

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001597/23  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, BOT 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5038 QUEENS MUNICI

Specimen: WT23:W0009308R Collected: 14/11/23-0600 Status: COMP Req#: 13882008  
Received: 14/11/23-0928

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 BOT 1K0  
Contact Telephone Number 9023547170  
Source Address WATERPLANT  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 14/11/23  
Time Refrigerated 0755  
Chlorine Residual CL 1.44, PH 7.5  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

|   |                       |              |               |    |
|---|-----------------------|--------------|---------------|----|
| > | WATER PRESENT/ABSENCE | Final        | 15/11/23-1442 | 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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Specimen: WT23:W0009310R Collected: 14/11/23-0700 Status: COMP Req#: 13882040  
Received: 14/11/23-0933

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 BOT 1K0  
Contact Telephone Number 9023547170  
Source Address BROOKLYN  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 14/11/23  
Time Refrigerated 0755  
Chlorine Residual CL 0.62, PH 7.3  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

|   |                       |              |               |    |
|---|-----------------------|--------------|---------------|----|
| > | WATER PRESENT/ABSENCE | Final        | 15/11/23-1442 | YR |
|   | TOTAL COLIFORM        | ABSENT/100ML |               |    |
|   | E.coli                | ABSENT/100ML |               |    |

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

**Specimen:** WT23:W0009311R    **Collected:** 14/11/23-0730    **Status:** COMP    **Req#:** 13882115  
**Received:** 14/11/23-0942

**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 BOT 1K0  
 Contact Telephone Number 9023547170  
 Source Address SCHOOL STREET  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 14/11/23  
 Time Refrigerated 0935  
 Chlorine Residual CL 0.78, PH 7.3  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

|   |                              |              |               |    |
|---|------------------------------|--------------|---------------|----|
| > | <b>WATER PRESENT/ABSENCE</b> | Final        | 15/11/23-1442 | YR |
|   | TOTAL COLIFORM               | ABSENT/100ML |               |    |
|   | E.coli                       | ABSENT/100ML |               |    |

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Specimen: WT23:W0009312R Collected: 14/11/23-0640 Status: COMP Req#: 13882128  
Received: 14/11/23-0945

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/Mailing Address PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL, NS  
Contact/Mailing Postal Code BOT 1K0  
Contact Telephone Number 9023547170  
Source Address WORKS DEPT  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 14/11/23  
Time Refrigerated 0755  
Chlorine Residual CL 0.51, PH 7.5  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

|                         |              |               |    |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final        | 15/11/23-1442 | YR |
| TOTAL COLIFORM          | ABSENT/100ML |               |    |
| E.coli                  | ABSENT/100ML |               |    |

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