

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

NAME: CECIL, LOOKHART  
ACCT#: DU0000061/16  
ADDRESS: 55 CEDARWOOD CRES.  
ADDRESS: NEW MINAS, NS, B4N 5G2  
PHONE#: (902) 680-0856  
LOCATION: VR.LABO  
SUBMITTING DR: WATER CASH CLIENT  
COPIES TO :

Specimen: WT16:W0002641R      Collected: 07/04/16-1130      Status: COMP      Req#: 07406828  
Received: 07/04/16-1425

Source: DRILLED WELL

Sp Desc: NOT INDICATED

Ordered: WATER P/A

Queries: Sample Information WELL HOUSE ELLSWORTH ESTATES  
Drinking Water Category? RESIDENTIAL  
Contact/Mailing City/Prov SAME  
Contact Telephone Number 9026800856  
Sample temperature on receipt 18.5  
Postal Code B4N 5G2  
Sample Collected By CECIL LOCKHART  
Date Refrigerated 07/04/16  
Time 1305  
Pickup Y

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE      Final

08/04/16-1159

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](http://www.gov.ns.ca/nse/water/thedroponwater.asp).