

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001126/24
 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 : FAX,902-354-5038 REG OF QUEENS

Specimen: WT24:W0007935R Collected: 24/09/24-0550 Status: COMP Req#: 14689665
 Received: 24/09/24-1142

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/Mailing Address PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code BOT 1K0
 Contact Telephone Number 9023547170
 Source Address WATERPLANT
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 24/09/24
 Time Refrigerated 0730
 Chlorine Residual 1.56 PH 7.9
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/09/24-1352	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 SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER , NS B4V 3S6	NAME: REGION, OF QUEEN'S MUNICIPALITY ACCT#: DK0001126/24 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 : FAX, 902-354-5038 REG OF QUEENS
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Specimen: WT24:W0007937R **Collected:** 24/09/24-0650 **Status:** COMP **Req#:** 14689696
Received: 24/09/24-1150

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 DH
 Date Refrigerated 24/09/24
 Time Refrigerated 0730
 Chlorine Residual 0.90 PH 7.6
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	25/09/24-1352	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT24:W0007938R **Collected:** 24/09/24-0715 **Status:** COMP **Req#:** 14689709
Received: 24/09/24-1153

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 COBB
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 24/09/24
 Time Refrigerated 0730
 Chlorine Residual 1.18 PH 7.6
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	25/09/24-1352	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 : FAX, 902-354-5038 REG OF QUEENS

Specimen: WT24:W0007939R Collected: 24/09/24-0630 Status: COMP Req#: 14689726
 Received: 24/09/24-1157

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
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 24/09/24
 Time Refrigerated 0730
 Chlorine Residual 0.71 PH 7.7
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	25/09/24-1352	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT24:W0007945R Collected: 24/09/24-0735 Status: COMP Req#: 14689756
Received: 24/09/24-1207

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 ST
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 24/09/24
Time Refrigerated 0730
Chlorine Residual 0.84 PH 7.6
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/09/24-1352	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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