

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0000344/24
 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:W0003889R Collected: 28/05/24-0700 Status: COMP Req#: 14383556
 Received: 28/05/24-1051

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 Telephone Number 9023547170X2
 Source Address OLD COBBS
 Postal Code B0T 1K0
 Sample Collected By DD
 Date Refrigerated 28/05/24
 Time Refrigerated 0730
 Chlorine Residual 1.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		29/05/24-1404	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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90 GLEN ALLAN DRIVE
BRIDGEWATER, NS
B4V 3S6

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#: DK0000344/24
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170 X2
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT24:W0003890R Collected: 28/05/24-0720 Status: COMP Req#: 14383577
Received: 28/05/24-1056

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 Telephone Number 9023547170X2
Source Address SCHOOL ST
Postal Code BOT 1K0
Sample Collected By DD
Date Refrigerated 28/05/24
Time Refrigerated 0730
Chlorine Residual 1.0
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/05/24-1404	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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 ACCT#:DK0000344/24
 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:W0003891R Collected: 28/05/24-0645 Status: COMP Req#: 14383589
 Received: 28/05/24-1058

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 BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By DD
 Date Refrigerated 28/05/24
 Time Refrigerated 0730
 Chlorine Residual 1.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/05/24-1404	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#: DK0000344/24
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:W0003892R Collected: 28/05/24-0620 Status: COMP Req#: 14383602
Received: 28/05/24-1100

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 DD
Date Refrigerated 28/05/24
Time Refrigerated 0730
Chlorine Residual 0.6
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	29/05/24-1404	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:W0003894R Collected: 28/05/24-0550 Status: COMP Req#: 14383632
 Received: 28/05/24-1104

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information LABORATORY
 Drinking Water Category? GOVERNMENT
 Contact Telephone Number 9023547170X2
 Source Address WATER PLANT
 Postal Code B0T 1K0
 Sample Collected By DD
 Date Refrigerated 28/05/24
 Time Refrigerated 0730
 Chlorine Residual 1.3
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/05/24-1404	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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