

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

**NAME:** REGION, OF QUEEN'S MUNICIPALITY  
**ACCT#:** DK0002121/23  
**ADDRESS:** REGION OF QUEEN'S MUNICIPALITY  
**ADDRESS:** LIVERPOOL, NS, B0T 1K0  
**PHONE#:** (902) 354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** REGION OF QUEEN'S MUNICIPALITY  
**COPIES TO :**

**Specimen:** WT24:W0001870R    **Collected:** 19/03/24-0600    **Status:** COMP    **Req#:** 14199932  
**Received:** 19/03/24-1105

**Source:** MUNICIPAL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
Sample Information LAB  
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 19/03/24  
Time Refrigerated 0730  
Chlorine Residual CH 1.55 MG/L 7.0  
Mail Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	20/03/24-1521	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  
COPIES TO :

Specimen: WT24:W0001872R Collected: 19/03/24-0715 Status: COMP Req#: 14199957  
Received: 19/03/24-1108

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 1624  
Contact/Mailing City/Prov LIVERPOOL, NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 9023547170  
Source Address OLD COBB  
Postal Code B0T 1K0  
Sample Collected By DH  
Date Refrigerated 19/03/24  
Time Refrigerated 0730  
Chlorine Residual CH 1.16 MG/L 7.0  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	20/03/24-1521	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**PHONE#:** (902) 354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** REGION OF QUEEN'S MUNICIPALITY  
**COPIES TO :**

**Specimen:** WT24:W0001877R    **Collected:** 19/03/24-0700    **Status:** COMP    **Req#:** 14199993  
**Received:** 19/03/24-1112

**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/Mailing Address PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL, NS  
Contact/Mailing Postal Code BOT 1K0  
Contact Telephone Number 9023547170  
Source Address BROOKLYN  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 19/03/24  
Time Refrigerated 0730  
Chlorine Residual CH 1.10 MG/L 6.7  
Mail Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	WATER PRESENT/ABSENCE	Final		20/03/24-1521	YR
	TOTAL COLIFORM		ABSENT/100ML		
	E.coli		ABSENT/100ML		

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

Specimen: WT24:W0001879R      Collected: 19/03/24-0630      Status: COMP      Req#: 14200010  
Received: 19/03/24-1115

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 WORKS DEPT  
Postal Code B0T 1K0  
Sample Collected By DH  
Date Refrigerated 19/03/24  
Time Refrigerated 0730  
Chlorine Residual CH 1.15 MG/L 7.0  
Mail Y

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MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	20/03/24-1521	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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