

Nova Scotia Health Authority SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER , NS B4V 3S6	NAME: REGION, OF QUEENS MUNICIPALITY ACCT#: DK0001315/23 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 : FAX, 902-354-5038 QUEENS MUNICI
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Specimen: WT23:W0008132R Collected: 03/10/23-0730 Status: COMP Req#: 13774510
 Received: 03/10/23-1235

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 03/10/23
 Time Refrigerated 0730
 Chlorine Residual CL 0.8, PH 7.3
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final TOTAL COLIFORM ABSENT/100ML E.coli ABSENT/100ML	04/10/23-1533 YR
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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 SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER, NS B4V 3S6	NAME: REGION, OF QUEENS MUNICIPALITY ACCT#:DK0001315/23 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 : FAX, 902-354-5038 QUEENS MUNICI
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Specimen: WT23:W0008141R Collected: 03/10/23-0730 Status: COMP Req#: 13774603
 Received: 03/10/23-1235

Source: MUNICIPAL
 Sp Desc:TREATED
 Ordered: WATER P/A
 Queries: Analysis Requested Both Total and E.coli
 Sample Information R.R.
 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 03/10/23
 Time Refrigerated 0730
 Chlorine Residual CL 0.4, PH 7.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final TOTAL COLIFORM ABSENT/100ML E.coli ABSENT/100ML	04/10/23-1533 YR
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Specimen: WT23:W0008142R Collected: 03/10/23-0730 Status: COMP Received: 03/10/23-1235 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 FPO BOX 1264 Contact/Mailing City/Prov LIVERPOOL, NS Contact/Mailing Postal Code B0T 1K0 Contact Telephone Number 9023547170 X2 Source Address SCHOOL STREET Postal Code B0T 1K0 Sample Collected By DH Date Refrigerated 03/10/23 Time Refrigerated 0730 Chlorine Residual CL 0.7, PH 7.3 Delivery By Fax Y PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL	Req#: 13774651
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MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 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 .	04/10/23-1535 YR
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<p>Specimen: WT23:W0008143R Collected: 03/10/23-0730 Status: COMP Received: 03/10/23-1235</p> <p>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 BROOKLYN Postal Code B0T 1K0 Sample Collected By DH Date Refrigerated 03/10/23 Time Refrigerated 0730 Chlorine Residual CL 0.3, PH 7.3 Delivery By Fax Y</p> <p>PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL</p>	<p>Req#: 13774701</p>
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MICROBIOLOGY

<p>> WATER PRESENT/ABSENCE Final</p> <table border="0"> <tr> <td>TOTAL COLIFORM</td> <td>ABSENT/100ML</td> </tr> <tr> <td>E.coli</td> <td>ABSENT/100ML</td> </tr> </table> <p>These results relate only to the water sample submitted for testing.</p> <p>Report authorization is available on request.</p> <p>For interpretation contact Nova Scotia Environment at 1-877-936-8476 or visit www.gov.ns.ca/nse/water/thedroponwater.asp.</p>	TOTAL COLIFORM	ABSENT/100ML	E.coli	ABSENT/100ML	<p>04/10/23-1535 YR</p>
TOTAL COLIFORM	ABSENT/100ML				
E.coli	ABSENT/100ML				

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