

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0001503/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

RECEIVED

OCT 31 2023

Specimen: WT23:W0008815R Collected: 24/10/23-0700 Status: COMP Req#: 13829121
Received: 24/10/23-1047

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 9023547171 X 2
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 24/10/23
Time Refrigerated 0740
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/10/23-1512	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

Nova Scotia Health Authority
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ACCT#: DK0001503/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT23:W0008816R **Collected:** 24/10/23-0600 **Status:** COMP **Req#:** 13829148
Received: 24/10/23-1054

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 Telephone Number 9023547170 2
Source Address WATER PLANT
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 24/10/23
Time Refrigerated 0740
Chlorine Residual 1.67 MG/L PH 7.3
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/10/23-1512	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ACCT#:DK0001503/23
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT23:W0008817R Collected: 24/10/23-0640 Status: COMP Req#: 13829213
Received: 24/10/23-1058

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 Telephone Number 9023547170 X 2
Source Address WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 24/10/23
Time Refrigerated 0740
Chlorine Residual 0.74
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/10/23-1512	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ADDRESS: PO BOX 1264
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PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT23:W0008818R Collected: 24/10/23-0740 Status: COMP Req#: 13829247
Received: 24/10/23-1109

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPL PORT
Drinking Water Category? COMMERCIAL
Contact Telephone Number 9023547170 X 2
Source Address SCHOOL SF,
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 24/10/23
Time Refrigerated 0740
Chlorine Residual 0.9 MG/L PH 7.3
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/10/23-1512	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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PHONE#: (902)354-7170 X 2
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT23:W0008819R Collected: 24/10/23-0725 Status: COMP Req#: 13829275
Received: 24/10/23-1112

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 Telephone Number 9023547170 X 2
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 24/10/23
Time Refrigerated 0740
Chlorine Residual 1.08 MG.L PH 7.5
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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

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