

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
 ACCT#:DK0001657/24  
 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

Specimen: WT24:W0010028R Collected: 10/12/24-UNK Status: COMP Req#: 14886153  
 Received: 10/12/24-1121

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 10/12/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.84 PH 7.0  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/12/24-1354	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 REG OF QUEENS

Specimen: WT24:W0010030R Collected: 10/12/24-0550 Status: COMP Req#: 14886165  
 Received: 10/12/24-1124

Source: MUNICIPAL  
 Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
 Sample Information WATER 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 LAB  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 10/12/24  
 Time Refrigerated 0730  
 Chlorine Residual 1.71 PH 7.3  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/12/24-1354	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT24:W0010033R Collected: 10/12/24-0730 Status: COMP Req#: 14886192  
 Received: 10/12/24-1128

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 9023545038  
 Source Address SCHOOL STREET  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 10/12/24  
 Time Refrigerated 0730  
 Chlorine Residual 0.78 PH 7.1  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/12/24-1354	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 LOCATION: SS.LABO  
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Specimen: WT24:W0010035R Collected: 10/12/24-0740 Status: COMP Req#: 14886205  
 Received: 10/12/24-1129

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 10/12/24  
 Time Refrigerated 0730  
 Chlorine Residual 1.10 PH 7.1  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	11/12/24-1354	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT24:W0010036R Collected: 10/12/24-0650 Status: COMP Req#: 14886216  
Received: 10/12/24-1130

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/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 10/12/24  
Time Refrigerated 0730  
Chlorine Residual 0.93 PH 7.1  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

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E.coli	ABSENT/100ML		

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