

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#: DK0001315/23  
 ADDRESS: PO BOX 1264  
 ADDRESS: LIVERPOOL, NS, BOT 1K0  
 PHONE#: (902)354-7170 X 2  
 LOCATION: SS.LABO  
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
 COPIES TO : FAX 902-354-5038 QUEENS MUNICI

Specimen: WT23:W0008125R Collected: 03/10/23-0615 Status: COMP Req#: 13774449  
 Received: 03/10/23-1053

Source: DRILLED WELL  
 Sp Desc: TREATED  
 Ordered: WATER P/A  
 Queries: Analysis Requested Both Total and E.coli  
 Sample Information AMPLE 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 BOT 1K0  
 Contact Telephone Number 9023547170 X2  
 Source Address COWIE WELL  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 03/10/23  
 Time Refrigerated 0710  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		
TOTAL COLIFORM	ABSENT/100ML	04/10/23-1533	YR
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

\*\* CONTINUED ON NEXT PAGE \*\*