

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
 ACCT#:DK0002162/23  
 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 MUNICI

Specimen: WT24:W0002070R Collected: 26/03/24-0730 Status: COMP Req#: 14219288  
 Received: 26/03/24-1113

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 26/03/24  
 Time Refrigerated 0730  
 Chlorine Residual CL 1.25, PH 6.7  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		28/03/24-1027	YR
TOTAL COLIFORM		ABSENT /100ML		
E.coli		ABSENT /100ML		
METHOD		Colilert		
RESULTS RELATE TO WATER		These results relate only to the water sample submitted.		
WATER AUTHORIZATION FOR INTERPRETATION		Report authorization is available on request. Contact Nova Scotia Environment @ 1-877-936-8476 or visit <a href="http://www.gov.ns.ca/nse/water/thedroponwater.asp">www.gov.ns.ca/nse/water/thedroponwater.asp</a>		

YR - YARMOUTH REGIONAL HOSPITAL

\*\*\*\*\* Test Performed at Yarmouth Regional Hospital LAB \*\*\*\*\*  
 Lab Fax (902)749-1576

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

**NAME:** REGION, OF QUEEN'S MUNICIPALITY  
**ACCT#:** DK0002162/23  
**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 MUNICI

**Specimen:** WT24:W0002069R **Collected:** 26/03/24-0625 **Status:** COMP **Req#:** 14219275  
**Received:** 26/03/24-1107

**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 9023547170  
Source Address WORKS DEPT  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 26/03/24  
Time Refrigerated 0745  
Chlorine Residual CL 1.08, PH 7.0  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> <b>WATER PRESENT/ABSENCE</b> Final	27/03/24-1434	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](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

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

**NAME:** REGION, OF QUEEN'S MUNICIPALITY  
**ACCT#:** DK0002162/23  
**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:W0002071R **Collected:** 26/03/24-0710 **Status:** COMP **Req#:** 14219305  
**Received:** 26/03/24-1115

**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 OLD COBB  
Postal Code B0T 1K0  
Sample Collected By DH  
Date Refrigerated 26/03/24  
Time Refrigerated 0730  
Chlorine Residual CL 1.29, PH 7.0  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<u>WATER PRESENT/ABSENCE</u>	Final	27/03/24-1434	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](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

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

**NAME:** REGION, OF QUEEN'S MUNICIPALITY  
**ACCT#:** DK0002162/23  
**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:W0002074R    **Collected:** 26/03/24-0555    **Status:** COMP    **Req#:** 14219337  
**Received:** 26/03/24-1121

**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 26/03/24  
 Time Refrigerated 0745  
 Chlorine Residual CL 1.63, PH 7.3  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<b>WATER PRESENT/ABSENCE</b>	Final	27/03/24-1434	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](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

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

**NAME:** REGION, OF QUEEN'S MUNICIPALITY  
**ACCT#:** DK0002162/23  
**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 MUNICI

**Specimen:** WT24:W0002076R    **Collected:** 26/03/24-0655    **Status:** COMP    **Req#:** 14219352  
**Received:** 26/03/24-1124

**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 26/03/24  
 Time Refrigerated 0745  
 Chlorine Residual CL 0.95, PH 7.0  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<b>WATER PRESENT/ABSENCE</b> Final		27/03/24-1434	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](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