

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

**NAME:** REGION, OF QUEEN'S MUNICIPALITY  
**ACCT#:** DK0001290/23  
**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 :**

RECEIVED

OCT 03 2023

**Specimen:** WT23:W0007966R    **Collected:** 26/09/23-0610    **Status:** COMP    **Req#:** 13757208  
**Received:** 26/09/23-1103

**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 9023547170  
Source Address COWIE WELL  
Postal Code B0T 1K0  
Sample Collected By DH  
Date Refrigerated 26/09/23  
Time Refrigerated 0731  
Mail Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> <b>WATER PRESENT/ABSENCE</b> Final	27/09/23-1520	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