

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001903/23
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, BOT 1K0
 PHONE#: (902)354-7170 X2
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT24:W0000852R Collected: 06/02/24-0705 Status: COMP Req#: 14091688
 Received: 06/02/24-1112

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 Telephone Number 9023547170X2
 Source Address OLD COBB
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 06/02/24
 Time Refrigerated 0730
 Chlorine Residual 1.4
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	07/02/24-1437	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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NAME: REGION, OF QUEEN'S MUNICIPALITY
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 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, B0T 1K0
 PHONE#: (902)354-7170 X2
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT24:W0000853R Collected: 06/02/24-0645 Status: COMP Req#: 14091697
 Received: 06/02/24-1116

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 Telephone Number 9023547170X2
 Source Address BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 06/02/24
 Time Refrigerated 0730
 Chlorine Residual 1.4
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		07/02/24-1437	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 X2
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT24:W0000854R Collected: 06/02/24-0625 Status: COMP Req#: 14091710
 Received: 06/02/24-1118

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 Telephone Number 9023547170X2
 Source Address WORKS DEPT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 06/02/24
 Time Refrigerated 0730
 Chlorine Residual 1.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		07/02/24-1437	YR
TOTAL COLIFORM	ABSENT/100ML			
E.coli	ABSENT/100ML			

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 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL,NS,B0T 1K0
 PHONE#: (902)354-7170 X2
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038,RQM

Specimen: WT24:W0000856R Collected: 06/02/24-0730 Status: COMP Req#: 14091718
 Received: 06/02/24-1120

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 Telephone Number 9023547170X2
 Source Address SCHOOL ST
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 06/02/24
 Time Refrigerated 0730
 Chlorine Residual 1.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	07/02/24-1437	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 PHONE#: (902)354-7170 X2
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038,RQM

Specimen: WT24:W0000860R Collected: 06/02/24-0555 Status: COMP Req#: 14091746
 Received: 06/02/24-1125

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 Telephone Number 9023547170X2
 Source Address WATERPLANT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 06/02/24
 Time Refrigerated 0730
 Chlorine Residual 1.3
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	07/02/24-1437	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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