

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000786/24
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:W0006126R Collected: 30/07/24-0620 Status: COMP Req#: 14546722
Received: 30/07/24-1050

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? NOT INDICATED
Contact Telephone Number 9023547171
Source Address WORKS
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 30/07/24
Time Refrigerated 0800
Chlorine Residual 0.57MG/ML 7.4PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	31/07/24-1410	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 QUEENS MUNICIPALITY
ACCT#:DK0000786/24
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:W0006128R Collected: 30/07/24-0545 Status: COMP Req#: 14546741
Received: 30/07/24-1055

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 EXT2
Source Address WATERPLANT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 30/07/24
Time Refrigerated 0800
Chlorine Residual 1.43 MG/L 7.6PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	31/07/24-1410	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000786/24
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:W0006130R Collected: 30/07/24-0650 Status: COMP Req#: 14546760
Received: 30/07/24-1058

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 Telephone Number 9023547170
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 30/07/24
Time Refrigerated 0800
Chlorine Residual 0.72 MG/L 7.4PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	31/07/24-1410	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ACCT#:DK0000786/24
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:W0006132R Collected: 30/07/24-0730 Status: COMP Req#: 14546772
Received: 30/07/24-1100

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 9023547170
Source Address SCHOOL STREET
Postal Code B0T1K0
Sample Collected By DH
Date Refrigerated 30/07/24
Time Refrigerated 0800
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		31/07/24-1410	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:W0006136R Collected: 30/07/24-0710 Status: COMP Req#: 14546808
Received: 30/07/24-1105

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 9023547170
Source Address OLD COBB
Postal Code B0T1K0
Sample Collected By DH
Date Refrigerated 30/07/24
Time Refrigerated 0800
Chlorine Residual 0.77MG/L 7.5PH
Mail Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	31/07/24-1410	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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