

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

NAME: REGION OF QUEEN'S , MUNICIPALITY
ACCT#:DK0001893/24
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 :

Specimen: WT25:W0001018R Collected: 19/02/25-0625 Status: COMP Req#: 15063806
Received: 19/02/25-0923

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? REGISTERED
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 AS
Date Refrigerated 19/02/25
Time Refrigerated 0925
Delivery By Fax 9023545038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	20/02/25-1429	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