

Nova Scotia Health Authority
VALLEY REGIONAL HOSPITAL
150 EXHIBITION STREET
KENTVILLE, NS
B4N 5E3

(902)679-2335
Lab Fax (902)679-1765

NAME: LOCKHART, CECIL
UPHI#: UNIT#:
DOB: AGE/SEX: U/U
ACCT#:DU0001317/17
ADDRESS: 55 CEDARWOOD CRES
ADDRESS: NEW MINAS,NS,B4N 5J2
PHONE#: (902)680-0856
LOCATION: VR.LABO ROOM/BED:
ATTENDING DR : WATER CASH CLIENT
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT17:W0006963R Collected: 09/08/17-0916 Status: COMP Req#: 08515578
Received: 09/08/17-1120

Source: DRILLED WELL
Sp Desc:NOT INDICATED
Ordered: WATER P/A
Queries: Sample Information PUMP HOUSE ANDREW AVE
Drinking Water Category? RESIDENTIAL
Contact Telephone Number 9026800856
Sample temperature on receipt 15.7
Postal Code UNK
Sample Collected By CECIL LOCKHART
Date Refrigerated 09/08/17
Time 0932
Chlorine Residual NI
Pickup Y

MICROBIOLOGY

<u>WATER PRESENT/ABSENCE</u>	Final	10/08/17-1359
TOTAL COLIFORM	ABSENT/100ML	
E.coli	ABSENT/100ML	

These results relate only to the water sample submitted for testing.

Report authorization is available on request.

For interpretation contact Nova Scotia Environment
at 1-877-936-8476 or visit
www.gov.ns.ca/nse/water/thedroponwater.asp.