

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#:DU0000137/17
ADDRESS: 55 CEDARWOOD CRESCENT
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:W0002729R Collected: 18/04/17-0915 Status: COMP Req#: 08259830
Received: 18/04/17-1127

Source: DRILLED WELL
Sp Desc:RAW
Ordered: WATER P/A
Queries: Sample Information 77 ANDREW DRIVE WELLHOUSE CENTREVILLE
Drinking Water Category? RESIDENTIAL
Contact Telephone Number 9026800856
Sample temperature on receipt 14.1
Postal Code SAME
Sample Collected By CECIL LOCKHART
Date Refrigerated 18/04/17
Time 0947
Chlorine Residual NI
Pickup Y

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	19/04/17-1317
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.