

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0000433/24
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:W0004387R **Collected:** 11/06/24-0630 **Status:** COMP **Req#:** 14419802
Received: 11/06/24-1105

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 WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 11/06/24
Time Refrigerated 0730
Chlorine Residual 0.64
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final		12/06/24-1455	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

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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 : FAX,902-354-5038,RQM

Specimen: WT24:W0004388R Collected: 11/06/24-0700 Status: COMP Req#: 14419830
Received: 11/06/24-1110

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 DH
Date Refrigerated 11/06/24
Time Refrigerated 0730
Chlorine Residual 0.88
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/06/24-1455	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ACCT#:DK0000433/24
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:W0004389R Collected: 11/06/24-0545 Status: COMP Req#: 14419853
Received: 11/06/24-1113

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 11/06/24
Time Refrigerated 0730
Chlorine Residual 1.33
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/06/24-1455	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:W0004391R Collected: 11/06/24-0730 Status: COMP Req#: 14419892
Received: 11/06/24-1116

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 B0T 1K0

Sample Collected By DH

Date Refrigerated 11/06/24

Time Refrigerated 0730

Chlorine Residual 0.77

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	12/06/24-1455	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:W0004392R Collected: 11/06/24-0715 Status: COMP Req#: 14419897
Received: 11/06/24-1121

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 11/06/24
Time Refrigerated 0730
Chlorine Residual 0.99
Delivery By Fax Y

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MICROBIOLOGY

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E.coli	ABSENT/100ML		

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