

Drinking Water Sample Submission Form

Envirosphere Consultants Limited

Unit 5 - 120 Morison Dr.,
Box 2906, Windsor, NS B0N 2T0
ph: (902) 798-4022, fax: (902) 798-2614

Sample ID: 8212

| Resident / Contact Person | | | Property Information | | |
|--|--|--|---|--|--|
| CONTACT NAME <i>Cecil Lockhart</i> | | | FACILITY NAME (if applicable) | | |
| MAILING ADDRESS <i>55 Cedarwood Cres. New Minas, NS B4N 5J2</i> | | | CIVIC ADDRESS <i>Well House on Amber St. Drive</i> | | |
| PHONE <i>902-680-0856</i> | | | TOWN / COUNTY <i>New Minas, Kings</i> | | |
| FAX | | EMAIL ADDRESS <i>lockhart@ns.sympatico.ca</i> | POSTAL CODE | | |

| Drinking Water Category | |
|--|---|
| Approved: <input type="checkbox"/> | Government: <input type="checkbox"/> |
| Commercial: <input type="checkbox"/> | Residential: <input type="checkbox"/> |
| Registered Water Supply: <input checked="" type="checkbox"/> Reg #: <i>2007-018876</i> | |
| Drinking Water Source | |
| Municipal: <input type="checkbox"/> | Drilled Well: <input checked="" type="checkbox"/> |
| Dug Well: <input type="checkbox"/> | Lake: <input type="checkbox"/> |
| Reservoir: <input type="checkbox"/> | Spring: <input type="checkbox"/> |
| Cistern: <input type="checkbox"/> | Watercourse: <input type="checkbox"/> |
| Other: _____ | |
| Other Water Source | |
| Indoor Pool: <input type="checkbox"/> | Outdoor Pool: <input type="checkbox"/> |
| Spa: <input type="checkbox"/> | Beach: Salt / Fresh: <input type="checkbox"/> |
| Wastewater System: Effluent / Sewage (circle) <input type="checkbox"/> | |
| Other: _____ | |

| Result Reporting Contact | | |
|---|-----|---------------|
| (If different from Resident / Contact Person) | | |
| CONTACT NAME | | |
| MAILING ADDRESS | | |
| | | |
| PHONE | FAX | EMAIL ADDRESS |

| Payment Information | | | |
|---|--------------------------------|--------------------------------------|--------------------------------|
| CONTACT NAME (if different from resident / contact person): | | | |
| DEBIT: <input checked="" type="checkbox"/> | VISA: <input type="checkbox"/> | MASTERCARD: <input type="checkbox"/> | AMEX: <input type="checkbox"/> |
| CHEQUE: <input type="checkbox"/> | CASH: <input type="checkbox"/> | INVOICE: <i>9148</i> | |

| Detailed Sample Information | |
|--|-----------------------------------|
| SAMPLE COLLECTION LOCATION (e.g. kitchen tap) <i>well house</i> | |
| Raw: <input checked="" type="checkbox"/> | Treated: <input type="checkbox"/> |
| Type: _____ | |
| (if available) Chlorine Residual: _____ mg/L free / total (circle) | pH: _____ |
| SAMPLE COLLECTED BY (print) <i>C. Lockhart</i> | |
| DATE & TIME OF COLLECTION (dd / mm / yyyy hh:mm) <i>Feb 6 / 19 1130</i> | |

| Analysis Requested | |
|--|--|
| <input checked="" type="checkbox"/> | Total Coliform Presence/Absence |
| <input checked="" type="checkbox"/> | E.coli Presence/Absence (Fecal Coliform) |
| <input type="checkbox"/> | Total Coliform Count |
| <input type="checkbox"/> | E.coli Count (Fecal Coliform) |
| Chem / Mineral Test Package: <i>Complete</i> | |

