

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001603/24
 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:W0009705R Collected: 26/11/24-0730 Status: COMP Req#: 14852221
 Received: 26/11/24-1118

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 26/11/24
 Time Refrigerated 0730
 Chlorine Residual CH 1.16 MG/L 7.3
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	27/11/24-1337	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

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 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 RQM

Specimen: WT24:W0009707R Collected: 26/11/24-0710 Status: COMP Req#: 14852243
 Received: 26/11/24-1122

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 26/11/24
 Time Refrigerated 0730
 Chlorine Residual CH 1.11 MG/L 7.2
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/11/24-1337	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT24:W0009709R Collected: 26/11/24-0630 Status: COMP Req#: 14852261
 Received: 26/11/24-1123

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 BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 26/11/24
 Time Refrigerated 0730
 Chlorine Residual CH 0.92 MG/L 7.2
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/11/24-1337	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: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038 RQM

Specimen: WT24:W0009712R Collected: 26/11/24-0630 Status: COMP Req#: 14852275
 Received: 26/11/24-1126

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 WORKS DEPT
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 26/11/24
 Time Refrigerated 0730
 Chlorine Residual CH 0.78 MG/L 7.4
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/11/24-1337	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT24:W0009715R Collected: 26/11/24-0550 Status: COMP Req#: 14852285
 Received: 26/11/24-1128

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 26/11/24
 Time Refrigerated 0730
 Chlorine Residual CH 1.35 MG/L 8.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/11/24-1337	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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