

Nova Scotia Health Authority SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER , NS B4V 3S6	NAME: REGION, OF QUEEN'S MUNICIPALITY ACCT#: DK0001126/24 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 REG OF QUEENS
---	---

Specimen: WT24:W0007936R **Collected:** 24/09/24-0615 **Status:** COMP **Req#:** 14689687
Received: 24/09/24-1147

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/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 24/09/24
 Time Refrigerated 0730
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE Final	25/09/24-1352	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