

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001826/23  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, B0T 1K0  
PHONE#: (902)354-7170EXT 2  
LOCATION: SS.LABO  
SUBMITTING DR: CASH WATER CLIENT  
COPIES TO :

Specimen: WT24:W0000347R      Collected: 16/01/24-0610      Status: COMP      Req#: 14037035  
Received: 16/01/24-0930

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli

Sample Information WATER PLANT

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 9023547171EXT2

Source Address PO BOX 1264 LIVERPOOL, NS

Postal Code B0T 1K0

Sample Collected By DD

Date Refrigerated 16/01/24

Time Refrigerated 0810

Chlorine Residual 1.9 MH/L PH 7.6

Mail Y

*Water Treat*

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	17/01/24-1402	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

Nova Scotia Health Authority  
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B4V 3S6

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ACCT#:DK0001826/23  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL,NS,BOT 1K0  
PHONE#: (902)354-7170EXT 2  
LOCATION: SS.LABO  
SUBMITTING DR: CASH WATER CLIENT  
COPIES TO :

Specimen: WT24:W0000343R      Collected: 16/01/24-0645      Status: COMP      Req#: 14036976  
Received: 16/01/24-0917

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli

Sample Information RR TAP

Drinking Water Category? GOVERNMENT

Contact/Mailing Address PO BOX 1264

Contact/Mailing City/Prov LIVERPOOL NOVA SCOTIA

Contact/Mailing Postal Code BOT1K0

Contact Telephone Number 9023547170 EXT

Source Address WORKS DEPT

Postal Code BOT 1K0

Sample Collected By DD

Date Refrigerated 16/01/24

Time Refrigerated 0810

Chlorine Residual 1.3 MG/L PH 7.6

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	17/01/24-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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YR - YARMOUTH REGIONAL HOSPITAL

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**PHONE#:** (902)354-7170EXT 2  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** CASH WATER CLIENT  
**COPIES TO :**

**Specimen:** WT24:W0000348R    **Collected:** 16/01/24-0710    **Status:** COMP    **Req#:** 14037046  
**Received:** 16/01/24-0932

**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 9023547170EXT2  
Source Address PO BOX 1264 LIVERPOOL, NS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 16/01/24  
Time Refrigerated 0810  
Chlorine Residual 1.4 MG/L PH 7.6  
Mail Y

Brooklyn

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	17/01/24-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**LOCATION:** SS.LABO  
**SUBMITTING DR:** CASH WATER CLIENT  
**COPIES TO :**

**Specimen:** WT24:W0000345R      **Collected:** 16/01/24-0730      **Status:** COMP      **Req#:** 14037005  
**Received:** 16/01/24-0923

**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 EXT2  
Source Address PO BOX 1264 LIVERPOOL NS  
Postal Code BOT 1K0  
Sample Collected By DD  
Date Refrigerated 16/01/24  
Time Refrigerated 0810  
Chlorine Residual 1.4 MG/L PH 7.5  
Mail Y

*Old Cobbs*

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	17/01/24-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**LOCATION:** SS.LABO  
**SUBMITTING DR:** CASH WATER CLIENT  
**COPIES TO :**

**Specimen:** WT24:W0000346R    **Collected:** 16/01/24-0745    **Status:** COMP    **Req#:** 14037019  
**Received:** 16/01/24-0927

**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 EXT2  
Source Address PO BOX 1264 LIVERPOOL, NS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 16/01/24  
Time Refrigerated 0810  
Chlorine Residual 1.0 MG/L PH 7.7  
Mail Y

*School St.*

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

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TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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