



FACSIMILE TRANSMISSION

Nova Scotia Health LABORATORY SERVICES

SSRH LAB OFFICE
90 Glen Allan Drive
Bridgewater, Nova Scotia
B4V 3S6

SSRH Site: Phone#: (902) 527-2447 Fax#: (902) 543-1562

To: Region of Queen's Municipality Fax#: 902-354-5038

From: SSRH Lab

Date: _____

This is page 1 of _____. If you do not receive all of the pages, please contact the sender immediately at telephone# (902) 527-2447

COMMENTS:

Water test results

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

NAME: REGION OF QUEEN'S MUNICIPALITY
ACCT#:DK0001657/24
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:W0010032R Collected: 10/12/24-0605 Status: COMP Req#: 14886183
Received: 10/12/24-1126

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 10/12/24
Time Refrigerated 0739
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/12/24-1354	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

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