

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
 ACCT#:DK0001513/24  
 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 RQM

Specimen: WT24:W0009224R Collected: 06/11/24-0730 Status: COMP Req#: 14801650  
 Received: 06/11/24-1029

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 902-354-7170  
 Source Address SCHOOL STREET  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 06/11/24  
 Time Refrigerated 0730  
 Chlorine Residual CH 0.90 MG/L 7.6  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	07/11/24-1508	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, 902-354-5038 RQM

Specimen: WT24:W0009225R Collected: 06/11/24-0625 Status: COMP Req#: 14801675  
 Received: 06/11/24-1034

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 902-354-7170  
 Source Address WORKS  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 06/11/24  
 Time Refrigerated 0730  
 Chlorine Residual CH 0.77 MG/L 7.7  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	07/11/24-1508	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT24:W0009226R Collected: 06/11/24-0715 Status: COMP Req#: 14801697  
Received: 06/11/24-1036

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 902-354-7170  
Source Address OLD COBB  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 06/11/24  
Time Refrigerated 0730  
Chlorine Residual CH 1.07 MG/L 7.5  
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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 LOCATION: SS.LABO  
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 COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT24:W0009227R Collected: 06/11/24-0550 Status: COMP Req#: 14801713  
 Received: 06/11/24-1038

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 B0T 1K0  
 Contact Telephone Number 902-354-7170  
 Source Address WATERPLANT  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 06/11/24  
 Time Refrigerated 0730  
 Chlorine Residual CH 1.5 MG/L 7.7  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	07/11/24-1508	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT24:W0009228R Collected: 06/11/24-0655 Status: COMP Req#: 14801732  
 Received: 06/11/24-1040

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 902-354-7170  
 Source Address BROOKLYN  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 06/11/24  
 Time Refrigerated 0730  
 Chlorine Residual CH 1.14 MG/L 7.5  
 Delivery By Fax Y

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