0

Total

LABORATORY RECORD (MDH Use Only)

Test Method(s): (check all that apply)

- ☐ SM 9223 Colilert ☐ SM 9223 Colilert-QT ☒ SM 9223 Colilert-18
☐ SM 9221B (MTF) ☐ SM 9221B, F (MTF) ☐ SM 9223 Colisure
☐ SM 9215B (HPC) ☐ Enterolert ASTM D6503-99 ☐ SimPlate
☐ Other:

Temperature Control:

1.18°C

Thiosulfate:

- ☒ Present
☐ Absent
☐ Undetermined

P/A Test

100 mL Sample	(+/-)
Total Coliforms	
<i>E. coli</i>	
Enterococci	

Quantitative Test

Dilution: ☐ 1:10 ☐ 1:100 ☐ 1:1000

100 mL Sample	# Positive wells	MPN/100 mL
Total Coliforms	<u>0</u>	<u><1</u>
<i>E. coli</i>	<u>0</u>	<u><1</u>
Enterococci		

Heterotrophic Plate Count

Incubated 24, 48, 72hr @ 35°C

Plate A:

Plate B:

Average:

CFU/mL
MPN/mL

Presumptive MTF Test

mL of Sample	10 mL
Gas/24h	
Gas/48h	

Confirmed MTF Test

mL of Sample	10 mL
Total Coliforms	
<i>E. coli</i>	

Specialized Testing Results:

MTF Results

No. of Positive (+)	MPN/100 mL	Recorded Value

JAN 12 '22 PM 3:09

Received

JAN 12 '22 PM 3:25

Placed in Incubator

JAN 13 '22 PM 9:20
Results Read/ReportedAnalyst: K. JonesReviewed by/Date: g. lybmi 1-13-22

Remarks:

☐ Fax ☐ Email ☐ Phone

Laboratory:

☐ Central Lab (443) 681-3960 ☐ ESRL (410) 219-9005 ☐ WMRL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.

Howard County Health Department
Bureau of Environmental Health
8920 Starford Blvd.
Columbia, Maryland 21045

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS

✓ DW-0235 1/12/22 JBT

Lab No. Date Received

Do not write above this line.

S A M P L E I D	Bottle Number <u>HC 4966</u>		Name <u>Deirdre Thew</u>		County <u>Howard</u>		County Code <u>13</u>	
	Address <u>4966 Morning Star Dr, Dayton</u>						Data Category Code <u>41</u>	
	Collected: Date <u>1/12/22</u>		Time <u>11:00am</u>		Collector & Phone <u>Boleslav Shalyar</u> <u>410-313-1787</u>		Submitter Code <u> </u>	
	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 type="checkbox"/> Distribution (treated) <input checked="" 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 <u>5</u>

F I E L D	Plant No. <u> </u> <u> </u> <u> </u> <u> </u>				Sampling Station <u> </u> <u> </u> <u> </u> <u> </u>				Preservation: <u>acid</u> <input checked="" type="checkbox"/>		Acid <u>Y</u>		Type of Acid <u>H2SO4</u>			
	pH <u>6.8</u>		Chlorine: Free <u>0.0</u>				Total <u>0.1</u>		Specific Conductance <u> </u> <u> </u> <u> </u> <u> </u>							
	Notes to Lab/Remarks: <u>samples taken from BGH room</u>															
	<u>no R/O</u>															

[illegible]

Number of Tests Requested		
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MDH-90-A 07/17

Section Chief

SUBMITTER'S COPY

Date Reported 1/28/20