Nova Scotia Health Authority
SOUTH SHORE REGIONAL HOSPITAL
90 GLEN ALLAN DRIVE
BRIDGEWATER , NS
B4V 3S6

**NAME:** REGION,OF QUEENS MUNICIPALITY
**ACCT#:**DK0001330/26
**ADDRESS:** P O BOX 1264
**ADDRESS:** LIVERPOOL,NS,B0T 1K0
**PHONE#:** (902)354-7170
**LOCATION:** SS.LABO
**SUBMITTING DR:** FAX,902-354-5038 REGION OF QUE
**COPIES TO :**

**Specimen:** WT26:W0008847R **Collected:** 26/10/26-0635 **Status:** COMP **Req#:** 16724331
**Received:** 26/10/26-1048
**Source:** DRILLED WELL
**Sp Desc:**TREATED
**Ordered:** WATER P/A
**Queries:** Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
Registration Number(If applicable) 2003-032313
Contact/Mailing Address P O BOX 1264
Contact/Mailing City/Prov LIVERPOOL NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address COWIE WELL
Postal Code B0T 1K0
Sample Collected By JB
Date Refrigerated 26/10/26
Time Refrigerated 0740
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

## MICROBIOLOGY

| | | | | |
|---|---|---|---|---|
| > WATER PRESENT/ABSENCE | Final | | 27/10/26-1443 | YR |
| | 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.

YR - YARMOUTH REGIONAL HOSPITAL
********** Test Performed at Yarmouth Regional Hospital LAB **********
Lab Fax (902)749-1576

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