

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
ACCT#:DK0000724/23  
ADDRESS: REGION OF QUEEN'S MUNICIPALITY  
ADDRESS: LIVERPOOL,NS,B0T 1K0  
PHONE#: (902)354-7170 X2  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO :

Specimen: WT23:W0005717R    Collected: 26/07/23-0615    Status: COMP    Req#: 13606387  
Received: 26/07/23-1019

Source: NOT INDICATED

Sp Desc:

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 B0T 1K0

Contact Telephone Number 9023547170X2

Source Address COWIE WELL

Postal Code B0T 1K0

Sample Collected By DD

Date Refrigerated 26/07/23

Time Refrigerated 0800

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/07/23-1619	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](http://www.gov.ns.ca/nse/water/thedroponwater.asp).

YR - YARMOUTH REGIONAL HOSPITAL

\*\*\*\*\* Test Performed at Yarmouth Regional Hospital LAB \*\*\*\*\*

Lab Fax (902)749-1576