

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

NAME: LOCKHART, CECIL
ACCT#: DU0001832/16
ADDRESS: 55 CEADER WOOD CRES
ADDRESS: NEW MINAS, NS, B4N 5J2
PHONE#: (902) 680-0856
LOCATION: VR.LABO
SUBMITTING DR: WATER CASH CLIENT
COPIES TO :

Specimen: WT16:W0008492R Collected: 15/09/16-1000 Status: COMP Req#: 07770903
Received: 15/09/16-1139

Source: DRILLED WELL

Sp Desc: RAW

Ordered: WATER P/A

Queries: Sample Information WELL HOUSE ELLS WORTH ESTATES-ANDREW AVE, CENTREVILLE
Drinking Water Category? NOT INDICATED
Contact Telephone Number 9026800856
Sample temperature on receipt 15.8
Postal Code UNK
Sample Collected By CECIL LOCKHART
Date Refrigerated 15/09/16
Time 1053
Pickup Y

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final

16/09/16-1210

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.