

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

NAME: REGION, OF QUEEN MUNICIPALITY
ACCT#:DK0000529/24
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0004911R Collected: 25/06/24-0710 Status: COMP Req#: 14456361
Received: 25/06/24-1038

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 9023547170
Source Address PO BOX 1264
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 25/06/24
Time Refrigerated 0730
Chlorine Residual 0.81 MG/L 7.2 PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		26/06/24-1415	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
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0004912R Collected: 25/06/24-0545 Status: COMP Req#: 14456388
Received: 25/06/24-1045

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 9023547170 X 2
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 25/06/24
Time Refrigerated 0730
Chlorine Residual 1.36 MG/L 7.2 PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	26/06/24-1415		YR
E.coli	ABSENT/100ML			

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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0004913R Collected: 25/06/24-0725 Status: COMP Req#: 14456406
Received: 25/06/24-1047

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 9023547170 X 2
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 25/06/24
Time Refrigerated 0730
Chlorine Residual 0.59 MG/L 7.3 PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		26/06/24-1415	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
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0004916R Collected: 25/06/24-0645 Status: COMP Req#: 14456463
Received: 25/06/24-1053

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 Telephone Number 9023547170 X 2
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 25/06/24
Time Refrigerated 0750
Chlorine Residual 0.76 MG/L 7.1 PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		26/06/24-1415	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: CASH WATER CLIENT
COPIES TO :

Specimen: WT24:W0004918R Collected: 25/06/24-0615 Status: COMP Req#: 14456488
Received: 25/06/24-1056

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 9023547171 X 2
Postal Code BOT 1K0
Sample Collected By DH
Date Refrigerated 25/06/24
Time Refrigerated 0730
Chlorine Residual 0.96 MG/L 7.3 PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		26/06/24-1415	YR
TOTAL COLIFORM	ABSENT/100ML			
E.coli	ABSENT/100ML			

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