

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000641/25  
 ADDRESS: P O BOX 1264  
 ADDRESS: LIVERPOOL, NS, BOT 1K0  
 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE  
 COPIES TO :

Specimen: WT25:W0004980R Collected: 09/07/25-0620 Status: COMP Req#: 15442922  
 Received: 09/07/25-0911

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 BOT 1K0

Contact Telephone Number 9023547170

Source Address COWIE WELL

Postal Code BOT 1K0

Sample Collected By AS

Date Refrigerated 09/07/25

Time Refrigerated 0730

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/07/25-1348	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