

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000565/24
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT24:W0005085R Collected: 02/07/24-0600 Status: COMP Req#: 14473348
Received: 02/07/24-1043

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/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B01 1K0
Contact Telephone Number 9023547170
Source Address WATERPLANT
Postal Code BOT 1K0
Sample Collected By DD
Date Refrigerated 02/07/24
Time Refrigerated 0730
Chlorine Residual 1.4 PH 7.3
Mail y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final		
TOTAL COLIFORM	ABSENT/100ML	03/07/24-1446	YR
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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ACCT#:DK0000565/24
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:W0005087R Collected: 02/07/24-0730 Status: COMP Req#: 14473370
Received: 02/07/24-1047

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/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address SCHOOL A
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 02/07/24
Time Refrigerated 0730
Chlorine Residual 0.7 PH 7.6
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		
TOTAL COLIFORM	ABSENT/100ML	03/07/24-1446	YR
E.coli	ABSENT/100ML		

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

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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:W0005090R Collected: 02/07/24-0630 Status: COMP Req#: 14473408
Received: 02/07/24-1053

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 9023547170
Source Address WORKS' DEPT
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 02/07/24
Time Refrigerated 0730
Chlorine Residual 0.3 PH 7.5
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	03/07/24-1446	YR	
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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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:W0005093R Collected: 02/07/24-0700 Status: COMP Req#: 14473454
Received: 02/07/24-1058

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/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By D
Date Refrigerated 02/07/24
Time Refrigerated 0730
Chlorine Residual 0.8 PH 7.4
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		03/07/24-1446	YR
TOTAL COLIFORM	ABSENT/100ML			
E.coli	ABSENT/100ML			

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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT24:W0005096R Collected: 02/07/24-0715 Status: COMP Req#: 14473498
Received: 02/07/24-1104

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 COBBS
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 02/07/24
Time Refrigerated 0730
Chlorine Residual 0.9 PH 7.5
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final			
TOTAL COLIFORM	ABSENT/100ML	03/07/24-1446		YR
E.coli	ABSENT/100ML			

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