

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#: DK0001138/23
ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007197R **Collected:** 05/09/23-0600 **Status:** COMP **Req#:** 13701738
Received: 05/09/23-1108

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 WATER PLANT
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 05/09/23
Time Refrigerated 0730
Chlorine Residual CH 1.8 MG/L 8.7
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> **WATER PRESENT/ABSENCE** Final 06/09/23-1547 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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LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007198R Collected: 05/09/23-0740 Status: COMP Req#: 13701751
Received: 05/09/23-1110

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 SCHOOL ST

Postal Code B0T 1K0

Sample Collected By DD

Date Refrigerated 05/09/23

Time Refrigerated 0730

Chlorine Residual CH 0.7 MG/L 7.1

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	06/09/23-1547	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:W0007201R **Collected:** 05/09/23-0720 **Status:** COMP **Req#:** 13701763
Received: 05/09/23-1113

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 COBBS
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 05/09/23
Time Refrigerated 0730
Chlorine Residual CH 0.8 MG/L 7.2
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> <u>WATER PRESENT/ABSENCE</u> Final		06/09/23-1547	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.

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