

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

NAME: LOCKHART, CECIL
ACCT#: DU0002426/17
ADDRESS: 55 CEDARWOOD CRESCENT
ADDRESS: NEW MINAS, NS, B4N 4J2
PHONE#: (902) 680-0856
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT17:W0010597R Collected: 23/11/17-0915 Status: COMP Req#: 08754916
Received: 23/11/17-0958

Source: DRILLED WELL

Sp Desc: RAW

Ordered: WATER P/A

Queries: Sample Information ANDREW DRIVE CENTREVILLE NS

Drinking Water Category? RESIDENTIAL

Contact Telephone Number 9026800856

Sample temperature on receipt 12.9

Postal Code UNK

Sample Collected By CECIL LOCKHART

Date Refrigerated 23/11/17

Time 0953

Chlorine Residual NI

Pickup Y

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 24/11/17-1217
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.