

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001826/23  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL,NS,B0T 1K0  
PHONE#: (902)354-7170EXT 2  
LOCATION: SS.LABO  
SUBMITTING DR: CASH WATER CLIENT  
COPIES TO :

Specimen: WT24:W0000349R    Collected: 16/01/24-0630    Status: COMP    Req#: 14037059  
Received: 16/01/24-0935

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 9023547170EXT2

Source Address PO BOX 1264 LIVERPOOL,NS

Postal Code B0T 1K0

Sample Collected By DD

Date Refrigerated 16/01/24

Time Refrigerated 0810

Mail Y

*Cowie Well*

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	17/01/24-1402	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