

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

RECEIVED

JUL 20 2023

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000588/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL,NS,BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005130R Collected: 11/07/23-0605 Status: COMP Req#: 13569050
Received: 11/07/23-1054

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? REGISTERED
Registration Number{If applicable} 2003-032313
Contact/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL,NS
Contact/Mailing Postal Code BOT 1K0
Contact Telephone Number 9023547170
Source Address COWIE WELL
Postal Code BOT 1K0
Sample Collected By CLIENT
Date Refrigerated 11/07/23
Time Refrigerated 1056
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 12/07/23-1421 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