

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#: DK0000031/25  
ADDRESS: P O 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 REGION OF QUE

Specimen: WT25:W0002170R Collected: 08/04/25-0630 Status: COMP Req#: 15199309  
Received: 08/04/25-1121

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 P O 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 08/04/25  
Time Refrigerated 0730  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	09/04/25-1411	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