

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0001379/23
ADDRESS: PO BOX 1264
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,REGION OF QUE

Specimen: WT23:W0008320R Collected: 10/10/23-0700 Status: COMP Req#: 13791053
Received: 10/10/23-1037

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 DD
Date Refrigerated 10/10/23
Time Refrigerated 0730
Chlorine Residual 0.7
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/10/23-1333	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: 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, REGION OF QUE

Specimen: WT23:W0008327R Collected: 10/10/23-0645 Status: COMP Req#: 13791086
Received: 10/10/23-1044

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information RR TAP
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 WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 10/10/23
Time Refrigerated 0730
Chlorine Residual 1.0
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	11/10/23-1333	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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ADDRESS: PO BOX 1264
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,REGION OF QUE

Specimen: WT23:W0008331R Collected: 10/10/23-0745 Status: COMP Req#: 13791163
Received: 10/10/23-1056

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 STREET
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 10/10/23
Time Refrigerated 0730
Chlorine Residual 0.5
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/10/23-1333	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ADDRESS: PO BOX 1264
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, REGION OF QUE

Specimen: WT23:W0008332R Collected: 10/10/23-0610 Status: COMP Req#: 13791186
Received: 10/10/23-1101

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 10/10/23
Time Refrigerated 0730
Chlorine Residual 1.4
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		11/10/23-1333	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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COPIES TO : FAX, 902-354-5038 REGION OF QUE

Specimen: WT23:W0008330R Collected: 10/10/23-0730 Status: COMP Req#: 13791139
Received: 10/10/23-1051

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 Telephone Number 9023547170X2
Source Address OLD COBB
Postal Code BOT 1K0
Sample Collected By DD
Date Refrigerated 10/10/23
Time Refrigerated 0730
Chlorine Residual 0.8
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/10/23-1333	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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