

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0001290/23
ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007972R Collected: 26/09/23-0630 Status: COMP Req#: 13757233
Received: 26/09/23-1109

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 9023547170

Source Address WORKS DEPT

Postal Code BOT 1K0

Sample Collected By DH

Date Refrigerated 26/09/23

Time Refrigerated 0730

Chlorine Residual CH 0.7 MG/L 7.3

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 27/09/23-1520 | 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
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ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007974R Collected: 26/09/23-0650 Status: COMP Req#: 13757241
Received: 26/09/23-1111

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 BROOKLYN
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 26/09/23
Time Refrigerated 0730
Chlorine Residual CH 0.8 MG/L 7.4
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 27/09/23-1520 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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

Specimen: WT23:W0007975R Collected: 26/09/23-0715 Status: COMP Req#: 13757254
Received: 26/09/23-1112

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 OLD COBB

Postal Code BOT 1K0

Sample Collected By DH

Date Refrigerated 26/09/23

Time Refrigerated 0730

Chlorine Residual CH 0.9 MG/L 7.3

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 27/09/23-1520 | 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
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ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007977R Collected: 26/09/23-0730 Status: COMP Req#: 13757264
Received: 26/09/23-1114

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 26/09/23

Time Refrigerated 0730

Chlorine Residual CH 0.7 MG/L 7.3

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final: 27/09/23-1520 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
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LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0007969R Collected: 26/09/23-0600 Status: COMP Req#: 13757221
Received: 26/09/23-1107

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 9023547170

Source Address WATERPLANT

Postal Code BOT 1K0

Sample Collected By DH

Date Refrigerated 26/09/23

Time Refrigerated 0730

Chlorine Residual CH 1.5 MG/L 7.0

Mail Y

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MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
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| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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