

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0001341/24  
 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:W0008509R Collected: 15/10/24-0630 Status: COMP Req#: 14742149  
 Received: 15/10/24-1125

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 WORKS DEPT  
 Postal Code BOT 2K0  
 Sample Collected By DH  
 Date Refrigerated 15/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.86MG/L 7.8PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	16/10/24-1432	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

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 ADDRESS: LIVERPOOL, NS, BOT 1K0  
 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: CASH WATER CLIENT  
 COPIES TO :

Specimen: WT24:W0008510R Collected: 15/10/24-0550 Status: COMP Req#: 14742171  
 Received: 15/10/24-1127

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli

Sample Information WATERPLANT

Drinking Water Category? GOVERNMENT

Contact Telephone Number 9023547170

Source Address LAB

Postal Code B0T1K0

Sample Collected By DH

Date Refrigerated 15/10/24

Time Refrigerated 0730

Chlorine Residual 1.62MG/L 7.9PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	16/10/24-1432	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 ADDRESS: LIVERPOOL, NS, BOT 1K0  
 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: CASH WATER CLIENT  
 COPIES TO :

Specimen: WT24:W0008511R Collected: 15/10/24-0715 Status: COMP Req#: 14742200  
 Received: 15/10/24-1130

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 BOT1K0

Sample Collected By DH

Date Refrigerated 15/10/24

Time Refrigerated 0730

Chlorine Residual 1.17MG/L 7.7PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	16/10/24-1432	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 ADDRESS: LIVERPOOL, NS, B0T 1K0  
 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: CASH WATER CLIENT  
 COPIES TO :

Specimen: WT24:W0008512R    Collected: 15/10/24-0730    Status: COMP    Req#: 14742228  
 Received: 15/10/24-1132

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 B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 15/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.92MG/L 7.8 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		16/10/24-1432	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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LOCATION: SS.LABO  
SUBMITTING DR: CASH WATER CLIENT  
COPIES TO :

Specimen: WT24:W0008516R Collected: 15/10/24-0655 Status: COMP Req#: 14742254  
Received: 15/10/24-1134

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 B0T1K0  
Sample Collected By DH  
Date Refrigerated 15/10/24  
Time Refrigerated 0730  
Chlorine Residual 1.04 MG/L 7.7 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	15/10/24-1432	YR
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	E.coli	ABSENT/100ML		

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