

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0001053/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0006854R Collected: 23/08/23-0650 Status: COMP Req#: 13672209
Received: 23/08/23-1130

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SMAPLE 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 x2
Source Address BROOKLYN, NS
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/08/23
Time Refrigerated 0745
Chlorine Residual CL 0.1, PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/08/23-1612	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,B0T 1K0
PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0006856R Collected: 23/08/23-0600 Status: COMP Req#: 13672225
Received: 23/08/23-1135

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 x2'
Source Address WATERPLANT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/08/23
Time Refrigerated 0745
Chlorine Residual CL 1.4, PH 6.7
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/08/23-1612	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

Specimen: WT23:W0006857R Collected: 23/08/23-0630 Status: COMP Req#: 13672233
Received: 23/08/23-1138

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 x2
Source Address WORKS DEPT.
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/08/23
Time Refrigerated 0745
Chlorine Residual CL 0.5, PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	24/08/23-1612	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:W0006858R Collected: 23/08/23-0730 Status: COMP Req#: 13672242
Received: 23/08/23-1140

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 x2
Source Address SCHOOL STREET, LIVERPOOL
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/08/23
Time Refrigerated 0745
Chlorine Residual CL 0.1, PH 6.9
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	24/08/23-1612	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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LOCATION: SS.LABO
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COPIES TO :

Specimen: WT23:W0006859R Collected: 23/08/23-0715 Status: COMP Req#: 13672261
Received: 23/08/23-1145

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 x2
Source Address OLD COBB
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/08/23
Time Refrigerated 0745
Chlorine Residual CL 0.4, PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/08/23-1612	YR
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E.coli	ABSENT/100ML		

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