

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
ACCT#:DK0000131/24  
ADDRESS: REGION OF QUEEN'S MUNICIPALITY  
ADDRESS: LIVERPOOL, NS, BOT 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO :

Specimen: WT24:W0002806R      Collected: 23/04/24-0720      Status: COMP      Req#: 14290001  
Received: 23/04/24-1051

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 COBBS  
Postal Code BOT 1K0  
Sample Collected By BP  
Date Refrigerated 23/04/24  
Time Refrigerated 0752  
Chlorine Residual CH 1.0 MG/L 6.8  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/04/24-1437	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#:DK0000131/24  
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:W0002810R      Collected: 23/04/24-0645      Status: COMP      Req#: 14290037  
Received: 23/04/24-1056

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 DD

Date Refrigerated 23/04/24

Time Refrigerated 0752

Chlorine Residual CH 0.6 MG/L 6.8

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/04/24-1437	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#:DK0000131/24  
ADDRESS: REGION OF QUEEN'S MUNICIPALITY  
ADDRESS: LIVERPOOL,NS,BOT 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO :

Specimen: WT24:W0002811R      Collected: 23/04/24-0740      Status: COMP      Req#: 14290050  
Received: 23/04/24-1057

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 SCHOOL STREET  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 23/04/24  
Time Refrigerated 0752  
Chlorine Residual CH 0.9 MG/L 6.8  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final      24/04/24-1437      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#:DK0000131/24  
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:W0002812R      Collected: 23/04/24-0700      Status: COMP      Req#: 14290061  
Received: 23/04/24-1059

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 BROOKLYN  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 23/04/24  
Time Refrigerated 0752  
Chlorine Residual CH 1.1 MG/L 6.9  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/04/24-1437	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