

Nova Scotia Health Authority
 YARMOUTH REGIONAL HOSPITAL
 60 VANCOUVER ST.
 YARMOUTH , NS
 B5A 2P5

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001040/23
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL,NS,B0T 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO :

Specimen: WT23:W0006816R Collected: 22/08/23-0820 Status: COMP Req#: 13670725
 Received: 22/08/23-0830

Source: DRILLED WELL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information COWIE WELL-SAMPLE PORT-CLEAR
 Drinking Water Category? REGISTERED
 Registration Number{If applicable} 2003032313
 Contact Telephone Number 902-3547170
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 22/08/23
 Time Refrigerated 0830
 Delivery By Fax 902-354-5038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	23/08/23-1555	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