

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001430/23  
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:W0008586R Collected: 17/10/23-0550 Status: COMP Req#: 13809473  
Received: 17/10/23-1046

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 17/10/23  
Time Refrigerated 0730  
Chlorine Residual 1.2  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		18/10/23-1522	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](http://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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COPIES TO : FAX,902-354-5038,REGION OF QUE

Specimen: WT23:W0008587R Collected: 17/10/23-0730 Status: COMP Req#: 13809488  
Received: 17/10/23-1050

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 Telephone Number 9023547170X2  
Source Address WORKS DEPT.  
Postal Code B0T 1K0  
Sample Collected By DH  
Date Refrigerated 17/10/23  
Time Refrigerated 0730  
Chlorine Residual 0.3  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	18/10/23-1522	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT23:W0008588R Collected: 17/10/23-0740 Status: COMP Req#: 13809518  
Received: 17/10/23-1055

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 SCHOOL STREET

Postal Code B0T 1K0

Sample Collected By DH

Date Refrigerated 17/10/23

Time Refrigerated 0730

Chlorine Residual 0.6

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

>	<b>WATER PRESENT/ABSENCE</b>	Final	18/10/23-1522	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT23:W0008591R Collected: 17/10/23-0700 Status: COMP Req#: 13809562  
Received: 17/10/23-1100

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 B0T 1K0

Sample Collected By DH

Date Refrigerated 17/10/23

Time Refrigerated 0730

Chlorine Residual 0.7

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

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Specimen: WT23:W0008593R Collected: 17/10/23-0640 Status: COMP Req#: 13809583  
Received: 17/10/23-1103

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 BROOKLYN

Postal Code B0T 1K0

Sample Collected By DH

Date Refrigerated 17/10/23

Time Refrigerated 0730

Chlorine Residual 0.3

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

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