

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0002055/23  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, BOT 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5038 QUEENS MUNICP

Specimen: WT24:W0001518R Collected: 05/03/24-0630 Status: COMP Req#: 14163072  
Received: 05/03/24-1144

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/Mailing Address PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL, NS  
Contact/Mailing Postal Code BOT 1K0  
Contact Telephone Number 902-354-7170  
Source Address WORKS DEPT  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 05/03/24  
Time Refrigerated 0730  
Chlorine Residual CL 1.07, PH 6.8  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	06/03/24-1356	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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 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
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Specimen: WT24:W0001520R Collected: 05/03/24-0550 Status: COMP Req#: 14163085  
 Received: 05/03/24-1149

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 05/03/24  
 Time Refrigerated 0730  
 Chlorine Residual CL 1.45, PH 6.8  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	06/03/24-1356	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT24:W0001522R Collected: 05/03/24-0715 Status: COMP Req#: 14163091  
 Received: 05/03/24-1151

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 05/03/24  
 Time Refrigerated 0730  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	06/03/24-1356	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT24:W0001523R Collected: 05/03/24-0730 Status: COMP Req#: 14163104  
 Received: 05/03/24-1153

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
 Sample Information SAMPLE PORTT  
 Drinking Water Category? GOVERNMENT  
 Registration Number{If applicable} '  
 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 05/03/24  
 Time Refrigerated 0730  
 Chlorine Residual CL 1.12, PH 6.8  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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E.coli	ABSENT/100ML		

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Specimen: WT24:W0001524R Collected: 05/03/24-0655 Status: COMP Req#: 14163113  
 Received: 05/03/24-1155

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
 Sample Information SAMPLEE 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 05/03/24  
 Time Refrigerated 0730  
 Chlorine Residual CL 1.10, PH 6.8  
 Delivery By Fax Y

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MICROBIOLOGY

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

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