

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

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0000472/24  
**ADDRESS:** PO BOX 1264  
**ADDRESS:** LIVERPOOL, NS, B0T 1K0  
**PHONE#:** (902)354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** REGION OF QUEEN'S MUNICIPALITY  
**COPIES TO :**

**Specimen:** WT24:W0004652R    **Collected:** 18/06/24-0630    **Status:** COMP    **Req#:** 14438631  
**Received:** 18/06/24-1152

**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 DT  
Date Refrigerated 18/06/24  
Time Refrigerated 0730  
Chlorine Residual 0.43 PH 7.3  
Mail Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<b>WATER PRESENT/ABSENCE</b>	Final	19/06/24-1356	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  
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BRIDGEWATER , NS  
B4V 3S6

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0000472/24  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, B0T 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO :

Specimen: WT24:W0004658R      Collected: 18/06/24-0550      Status: COMP      Req#: 14438659  
Received: 18/06/24-1200

Source: MUNICIPAL  
Sp Desc:TREATED  
Ordered: WATER P/A  
Queries: Analysis Requested Both Total and E.coli  
Sample Information WATERPORT  
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 PO BOX 1264  
Postal Code B0T 1K0  
Sample Collected By DT  
Date Refrigerated 18/06/24  
Time Refrigerated 0730  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/06/24-1356	.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#:DK0000472/24  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL,NS,B0T 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO :

Specimen: WT24:W0004659R      Collected: 18/06/24-0650      Status: COMP      Req#: 14438672  
Received: 18/06/24-1203

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 BROOKLYN  
Postal Code BOT 1K0  
Sample Collected By DT  
Date Refrigerated 18/06/24  
Time Refrigerated 0730  
Chlorine Residual 0.83 PH 7.6  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/06/24-1356	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0000472/24  
ADDRESS: PO BOX 1264  
ADDRESS: LIVERPOOL, NS, B0T 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO :

Specimen: WT24:W0004661R Collected: 18/06/24-0710 Status: COMP Req#: 14438677  
Received: 18/06/24-1205

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 OLD CABB  
Postal Code B0T 1K0  
Sample Collected By DT  
Date Refrigerated 18/06/24  
Time Refrigerated 0730  
Chlorine Residual 0.90 PH 7.4  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/06/24-1356	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 QUEEN'S MUNICIPALITY  
ACCT#:DK0000487/24  
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:W0004764R      Collected: 20/06/24-0830      Status: COMP      Req#: 14444094  
Received: 20/06/24-1033

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 SCHOOL STREET  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 20/06/24  
Time Refrigerated 0837  
Chlorine Residual CH 0.75 MG/L 7.9  
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/06/24-1409	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.

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at 1-877-936-8476 or visit  
[www.gov.ns.ca/nse/water/thedroponwater.asp](http://www.gov.ns.ca/nse/water/thedroponwater.asp).

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