

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0000005/24
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 :

Specimen: WT24:W0002182R Collected: 02/04/24-0630 Status: COMP Req#: 14233297
Received: 02/04/24-0936

Source: MUNICIPAL
Sp Desc: TREATED
Ordered: WATER P/A
Comments: WORKS DEPT
Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT (RR)
Drinking Water Category? GOVERNMENT
Contact Telephone Number 902-354-7170 X2
Source Address WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 02/04/24
Time Refrigerated 0751
Chlorine Residual 1.21 PH 6.7
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		03/04/24-1500	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

Nova Scotia Health Authority
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BRIDGEWATER , NS
B4V 3S6

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0000005/24
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 :

Specimen: WT24:W0002181R Collected: 02/04/24-0650 Status: COMP Req#: 14233286
Received: 02/04/24-0934

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+354-7170 X2
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 02/04/24
Time Refrigerated 0751
Chlorine Residual 1.05 PH 6.7
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		03/04/24-1500	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

These results relate only to the water sample submitted for testing.

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NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0000005/24
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 :

Specimen: WT24:W0002180R Collected: 02/04/24-0715 Status: COMP Req#: 14233259
Received: 02/04/24-0928

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Comments: OLD COBB

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
Contact Telephone Number 902-354-7170 X2
Source Address OLD COBB
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 02/04/24
Time Refrigerated 0751
Chlorine Residual 1.02 PH 6.7
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		03/04/24-1500	YR
TOTAL COLIFORM	ABSENT/100ML			
E.coli	ABSENT/100ML			

These results relate only to the water sample submitted for testing.

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For interpretation contact Nova Scotia Environment
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NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0000005/24
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 :

Specimen: WT24:W0002179R Collected: 02/04/24-0735 Status: COMP Req#: 14233235
Received: 02/04/24-0925

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Comments: SCHOOL STREET

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
Contact Telephone Number 902-354-7170 X2
Source Address SCHOOL STREET
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 02/04/24
Time Refrigerated 0751
Chlorine Residual 1.10 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		03/04/24-1500	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

These results relate only to the water sample submitted for testing.

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at 1-877-936-8476 or visit
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NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0000005/24
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 :

Specimen: WT24:W0002178R Collected: 02/04/24-0600 Status: COMP Req#: 14233213
Received: 02/04/24-0920

Source: MUNICIPAL
Sp Desc:TREATED

Ordered: WATER P/A
Comments: WATERPLANT

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 902-354-7170 X2
Source Address WATERPLANT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 02/04/24
Time Refrigerated 0751
Chlorine Residual 1.61 PH 7.0
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/04/24-1500	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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