

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0000248/24
 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 : FAX,902-354-5038,RQM

Specimen: WT24:W0003510R Collected: 15/05/24-0645 Status: COMP Req#: 14351284
 Received: 15/05/24-1053

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 9023547170X2
 Source Address BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 15/05/24
 Time Refrigerated 0750
 Chlorine Residual 1.01
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | | |
|---|------------------------------|--------------|---------------|----|
| > | <u>WATER PRESENT/ABSENCE</u> | Final | 16/05/24-1351 | 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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 ACCT#:DK0000248/24
 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:W0003511R Collected: 15/05/24-0550 Status: COMP Req#: 14351297
 Received: 15/05/24-1057

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 9023547170X2
 Source Address WATERPLANT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 15/05/24
 Time Refrigerated 0750
 Chlorine Residual 1.57
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 16/05/24-1351 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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 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:W0003512R Collected: 15/05/24-0705 Status: COMP Req#: 14351311
 Received: 15/05/24-1059

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 Telephone Number 9023547170X2
 Source Address OLD COBB
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 15/05/24
 Time Refrigerated 0750
 Chlorine Residual 1.01
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 16/05/24-1351 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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 ADDRESS: LIVERPOOL, NS, B0T 1K0
 PHONE#: (902)354-7170 X2
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO :

Specimen: WT24:W0003514R Collected: 15/05/24-0620 Status: COMP Req#: 14351338
 Received: 15/05/24-1103

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 9023547170X2
 Source Address WORKS DEPT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 15/05/24
 Time Refrigerated 0750
 Chlorine Residual 0.55
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 16/05/24-1351 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170 X2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT24:W0003515R Collected: 15/05/24-0730 Status: COMP Req#: 14351353
Received: 15/05/24-1105

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 9023547170X2
Source Address SCHOOL STREET
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 15/05/24
Time Refrigerated 0750
Chlorine Residual 0.84
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
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| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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