

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

(902)527-5261 (chem)
Lab Fax (902)543-1562

NAME: REGION, OF QUEENS MUNICIPALITY
UPHI#: UNIT#: DOB: AGE/SEX: U/U
ACCT#: DK0001054/25
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO ROOM/BED:
ATTENDING DR : REGION OF QUEEN'S MUNICIPALITY
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 REGION OF QUE

Specimen: WT25:W0006874R Collected: 09/09/25-0630 Status: COMP Req#: 15599614
Received: 09/09/25-0916

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 PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 902-354-7170
Source Address COWIE WELL
Postal Code B0T 1K0
Sample Collected By MM
Date Refrigerated 09/09/25
Time Refrigerated 0740
Delivery By Fax Y

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	10/09/25-1402	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.

YR - YARMOUTH REGIONAL HOSPITAL

***** Test Performed at Yarmouth Regional Hospital LAB *****
Lab Fax (902)749-1576

** END OF REPORT **

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