

Annapolis Valley Health
VALLEY REGIONAL HOSPITAL
150 EXHIBITION STREET
KENTVILLE , NS
B4N 5E3

NAME: CECIL, LOCKHART
ACCT#:DU0000038/14
ADDRESS: 55 CEDARWOOD CRESCENT
ADDRESS: NEW MINAS, NS, B4N ???
PHONE#: (902)680-0856
LOCATION: VR.LABO
COPIES TO: WATER CASH CLIENT
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: 14:W0002437R Collected: 08/04/14-0930 Status: COMP Req#: 05699145
Received: 08/04/14-1036

Source: DRILLED WELL
Sp Desc:NOT INDICATED
Ordered: WATER QUANT
Queries: Sample Information 937 MARY AVE.
Drinking Water Category? RESIDENTIAL
Contact/Mailing City/Prov SAME
Contact Telephone Number 9026800856
Sample temperature on receipt 15
Postal Code SAME
Sample Collected By NOT INDICATED
Date Refrigerated 08/04/14
Time 1017
Pickup Y

MICROBIOLOGY

> WATER QUANTITATIVE{MPN COUNT}	Final	09/04/14-1136
TOTAL COLIFORM (MPN)	0 /100ML	
E.coli (MPN)	0 /100ML	
RESULTS RELATE TO WATER	These results relate only to the water sample submitted.	
WATER AUTHORIZATION FOR INTERPRETATION	Report authorization is available on request. Contact Nova Scotia Environment @ 1-877-936-8476 or visit www.gov.ns.ca/nse/water/thedroponwater.asp	