For lab use only

| Results (Results relate only to the items tested, where relevant.) | |
|--|--|
| Total Coliform: Present: <input type="checkbox"/> | Absent: <input checked="" type="checkbox"/> Count: <u>100/mL</u> |
| E.coli: Present: <input type="checkbox"/> | Absent: <input checked="" type="checkbox"/> Count: <u>100/mL</u> |
| Method: <i>24 collect</i> | |
| Other: _____ | |
| Analyst Signature: <i>[Signature]</i> | |
| Date & Time (dd / mm / yyyy hh:mm): <i>Feb 7 / 19 1330</i> | |

| Lab Reporting | |
|---|--|
| SAMPLE COMMENTS: | |
| | |
| | |
| | |
| TO NSDEL: | |
| NSDEL Contact: _____ | |
| Method (circle): Fax / Phone / Mail / Email | |
| Date & Time (dd / mm / yyyy hh:mm): _____ | |

| | |
|--|---|
| SIGNATURE OF RESIDENT / CONTACT PERSON / COLLECTOR (Circle all that apply) <i>[Signature]</i> | DATE / TIME (hh:mm) <i>Feb 6 / 19 1145</i> |
| SIGNATURE OF LAB UPON RECEIPT OF SAMPLE <i>[Signature]</i> | DATE / TIME (hh:mm) <i>Feb 6 / 19 1200</i> |
| SIGNATURE OF ANALYST FOR SAMPLE PROCESSING <i>[Signature]</i> | DATE / TIME (hh:mm) <i>Feb 6 / 19 1323</i> |

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

NAME: LOCKHART, CECIL
ACCT#: DU0003267/17
ADDRESS: 55 CEDARWOOD CRESCENT
ADDRESS: NEW MINAS, NS, B4N 5J2
PHONE#: (902) 680-0856
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT18:W0001966R Collected: 20/03/18-1000 Status: COMP Req#: 09020441
Received: 20/03/18-1131

Source: DRILLED WELL
Sp Desc: NOT INDICATED
Ordered: WATER P/A

Queries: Sample Information WELL HOUSE 1146 ANDREW DR CENTERVILLE NS
Drinking Water Category? RESIDENTIAL
Contact Telephone Number 902-680-0856
Sample temperature on receipt 14.5
Postal Code B4N 5J2
Sample Collected By CECIL L
Date Refrigerated 20/03/18
Time 1056
Pickup Y

MICROBIOLOGY

> **WATER PRESENT/ABSENCE** Final 21/03/18-1106
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.

**NS Environment
Compliance, Western Region**

MAR 22 2018

**136 Exhibition Street
Kentville, NS B4N 4E5**

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

NAME: LOCKHART, CECIL
ACCT#: DU0001099/18
ADDRESS: 55 CEDARWOOD CRESCENT
ADDRESS: NEW MINAS, NS, B4N 5J2
PHONE#: (902) 681-0883
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT18:W0006042R Collected: 17/07/18-1820 Status: COMP Req#: 09307257
Received: 18/07/18-1136

Source: DRILLED WELL

Sp Desc: RAW

Ordered: WATER P/A

Queries: Sample Information 77 ANDREW DRIVE CENTREVILLE

Drinking Water Category? RESIDENTIAL

Contact Telephone Number 9026810883

Sample temperature on receipt 1.2

Postal Code B0P 1J0

Sample Collected By ANDREW LOCKHART

Date Refrigerated 18/07/18

Time 1103

Pickup Y

MICROBIOLOGY

> **WATER PRESENT/ABSENCE** Final 19/07/18-1233
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.

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

NAME: LOCKHART, CECIL
ACCT#: DU0002462/18
ADDRESS: 55 CEDARWOOD CRESCENT
ADDRESS: NEW MINAS, NS, B4N 5J2
PHONE#: (902)680-0856
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT18:W0010639R Collected: 02/12/18-1550 Status: COMP Req#: 09625821
Received: 03/12/18-1059

Source: DRILLED WELL
Sp Desc: NOT INDICATED

Ordered: WATER P/A

Queries: Sample Information 77 ANDREW DR CENTERVILLE NS
Drinking Water Category? RESIDENTIAL
Contact Telephone Number 902-680-0856
Sample temperature on receipt 4.9
Postal Code B0P 1J0
Sample Collected By CECILK LOCKHART
Date Refrigerated 03/12/18
Time 1038
Pickup Y

PERFORMING SITE: VALLEY REGIONAL HOSPITAL

~~MICROBIOLOGY~~

> WATER PRESENT/ABSENCE Final 04/12/18-1124
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.