

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

NAME: CECIL, LOCKHART
ACCT#:DU0000088/15
ADDRESS: 55 CEDARWOOD CRESCENT
ADDRESS: NEW MINAS, NS, XXX XXX
PHONE#: (902)680-0856
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT15:W0002517R Collected: 14/04/15-1015 Status: COMP Req#: 06577689
Received: 14/04/15-1405

Source: DRILLED WELL
Sp Desc:NOT INDICATED
Ordered: WATER P/A
Queries: Sample Information 937 MARY AVE. CENTERVILLE
Drinking Water Category? APPROVED
Contact/Mailing Postal Code XXX XXX
Contact Telephone Number 9026800856
Sample temperature on receipt 16.8
Postal Code XXX XXX
Sample Collected By CECIL LOCKHART
Date Refrigerated 14/04/15
Time 1051
Chlorine Residual NI
Pickup Y

MICROBIOLOGY

> **WATER PRESENT/ABSENCE** Final 15/04/15-1121
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.