

Annapolis Valley Health  
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#: DU0001382/13  
ADDRESS: 325 MAIN ST  
ADDRESS: KENTVILLE, NS, B4N 1A5  
PHONE#: (902) 365-4663  
LOCATION: VR.LABO ROOM/BED:   
ATTENDING DR: WATER CASH CLIENT  
SUBMITTING DR: WATER CASH CLIENT  
COPIES TO :

Specimen: 13:W000584CR Collected: 01/08/13-0800 Status: COMP Req#: 05113207  
Received: 01/08/13-1129

Source: DRILLED WELL  
Sp Desc: NOT INDICATED  
Ordered: WATER P/A  
Queries: Analysis Requested Both Total and E.coli  
Sample Information ELLSWORTHLY ESTATES  
Drinking Water Category? APPROVED  
Contact/Mailing Address SAME  
Contact Telephone Number 902-365-4663  
Sample temperature on receipt 18  
Date Refrigerated 01/08/13  
Time 0353  
Delivery By Fax 365-3580

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 02/08/13-1100  
TOTAL COLIFORM ABSENT/100ML  
E.coli ABSENT/100ML

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

For interpretation contact the Dept. of Environment and Labor.