

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0001767/23
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:W0010264R Collected: 20/12/23-0645 Status: COMP Req#: 13977829
Received: 20/12/23-0926

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/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 20/12/23
Time Refrigerated 0800
Chlorine Residual CL 0.3, PH 8.3
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	21/12/23-1452	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

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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:W0010265R Collected: 20/12/23-0730 Status: COMP Reg#: 13977839
Received: 20/12/23-0930

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 20/12/23
Time Refrigerated 0800
Chlorine Residual CL 0.9, PH 9.0
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/12/23-1452	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
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Specimen: WT23:W0010266R Collected: 20/12/23-0710 Status: COMP Req#: 13977844
 Received: 20/12/23-0932

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 BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 20/12/23
 Time Refrigerated 0800
 Chlorine Residual CL 0.9, PH 9.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/12/23-1452	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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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 : FAX, 902-354-5038 QUEENS MUNICI

Specimen: WT23:W0010267R Collected: 20/12/23-0750 Status: COMP Reg#: 13977851
 Received: 20/12/23-0933

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 B0T 1K0
 Contact Telephone Number 9023547170
 Source Address SCHOOL STREET
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 20/12/23
 Time Refrigerated 0800
 Chlorine Residual CL 0.8, PH 9.0'
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	21/12/23-1452	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 COPIES TO : FAX,902-354-5038 QUEENS MUNICI

Specimen: WT23:W0010268R Collected: 20/12/23-0600 Status: COMP Req#: 13977854
 Received: 20/12/23-0935

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 9023547170
 Source Address WATERPLANT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 20/12/23
 Time Refrigerated 0800
 Chlorine Residual CL 1.2, PH 8.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/12/23-1452	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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