

KAPPE ASSOCIATES, INC. SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 * 301-846-0210 * FAX 301-846-0808

David Andes 6701-DA

REPORT OF EXAMINATION OF A WATER SAMPLE

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO:

David Andes

Andes Pest Control

1707 Reisterstown Road

Pikesville, MD 21208

Sample Ident, No.: 701-0425

Type of Water:

Drinking Water

Date (Time) Collected:

02-08-07 (1320)

Date (Time) Received:

02-09-07 (1105)

Date (Time) Examined:

02-09-06 (1225)

Unknown

Nature of Submission: Routine Sample Preservation Method: Refrigeration Name of Sample Source: Kitchen Faucet Source Type: Well Mun., Inst., Co., Owner: Not Reported Address: 1880 Woodbine Road Chlorine Residual: City, County: Lisbon State, Zip Code: MD 21765 Disinfection:

Affiliation:

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS DESCRIPTION OF SAMPLE TOTAL COLIFORM E. COLI TOTAL BACTERIA NITRATE (as N) DRINKING WATER Absent** Absent EXAMINATION METHOD USED Colilert Colilert SM 9215 THIOSULFATE IN SAMPLE: Present SAMPLE HOLDING TIME: Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION DILUTION FACTOR 10¹ 100 10 -1 10 -2 10 -3 10 5 10 -4 STANDARD PORTION (mL) 10 1

PRESUMPTIVE 24HR TEST * 48HR COLIFORM Total CONFIRMED 48HR # TEST FECAL 24HR ##

* LAURYL SULFATE @ 35° C

Collector's Name:

#BGB BROTH@35° C

EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION **This sample meets the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

ulia B. Patel

BACTERIOLOGIST'S NAME

DATE

Julia M. Patel

02/12/07