

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001964/23
 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,902-354-5038 QUEENS MUNICI

Specimen: WT24:W0001129R Collected: 20/02/24-0700 Status: COMP Req#: 14125110
 Received: 20/02/24-1057

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 20/02/24
 Time Refrigerated 0745
 Chlorine Residual CL 0.99, PH 6.8
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	21/02/24-1415	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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 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
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Specimen: WT24:W0001130R Collected: 20/02/24-0605 Status: COMP Req#: 14125126
 Received: 20/02/24-1100

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 20/02/24
 Time Refrigerated 0745
 Chlorine Residual CL 1.32, PH 7.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		21/02/24-1415	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 QUEENS MUNICI

Specimen: WT24:W0001132R Collected: 20/02/24-0635 Status: COMP Req#: 14125139
Received: 20/02/24-1102

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 BOT 1K0
Contact Telephone Number 9023547170
Source Address WORKS DEPT
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 20/02/24
Time Refrigerated 0745
Chlorine Residual CL 0.97, PH 6.8
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	21/02/24-1415	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038 QUEENS MUNICI

Specimen: WT24:W0001133R Collected: 20/02/24-0715 Status: COMP Reg#: 14125154
 Received: 20/02/24-1103

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 20/02/24
 Time Refrigerated 0745
 Chlorine Residual CL 1.06, PH 6.8
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	21/02/24-1415	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT24:W0001135R Collected: 20/02/24-0730 Status: COMP Req#: 14125183
 Received: 20/02/24-1108

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 SCHOOL STREET
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 20/02/24
 Time Refrigerated 0745
 Chlorine Residual CL 0.85, PH 7.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	21/02/24-1415	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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