

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000197/24
ADDRESS:
ADDRESS: , ,
PHONE#:
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0003183R Collected: 07/05/24-0555 Status: COMP Req#: 14328491
Received: 07/05/24-0937

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 Telephone Number 902-354-7170

Source Address PO BOX 1264 WATER PLANT

Postal Code B0T1K0

Sample Collected By DH

Date Refrigerated 07/05/24

Time Refrigerated 0730

Chlorine Residual 1.39 PH 7.3

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/05/24-1405	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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ADDRESS: , ,
PHONE#:
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0003185R Collected: 07/05/24-0730 Status: COMP Req#: 14328510
Received: 07/05/24-0945

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

Source Address PO BOX 1264 LIVERPOOL, NS SCHOOL

Postal Code B0T1K0

Sample Collected By DH

Date Refrigerated 07/05/24

Time Refrigerated 0730

Chlorine Residual 0.85 PH 7.0

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/05/24-1405	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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B4V 3S6

NAME: REGION, OF QUEENS MUNICIPALITY
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ADDRESS:
ADDRESS: ,,
PHONE#:
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0003186R Collected: 07/05/24-0630 Status: COMP Req#: 14328533
Received: 07/05/24-0949

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

Source Address PO BOX 1264 LIVERPOOL, NS WORKS DEPT.

Postal Code B011K0

Sample Collected By DH

Date Refrigerated 07/05/24

Time Refrigerated 0730

Chlorine Residual 0.56 PH 7.0

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/05/24-1405	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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BRIDGEWATER , NS
B4V 3S6

NAME: REGION, OF QUEENS MUNICIPALITY
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PHONE#:
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0003188R Collected: 07/05/24-0655 Status: COMP Req#: 14328571
Received: 07/05/24-0954

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

Source Address PO BOX 1264 LIVERPOOL, NS BROOKLYN

Postal Code B0T1K0

Sample Collected By DH

Date Refrigerated 07/05/24

Time Refrigerated 0730

Chlorine Residual 0.86 PH 7.0

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/05/24-1405	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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PHONE#:
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0003189R Collected: 07/05/24-0700 Status: COMP Req#: 14328581
Received: 07/05/24-0957

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

Source Address PO BOX 1264 LIVERPOOL, NS OLD COBBS.

Postal Code B0T1K0

Sample Collected By DH

Date Refrigerated 07/05/24

Time Refrigerated 0730

Chlorine Residual 0.97 PH 7.0

Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/05/24-1405	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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