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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0000976/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL,NS,B0T 2K0
PHONE#: (902)354-7170 -2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0006575R **Collected:** 16/08/23-0845 **Status:** COMP **Req#:** 13654727
Received: 16/08/23-1116
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 PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL NS
Contact/Mailing Postal Code B0T 2K0
Contact Telephone Number 9023547170
Source Address COWIE WELL
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 16/08/23
Time Refrigerated 0900
Mail Y

RECEIVED
AUG 24 2023

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 17/08/23-1546 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

** END OF REPORT **