

Nova Scotia Health Authority  
 YARMOUTH REGIONAL HOSPITAL  
 60 VANCOUVER ST.  
 YARMOUTH , NS  
 B5A 2P5

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#: DK0001937/24  
 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:W0001180R Collected: 25/02/25-0640 Status: COMP Req#: 15082843  
 Received: 25/02/25-0740

Source: DRILLED WELL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
 Sample Information COWIE WELL-SAMPLE PORT -CLEAR  
 Drinking Water Category? REGISTERED  
 Registration Number{If applicable} 2003032313  
 Contact Telephone Number 902-354-7170  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 25/02/25  
 Time Refrigerated 0740  
 Chlorine Residual N\A  
 Delivery By Fax 902-354-5038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	26/02/25-1338	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