

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000588/23
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:W0005133R Collected: 11/07/23-0630 Status: COMP Req#: 13569068
Received: 11/07/23-1058

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 BOT 1K0
Contact Telephone Number 9023547170
Source Address WORKS DEPT
Postal Code BOT 1K0
Sample Collected By CLIENT
Date Refrigerated 11/07/23
Time Refrigerated 1059
Chlorine Residual CL 0.3 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/07/23-1421	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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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:W0005135R Collected: 11/07/23-0650 Status: COMP Req#: 13569085
Received: 11/07/23-1101

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 9023547170
Source Address BROOKLYN
Postal Code BOT 1K0
Sample Collected By CLIENT
Date Refrigerated 11/07/23
Time Refrigerated 1102
Chlorine Residual CL 0.4 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/07/23-1422	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000588/23
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:W0005136R Collected: 11/07/23-0550 Status: COMP Req#: 13569099
Received: 11/07/23-1103

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
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address WATER PLANT
Postal Code B0T 1K0
Sample Collected By CLIENT
Date Refrigerated 11/07/23
Time Refrigerated 1104
Chlorine Residual CL 1.4 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/07/23-1422	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000588/23
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:W0005137R Collected: 11/07/23-0730 Status: COMP Req#: 13569108
Received: 11/07/23-1105

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
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address SCHOOL STREET
Postal Code B0T 1K0
Sample Collected By CLIENT
Date Refrigerated 11/07/23
Time Refrigerated 1106
Chlorine Residual CL 0.3 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/07/23-1422	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 :

Specimen: WT23:W0005138R Collected: 11/07/23-0715 Status: COMP Req#: 13569128
Received: 11/07/23-1106

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 9023547170
Source Address OLD COBB
Postal Code BOT 1K0
Sample Collected By CLIENT
Date Refrigerated 11/07/23
Time Refrigerated 1108
Chlorine Residual CL 0.6 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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

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