

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001942/23
 ADDRESS: PO BOX 1264
 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,RQM

Specimen: WT24:W0001041R Collected: 13/02/24-0615 Status: COMP Req#: 14109710
 Received: 13/02/24-1110

Source: DUG 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 Telephone Number 9023547170X2
 Source Address COWIE WELL
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 13/02/24
 Time Refrigerated 0755
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		14/02/24-1532	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