

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0001660/23
ADDRESS: REGION OF QUEEN'S MUNICIPALITY
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0009550R Collected: 21/11/23-0645 Status: COMP Req#: 13902888
Received: 21/11/23-1117

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 B0T 1K0

Contact Telephone Number 9023547170

Source Address WORKS DEPT

Postal Code B0T 1K0

Sample Collected By DH

Date Refrigerated 21/11/23

Time Refrigerated 0810

Chlorine Residual CH 0.89 MG/L 7.5

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML		22/11/23-1518	YR
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, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0009554R Collected: 21/11/23-0705 Status: COMP Req#: 13902923
Received: 21/11/23-1124

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 21/11/23

Time Refrigerated 0810

Chlorine Residual CH 0.72 MG/L 7.5

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		22/11/23-1518	YR
TOTAL COLIFORM	ABSENT/100ML			
E.coli	ABSENT/100ML			

These results relate only to the water sample submitted for testing.

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ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0009557R Collected: 21/11/23-0725 Status: COMP Req#: 13902990
Received: 21/11/23-1137

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 OLD COBB
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 21/11/23
Time Refrigerated 0810
Chlorine Residual CH 0.90 MG/L 7.6
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	22/11/23-1518		YR
E.coli	ABSENT/100ML			

These results relate only to the water sample submitted for testing.

Report authorization is available on request.

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ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0009558R Collected: 21/11/23-0600 Status: COMP Req#: 13903005
Received: 21/11/23-1140

Source: MUNICIPAL

Sp Desc: TRHATED

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 21/11/23
Time Refrigerated 0810
Chlorine Residual CH 1.56 MG/L 7.3
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	22/11/23-1518		YR
E.coli	ABSENT/100ML			

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LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT23:W0009559R Collected: 21/11/23-0740 Status: COMP Req#: 13903021
Received: 21/11/23-1142

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 21/11/23
Time Refrigerated 0810
Chlorine Residual CH 0.75 MG/L 7.3
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	22/11/23-1518		YR
E.coli	ABSENT/100ML			

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