

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

NAME: REGION, OF QUEENS
ACCT#:DK0000532/23
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 :

Specimen: WT23:W0004877R Collected: 04/07/23-0820 Status: COMP Req#: 13551525
Received: 04/07/23-1139

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT BROOKLYN
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 9023547170
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By CLIENT
Date Refrigerated 04/07/23
Time Refrigerated 1141
Chlorine Residual CH 0.2 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	05/07/23-1432	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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ACCT#:DK0000532/23
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 :

Specimen: WT23:W0004879R Collected: 04/07/23-0600 Status: COMP Req#: 13551537
Received: 04/07/23-1141

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information LABORATORY
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 9023547170
Source Address WATER PLANT
Postal Code BOT 1K0
Sample Collected By CLIENT
Date Refrigerated 04/07/23
Time Refrigerated 1143
Chlorine Residual CL 1.0 PH 6.5
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	05/07/23-1432	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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

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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 :

Specimen: WT23:W0004880R Collected: 04/07/23-0720 Status: COMP Req#: 13551547
Received: 04/07/23-1144

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 BOS 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address SCHOOL STREET
Postal Code B0T 1K0
Sample Collected By CLIENT
Date Refrigerated 04/07/23
Time Refrigerated 1145
Chlorine Residual CL 0.2 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	05/07/23-1432	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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

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For interpretation contact Nova Scotia Environment
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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 :

Specimen: WT23:W0004882R Collected: 04/07/23-0630 Status: COMP Req#: 13551561
Received: 04/07/23-1147

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information R.R WORKS DEPT.
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 9023547170
Source Address WORKS DEPT.
Postal Code B0J 1K0
Sample Collected By CLIENT
Date Refrigerated 04/07/23
Time Refrigerated 1148
Chlorine Residual CL 0.3 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	05/07/23-1432	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0004884R Collected: 04/07/23-0710 Status: COMP Req#: 13551578
Received: 04/07/23-1150

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT (OLD COBB)
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 9023547170
Source Address OLD COBB
Postal Code BOT 1K0
Sample Collected By CLIENT
Date Refrigerated 04/07/23
Time Refrigerated 1151
Chlorine Residual CL 0.4 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	05/07/23-1432	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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