

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

RECEIVED

AUG 02 2023

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0000724/23
ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170 X2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005716R Collected: 26/07/23-0630 Status: COMP Req#: 13606368
Received: 26/07/23-1014

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information RR TAP
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 9023547170X2
Source Address WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 26/07/23
Time Refrigerated 0800
Chlorine Residual CH 0.6 MG/L 7.1
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 27/07/23-1619 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

Nova Scotia Health Authority
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90 GLEN ALLAN DRIVE
BRIDGEWATER , NS
B4V 3S6

NAME: REGION, OF QUEEN'S MUNICIPALITY
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ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170 X2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005718R Collected: 26/07/23-0720 Status: COMP Req#: 13606401
Received: 26/07/23-1023

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 9023547170X2
Source Address OLD COBBS
Postal Code BOT 1K0
Sample Collected By DD
Date Refrigerated 26/07/23
Time Refrigerated 0800
Chlorine Residual CH 0.3 MG/L 7.1
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/07/23-1619	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,BOT 1K0
PHONE#: (902)354-7170 X2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005719R Collected: 26/07/23-0600 Status: COMP Req#: 13606418
Received: 26/07/23-1025

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 9023547170X2
Source Address WATER PLANT
Postal Code BOT 1K0
Sample Collected By DD
Date Refrigerated 26/07/23
Time Refrigerated 0800
Chlorine Residual CH 1.2 MG/L 7.2
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 27/07/23-1619 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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

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LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0005720R Collected: 26/07/23-0650 Status: COMP Req#: 13606437
Received: 26/07/23-1028

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 9023547170X2
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 26/07/23
Time Refrigerated 0800
Chlorine Residual CH 0.4 MG/L 7.1
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	27/07/23-1619	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:W0005721R Collected: 26/07/23-0740 Status: COMP Req#: 13606443
Received: 26/07/23-1030

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 9023547170X2
Source Address SCHOOL STREET
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 26/07/23
Time Refrigerated 0800
Chlorine Residual CH 0.3 MG/L 7.1
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	27/07/23-1619	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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