

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001579/23  
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,902-354-7170,RQM

Specimen: WT23:W0009192R Collected: 07/11/23-0635 Status: COMP Req#: 13865530  
Received: 07/11/23-1035

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 07/11/23  
Time Refrigerated 0730  
Chlorine Residual 0.48  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		08/11/23-1428	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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PHONE#: (902)354-7170 X2  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT23:W0009194R Collected: 07/11/23-0720 Status: COMP Req#: 13865566  
Received: 07/11/23-1043

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 07/11/23  
Time Refrigerated 0730  
Chlorine Residual 0.80  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	08/11/23-1428	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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PHONE#: (902)354-7170 X2  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT23:W0009195R Collected: 07/11/23-0740 Status: COMP Req#: 13865588  
Received: 07/11/23-1045

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 ST  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 07/11/23  
Chlorine Residual 0.58  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	08/11/23-1428	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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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,RQM

Specimen: WT23:W0009196R Collected: 07/11/23-0600 Status: COMP Req#: 13865608  
 Received: 07/11/23-1049

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 9023547170X2  
 Source Address WATERPLANT  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 07/11/23  
 Time Refrigerated 0730  
 Chlorine Residual 1.44  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/11/23-1428	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT23:W0009197R Collected: 07/11/23-0700 Status: COMP Req#: 13865624  
Received: 07/11/23-1052

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 07/11/23  
Time Refrigerated 0730  
Chlorine Residual 0.39  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/11/23-1428	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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