

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

NAME: REGION, OF QUEEN MUNICIPALITY  
ACCT#:DK0000529/24  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, BOT 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: CASH WATER CLIENT  
COPIES TO :

Specimen: WT24:W0004915R      Collected: 25/06/24-0600      Status: COMP      Req#: 14456437  
Received: 25/06/24-1050

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 9023547170 X 2

Postal Code BOT 1K0

Sample Collected By DH

Date Refrigerated 25/06/24

Time Refrigerated 0730

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	26/06/24-1415		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