

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0000197/24  
ADDRESS:  
ADDRESS: ,,  
PHONE#:  
LOCATION: SS.LABO  
SUBMITTING DR: CASH WATER CLIENT  
COPIES TO :

Specimen: WT24:W0003187R    Collected: 07/05/24-0620    Status: COMP    Req#: 14328553  
Received: 07/05/24-0952

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 Telephone Number 902-354-7170 X2

Source Address PO BOX 1264 LIVERPOOL, NS Cowie Well

Postal Code B0T1K0

Sample Collected By DH

Date Refrigerated 07/05/24

Time Refrigerated 0730

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/05/24-1405	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