

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001755/25
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:W0000695R **Collected:** 03/02/26-0600 **Status:** COMP **Req#:** 15989180
Received: 03/02/26-0941

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address WATER PLANT
 Postal Code B0T 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 03/02/26
 Time Refrigerated 0730
 Chlorine Residual 1.16MG/7.4PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final	04/02/26-1348	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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SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 REGION OF QUEE

Specimen: WT26:W0000690R **Collected:** 03/02/26-0725 **Status:** COMP **Req#:** 15989097
Received: 03/02/26-0926

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code BOT 1K0
 Contact Telephone Number 902-354-7170
 Source Address SCHOOL STREET
 Postal Code BOT 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 03/02/26
 Time Refrigerated 0730
 Chlorine Residual 0.88MG/7.6PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE Final	04/02/26-1348	YR
	TOTAL COLIFORM	ABSENT/100ML	
	E.coli	ABSENT/100ML	

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Specimen: WT26:W0000691R **Collected:** 03/02/26-0645 **Status:** COMP **Req#:** 15989114
Received: 03/02/26-0930

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 03/02/26
 Time Refrigerated 0730
 Chlorine Residual 0.68MG/7.5PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	04/02/26-1348	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0000692R Collected: 03/02/26-0625 Status: COMP Req#: 15989132
 Received: 03/02/26-0933

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address WORKS DEPT
 Postal Code B0T 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 03/02/26
 Time Refrigerated 0730
 Chlorine Residual 0.77MG/7.6PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	04/02/26-1348	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0000693R Collected: 03/02/26-0710 Status: COMP Req#: 15989143
 Received: 03/02/26-0936

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address OLD COBBS
 Postal Code B0T 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 03/02/26
 Time Refrigerated 0730
 Chlorine Residual 0.82MG/7.5PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	04/02/26-1348	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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