

Nova Scotia Health Authority SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER, NS B4V 3B6		NAME: REGION, OF QUEEN'S MUNICIPALITY ACCT#:DK0000044/24 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:W0002414R		Collected: 09/04/24-0645	Status: COMP
Source: MUNICIPAL		Received: 09/04/24-1134	Req#: 14252526
Sp Desc:TREATED			
Ordered: WATER P/A			
Queries: Analysis Requested Both Total and E.coli			
Sample Information SAMPLE PORT-BROOKLYN			
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 09/04/24			
Time Refrigerated 0730			
Chlorine Residual CL 0.98, PH 7.0			
Delivery By Fax Y			
PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL			
MICROBIOLOGY			
> WATER PRESENT/ABSENCE		Final	10/04/24-1451 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 <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#: DK000044/24 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:W0002421R 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 09/04/24 Time Refrigerated 0730 Chlorine Residual CL 1.43, PH 7.3 Delivery By Fax Y PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL	Collected: 09/04/24-0550 Status: COMP Received: 09/04/24-1140 Req#: 14252562
MICROBIOLOGY	
> <u>WATER PRESENT/ABSENCE</u> Final 10/04/24-1451 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 <a href="http://www.gov.ns.ca/nse/water/thedroponwater.asp">www.gov.ns.ca/nse/water/thedroponwater.asp</a> .	

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Specimen: WT24:W0002425R Source: MUNICIPAL Sp Desc: TREATED Ordered: WATER P/A Queries: Analysis Requested Both Total and E.coli Sample Information SMAPLE PORT-OLD COBB 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 09/04/24 Time Refrigerated 0730 Chlorine Residual CL 0.94, PH 7.0 Delivery By Fax Y PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL	Collected: 09/04/24-0710 Status: COMP Received: 09/04/24-1141 Req#: 14252571
MICROBIOLOGY	
> [WATER PRESENT/ABSENCE] Final TOTAL COLIFORM ABSENT/100ML E.coli ABSENT/100ML	10/04/24-1451 YR
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Specimen: WT24:W0002428R Source: MUNICIPAL Sp Desc: TREATED Ordered: WATER P/A Queries: Analysis Requested Both Total and E.coli Sample Information SAMPLE PORT-WORKS DEPT 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 09/04/24 Time Refrigerated 0730 Chlorine Residual CL 0.97, PH 7.0 Delivery By Fax Y	Collected: 09/04/24-0630 Status: COMP Received: 09/04/24-1143 Req#: 14252582
PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL	
MICROBIOLOGY	
> WATER PRESENT/ABSENCE: Final TOTAL COLIFORM E.coli	ABSENT/100ML ABSENT/100ML
10/04/24-1451 YR	
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Specimen: WT24:W0002429R Source: MUNICIPAL Sp Desc: TREATED Ordered: WATER P/A Queries: Analysis Requested Both Total and E.coli Sample Information SAMPLE PORT-SCHOOL STREET 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 SCHOOL STREET Postal Code B0T 1K0 Sample Collected By DH Date Refrigerated 09/04/24 Time Refrigerated 0730 Chlorine Residual CL 0.88, PH 7.0 Delivery By Fax Y		Collected: 09/04/24-0730 Status: COMP Received: 09/04/24-1145 Req#: 14252584	
MICROBIOLOGY			
> WATER PRESENT/ABSENCE Final TOTAL COLIFORM ABSENT/100ML E.coli ABSENT/100ML		10/04/24-1451 YR	
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\*\* END OF REPORT \*\*

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