

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

NAME: REGION OF QUEEN'S MUNICIPALITY
ACCT#:DK0001090/23
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 : FAX,902-354-5038

Specimen: WT23:W0007024R Collected: 29/08/23-0730 Status: COMP Req#: 13686065
Received: 29/08/23-1117

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 B0T 1K0
Contact Telephone Number 9023547170X2
Source Address SCHOOL STREET
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 29/08/23
Time Refrigerated 0730
Chlorine Residual CH 0.7 MG/L 7.3
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/08/23-1347	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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NAME: REGION OF QUEEN'S MUNICIPALITY
ACCT#:DK0001090/23
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 : FAX, 902-354-5038

Specimen: WT23:W0007026R Collected: 29/08/23-0630 Status: COMP Req#: 13686078
Received: 29/08/23-1119

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 BOT 1K0
Contact Telephone Number 9023547170X2
Source Address WORKS DEPT
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 29/08/23
Time Refrigerated 0730
Chlorine Residual CH 0.6 MG/L 7.5
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	30/08/23-1347	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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** END OF REPORT **

Page 2

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NAME: REGION OF QUEEN'S MUNICIPALITY
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 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 : FAX,902-354-5038 QUEENS MUN

Specimen: WT23:W0007013R Collected: 29/08/23-0650 Status: COMP Req#: 13685938
 Received: 29/08/23-1058

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 DH
 Date Refrigerated 29/08/23
 Time Refrigerated 0730
 Chlorine Residual CH 0.7 MG/L 7.5
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/08/23-1347	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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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: FAX, 902-354-5038 QUEENS MUN
 COPIES TO :

Specimen: WT23:W0007014R Collected: 29/08/23-0715 Status: COMP Req#: 13685954
 Received: 29/08/23-1102

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 COBB
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 29/08/23
 Time Refrigerated 0730
 Chlorine Residual CH 0.8 MG/L 7.5
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE Final		30/08/23-1347	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 : FAX, 902-354-5038 QUEENS MUN

Specimen: WT23:W0007017R Collected: 29/08/23-0600 Status: COMP Req#: 13686014
 Received: 29/08/23-1111

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 9023547170X2
 Source Address WATERPLANT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 29/08/23
 Time Refrigerated 0730
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	30/08/23-1347	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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