

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001806/23
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, BOT 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: CASH WATER CLIENT
 COPIES TO : FAX, 902-354-5038 QUEENS MUNICI

Specimen: WT24:W0000219R Collected: 09/01/24-0745 Status: COMP Req#: 14019709
 Received: 09/01/24-1142

Source: MUNICIPAL
 Sp Desc:TREATED
 Ordered: WATER P/A
 Queries: Analysis Requested Both Total and E.coli
 Sample Information SAMPLE PORT
 Drinking Water Category? RESIDENTIAL
 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 09/01/24
 Time Refrigerated 0750
 Chlorine Residual CL 1.0, PH 8.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	10/01/24-1409	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 SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER , NS B4V 3S6	NAME: REGION, OF QUEENS MUNICIPALITY ACCT#:DK0001806/23 ADDRESS: PO BOX 1264 ADDRESS: LIVERPOOL,NS,BOT 1K0 PHONE#: (902)354-7170 LOCATION: SS.LABO SUBMITTING DR: CASH WATER CLIENT COPIES TO : FAX,902-354-5038 QUEENS MUNICI
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Specimen: WT24:W0000220R Collected: 09/01/24-0600 Status: COMP Req#: 14019719
 Received: 09/01/24-1146

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 09/01/24
 Time Refrigerated 0750
 Chlorine Residual CL 1.4, PH 7.6
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/01/24-1409	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: PO BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO : FAX, 902-354-5038 QUEENS MUNICI

Specimen: WT24:W0000221R Collected: 09/01/24-0645 Status: COMP Req#: 14019725
Received: 09/01/24-1148

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 09/01/24
Time Refrigerated 0750
Chlorine Residual CL 0.6, PH 8.0
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/01/24-1412	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO : FAX,902-354-5038 QUEENS MUNICI

Specimen: WT24:W0000224R Collected: 09/01/24-0730 Status: COMP Req#: 14019750
Received: 09/01/24-1153

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 OLD COBB
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 09/01/24
Time Refrigerated 0750
Chlorine Residual CL 1.1, PH 7.9
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	10/01/24-1409	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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