

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0002015/23
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:W0001342R Collected: 27/02/24-0550 Status: COMP Req#: 14144683
Received: 27/02/24-1146

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 Telephone Number 9023547170X2
Source Address WATERPLANT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 27/02/24
Time Refrigerated 0730
Chlorine Residual 1.42
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	28/02/24-1434	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
COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT24:W0001345R Collected: 27/02/24-0705 Status: COMP Req#: 14144711
Received: 27/02/24-1152

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 902-354-7170X2
Source Address OLD COBB
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 27/02/24
Time Refrigerated 0730
Chlorine Residual 1.04
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	28/02/24-1434	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ACCT#:DK0002015/23
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:W0001347R Collected: 27/02/24-0625 Status: COMP Req#: 14144716
Received: 27/02/24-1154

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT(RR)
Drinking Water Category? GOVERNMENT
Contact Telephone Number 902-354-7170X2
Source Address WORKS DEPT
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 27/02/24
Time Refrigerated 0730
Chlorine Residual 0.96
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	28/02/24-1434	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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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:W0001348R Collected: 27/02/24-0730 Status: COMP Req#: 14144724
 Received: 27/02/24-1156

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 902-354-7170X2
 Source Address SCHOOL ST
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 27/02/24
 Time Refrigerated 0730
 Chlorine Residual 0.77
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	28/02/24-1434	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 COPIES TO : FAX, 902-354-5038, RQM

Specimen: WT24:W0001349R Collected: 27/02/24-0650 Status: COMP Reg#: 14144739
 Received: 27/02/24-1158

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 902-354-7170X2
 Source Address BROOKLYN
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 27/02/24
 Time Refrigerated 0730
 Chlorine Residual 0.91
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	28/02/24-1434	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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