

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

NAME: REGION OF QUEEN'S MUNICIPALITY
ACCT#:DK0001090/23
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 : FAX, 902-354-5038 QUEENS MUN

Specimen: WT23:W0007019R Collected: 29/08/23-0605 Status: COMP Req#: 13686043
Received: 29/08/23-1114

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 1K0

Contact Telephone Number 9023547170X2

Source Address COWIC WELL

Postal Code B0T 1K0

Sample Collected By DH

Date Refrigerated 29/08/23

Time Refrigerated 0730

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	30/08/23-1347	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