

Nova Scotia Health Authority SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGWATER , NS B4V 3S6	NAME: REGION OF QUEEN'S MUNICIPALITY ACCT#:DK0000044/24 ADDRESS: PO BOX 1264 ADDRESS: LIVERPOOL,NS,B0T 1K0 PHONE#: (902)354-7170 LOCATION: SS.LABO SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY COPIES TO : FAX,902-354-5038 QUEENS MUNICI									
Specimen: WT24:W0002417R    Collected: 09/04/24-0610    Status: COMP    Req#: 14252539 Received: 09/04/24-1137										
Source: DRILLED WELL Sp Desc:TREATED Ordered: WATER P/A										
Queries: Analysis Requested Both Total and E.coli Sample Information SAMPLE PORT-COWIE WELL 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 09/04/24 Time Refrigerated 0730 Delivery By Fax Y										
PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL										
MICROBIOLOGY										
<table border="0"> <tr> <td data-bbox="462 861 763 882">           &gt; <u>WATER PRESENT/ABSENCE</u> Final         </td> <td data-bbox="1128 861 1258 882" style="text-align: right;">           10/04/24-1451         </td> <td data-bbox="1307 861 1347 882" style="text-align: right;">           YR         </td> </tr> <tr> <td data-bbox="576 882 722 903" style="padding-left: 20px;">           TOTAL COLIFORM         </td> <td data-bbox="771 882 901 903" style="padding-left: 20px;">           ABSENT/100ML         </td> <td></td> </tr> <tr> <td data-bbox="576 903 641 924" style="padding-left: 20px;">           E.coli         </td> <td data-bbox="771 903 901 924" style="padding-left: 20px;">           ABSENT/100ML         </td> <td></td> </tr> </table>		> <u>WATER PRESENT/ABSENCE</u> Final	10/04/24-1451	YR	TOTAL COLIFORM	ABSENT/100ML		E.coli	ABSENT/100ML	
> <u>WATER PRESENT/ABSENCE</u> Final	10/04/24-1451	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 <a href="http://www.gov.ns.ca/nse/water/thedroponwater.asp">www.gov.ns.ca/nse/water/thedroponwater.asp</a> .										

YR - YARMOUTH REGIONAL HOSPITAL  
 \*\*\*\*\* Test Performed at Yarmouth Regional Hospital LAB \*\*\*\*\*  
 Lab Fax (902)749-1576