

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0001974/25
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL,NS,BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0001813R Collected: 24/03/26-0630 Status: COMP Req#: 16126622
Received: 24/03/26-0923

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 BOT 1K0
Contact Telephone Number 902-354-7170
Source Address COWIE WELL
Postal Code BOT 1K0
Sample Collected By LUCAS HARVEY
Date Refrigerated 24/03/26
Time Refrigerated 0736
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 25/03/26-1336 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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