

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000658/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170EXT 2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

RECEIVED

JUL 26 2023

Specimen: WT23:W0005376R Collected: 18/07/23-0550 Status: COMP Req#: 13586399
Received: 18/07/23-1106

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 B0T 1K0
Contact Telephone Number 9023547170
Source Address WATERPLANT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 18/07/23
Time Refrigerated 0800
Chlorine Residual CL 1.6 PH 7.4
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 19/07/23-1516 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: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170EXT 2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005382R Collected: 18/07/23-0645 Status: COMP Req#: 13586443
Received: 18/07/23-1117

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 DH

Date Refrigerated 18/07/23

Time Refrigerated 0800

Chlorine Residual CL 0.4 PH 7.5

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> [WATER PRESENT/ABSENCE] Final		19/07/23-1516	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: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170EXT 2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005385R Collected: 18/07/23-0625 Status: COMP Req#: 13586465
Received: 18/07/23-1120

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli

Sample Information RR

-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 B0T 1K0

Sample Collected By DH

Date Refrigerated 18/07/23

Time Refrigerated 0800

Chlorine Residual CL 0.3 PH 7.5

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/07/23-1516	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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PHONE#: (902)354-7170EXT 2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005389R Collected: 18/07/23-0730 Status: COMP Req#: 13586524
Received: 18/07/23-1127

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 SCHOOL STREET
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 18/07/23
Time Refrigerated 0800
Chlorine Residual CL 0.3 PH 7.5
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	19/07/23-1516	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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LOCATION: SS.LABO
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COPIES TO :

Specimen: WT23:W0005390R Collected: 18/07/23-0700 Status: COMP Req#: 13586559
Received: 18/07/23-1133

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 9023547170
Source Address OLD COBB
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 18/07/23
Time Refrigerated 0800
Chlorine Residual CL 0.8 PH7.5
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final		19/07/23-1516	YR
	TOTAL COLIFORM	ABSENT/100ML			
	E.coli	ABSENT/100ML			

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** END OF REPORT **

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