

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001879/23  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, B0T 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5030 QUEENS MUNINC

Specimen: WT24:W0000694R Collected: 30/01/24-0736 Status: COMP Req#: 14073824  
Received: 30/01/24-1134

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 30/01/24  
Time Refrigerated 0730  
Chlorine Residual CL 0.8, PH 7.7  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		01/02/24-0837	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: WT24:W0000695R Collected: 30/01/24-0600 Status: COMP Req#: 14073836  
 Received: 30/01/24-1137

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 30/01/24  
 Time Refrigerated 0730  
 Chlorine Residual CL 1.4, PH 7.8  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final	01/02/24-0837	YR
	TOTAL COLIFORM	ABSENT/100ML	
	E.coli	ABSENT/100ML	

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Specimen: WT24:W0000699R Collected: 30/01/24-0700 Status: COMP Req#: 14073869  
Received: 30/01/24-1144

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 30/01/24  
Time Refrigerated 0730  
Chlorine Residual CL 1.0, PH 7.5  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

>	<b>WATER PRESENT/ABSENCE</b>	Final	01/02/24-0837	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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