

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
 ACCT#:DK0001473/24  
 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,9023545038 REGION OF QUEEN

Specimen: WT24:W0008972R Collected: 29/10/24-0735 Status: COMP Req#: 14780432  
 Received: 29/10/24-1047

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 STREET  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 29/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.89 MG/L, PH 7.6  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/10/24-1458	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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 LOCATION: SS.LABO  
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
 COPIES TO : FAX, 9023545038 REGION OF QUEEN

Specimen: WT24:W0008973R Collected: 29/10/24-0630 Status: COMP Req#: 14780446  
 Received: 29/10/24-1050

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
 Sample Information SAMPLE PORT  
 Drinking Water Category? 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 WORKS  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 29/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.81 MG/L, PH 7.1  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/10/24-1458	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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 COPIES TO : FAX, 9023545038 REGION OF QUEEN

Specimen: WT24:W0008974R Collected: 29/10/24-0720 Status: COMP Req#: 14780461  
 Received: 29/10/24-1052

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 OLB COBB  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 29/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 1.28 MG/L, PH 7.3  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	30/10/24-1458	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,9023545038 REGION OF QUEEN

Specimen: WT24:W0008975R Collected: 29/10/24-0655 Status: COMP Req#: 14780471  
 Received: 29/10/24-1054

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 29/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.97 MG/L,PH 7.3  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<b>WATER PRESENT/ABSENCE</b> Final		30/10/24-1458	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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 COPIES TO : FAX,9023545038 REGION OF QUEEN

Specimen: WT24:W0008978R Collected: 29/10/24-0600 Status: COMP Req#: 14780494  
 Received: 29/10/24-1058

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 29/10/24  
 Time Refrigerated 0730  
 Chlorine Residual 1.50 MG/L,PH 6.8  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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