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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001066/26
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: WT26:W0007541R **Collected:** 14/09/26-0705 **Status:** COMP **Req#:** 16610890
Received: 14/09/26-1039
Source: MUNICIPAL
Sp Desc:TREATED
Ordered: WATER P/A
Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
Contact/Mailing Address P O BOX 1264
Contact/Mailing City/Prov LIVERPOOL NS
Contact/Mailing Postal Code B0J 1K0
Contact Telephone Number 9023547170
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 14/09/26
Time Refrigerated 0805
Chlorine Residual 0.9 MG/L 8.7 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 15/09/26-1339 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.

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

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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001066/26
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: WT26:W0007539R **Collected:** 14/09/26-0730 **Status:** COMP **Req#:** 16610871
Received: 14/09/26-1036
Source: MUNICIPAL
Sp Desc:TREATED
Ordered: WATER P/A
Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
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 SCHOOL ST
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 14/09/26
Time Refrigerated 0810
Chlorine Residual 0.6 MG/L 8.7 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 15/09/26-1339 YR

TOTAL COLIFORM	ABSENT/100ML
E.coli	ABSENT/100ML

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For interpretation contact Nova Scotia Environment at 1-877-936-8476 or visit www.gov.ns.ca/nse/water/thedroponwater.asp.

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BRIDGEWATER , NS
B4V 3S6

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001066/26
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: WT26:W0007538R **Collected:** 14/09/26-0615 **Status:** COMP **Req#:** 16610859
Received: 14/09/26-1034
Source: MUNICIPAL
Sp Desc:TREATED
Ordered: WATER P/A
Queries: Analysis Requested Both Total and E.coli
Sample Information LABORATORY SINK
Drinking Water Category? GOVERNMENT
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 WATER PLANT
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 14/09/26
Time Refrigerated 0800
Chlorine Residual 1.5 MG/L 7.4 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 15/09/26-1339 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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For interpretation contact Nova Scotia Environment at 1-877-936-8476 or visit www.gov.ns.ca/nse/water/thedroponwater.asp.

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BRIDGEWATER , NS
B4V 3S6

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001066/26
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: WT26:W0007536R **Collected:** 14/09/26-0720 **Status:** COMP **Req#:** 16610840
Received: 14/09/26-1031
Source: MUNICIPAL
Sp Desc:TREATED
Ordered: WATER P/A
Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
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 OLD COBBS
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 14/09/26
Time Refrigerated 0810
Chlorine Residual 1.1 MG/L 8.6 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 15/09/26-1339 YR

TOTAL COLIFORM	ABSENT/100ML
E.coli	ABSENT/100ML

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

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ADDRESS: P O 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 QUE

Specimen: WT26:W0007535R **Collected:** 14/09/26-0645 **Status:** COMP **Req#:** 16610816
Received: 14/09/26-1027
Source: MUNICIPAL
Sp Desc:TREATED
Ordered: WATER P/A
Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
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 WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 14/09/26
Time Refrigerated 0805
Chlorine Residual 0.6 MG/L 8.6 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 15/09/26-1339 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

These results relate only to the water sample submitted for testing.

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