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

RECEIVED
SEP 12 2023

NAME: REGION,OF QUEEN'S MUNICIPALITY
ACCT#:DK0001138/23
ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007194R **Collected:** 05/09/23-0615 **Status:** COMP **Req#:** 13701710
Received: 05/09/23-1102
Source: NOT INDICATED
Sp Desc:
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 9023547170
Source Address COWIE WELL
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 05/09/23
Time Refrigerated 0730
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 06/09/23-1547 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

** CONTINUED ON NEXT PAGE **