

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

NAME: CECIL, LOCKHART
ACCT#: DU0002360/15
ADDRESS: 55 CEADERWOOD CRES.
ADDRESS: NEW MINAS, NS, B4N 5J2
PHONE#: (902) 680-0856
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT15:W0010000R Collected: 12/11/15-1000 Status: COMP Req#: 07073153
Received: 12/11/15-1420

Source: DRILLED WELL
Sp Desc: RAW

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 18.3
Postal Code B4N 5J2
Sample Collected By CECIL LOCKHART
Date Refrigerated 12/11/15
Time 1302
Pickup Y

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final

13/11/15-1108

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.