

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0000238/25  
ADDRESS: P O BOX 1264  
ADDRESS: LIVERPOOL, NS, B0T 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE  
COPIES TO :

Specimen: WT25:W0003226R Collected: 14/05/25-0615 Status: COMP Req#: 15295064  
Received: 14/05/25-1154

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 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 AS

Date Refrigerated 14/05/25

Time Refrigerated 0730

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		
TOTAL COLIFORM	ABSENT/100ML	15/05/25-1411	YR
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

\*\* END OF REPORT \*\*

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