

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#: DK0001010/25  
 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:W0006669R Collected: 02/09/25-0645 Status: COMP Req#: 15581231  
 Received: 02/09/25-1057

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 LUCAS HARVEY  
 Date Refrigerated 02/09/25  
 Time Refrigerated 0730  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/09/25-1339	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