

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001836/25
ADDRESS: PO 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 QUEE

Specimen: WT26:W0001049R **Collected:** 18/02/26-0630 **Status:** COMP **Req#:** 16030001
Received: 18/02/26-1101

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 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 DD

Date Refrigerated 18/02/26

Time Refrigerated 0840

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	19/02/26-1343	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